



Dignity Health  
Arizona Orthopedic Surgical Hospital  
Community Health Implementation Strategy  
2016 – 2018

# TABLE OF CONTENTS

<b>Executive Summary</b>	2
<b>Mission, Vision, and Values</b>	4
<b>Our Hospital and Our Commitment</b>	5
<b>Description of the Community Served</b>	7
<b>Implementation Strategy Development Process</b>	
Community Health Needs Assessment Process	11
CHNA Significant Health Needs	12
Creating the Implementation Strategy	14
Planning for the Uninsured/Underinsured Patient Population	15
<b>2016-2018 Implementation Strategy</b>	
Strategy and Program Plan Summary	16
Anticipated Impact	16
Planned Collaboration	18
Program Digests	19
<b>Appendices</b>	
Appendix A: Community Board and Committee Rosters	25
Appendix B: Other Programs and Non-Quantifiable Benefits	29
Appendix C: Financial Assistance Policy Summary	30
Appendix D: Community Building Activities	31
Appendix E: References	33

## EXECUTIVE SUMMARY

Arizona Orthopedic and Surgical Specialty Hospital (AOSH) is founded on a distinctive model that emphasizes physician participation while integrating the resources of one of the nation's largest not-for-profit healthcare systems, Dignity Health. Arizona Orthopedic and Surgical Specialty Hospital was founded under a physician ownership model. However, with the passage of the Affordable Care Act, the current ownership is comprised of Dignity Health (50.1%) and United Surgical Partners (49.9%). The relentless focus on physician participation ensures that the patient's needs are always first. This specialty hospital provides six operating rooms with one treatment room to provide care for patients with orthopedic, pain, spine and podiatry needs.

Dignity Health defines the community served by a hospital as those individuals residing within its primary and secondary service areas. For this report the focus will be on the primary service area of AOSH. The primary service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations. The city of Chandler is primarily served by AOSH. Chandler is a growing and diverse city in Maricopa County, Arizona with nearly 250,000 residents of many ethnicities, various incomes and education levels. Surrounding communities include Gilbert, Mesa, Tempe, Ahwatukee, Sacaton, Apache Junction, Casa Grande, Pinal County, Gila River Indian Reservation, and Guadalupe. Chandler is home to several major industrial firms that include Intel, Microchip and Orbital. However, despite strong economic growth, there continues to be many factors and social determinants of health in the suburban Chandler communities that need to be addressed in order to improve the health and wellbeing for the broader community and the underserved.

According to the Community Need Index (CNI), a proprietary tool developed by Dignity Health, the primary service area includes both moderate and high-risk areas with significant socio-economic barriers. Zip code areas with the highest risks include 85122, 85128, 85139, 85202, 85225, 85282, and 85283.<sup>2</sup>

The 2016-2018 Community Health Improvement Strategy initiative will be entitled, **“Growing Together for Healthier Communities”**. This strategy will provide the infrastructure to address the following goals:

- Provide evidence based prevention programs to address health and social issues that improve a person's health
- Create and increase connections to health and social services to improve health for individuals and their community
- Improve systems of delivery of care and collectively impact the community's health, safety, and well-being by collaborating with all sectors of the community.

A special focus will be emphasized on the key areas that were identified through the 2016 Community Health Needs Assessment (CHNA). The significant community health needs identified are:

- Access to Health Services
- Mental/Behavioral Health and Substance Abuse
- Diet-Related Disease – Obesity
- Chronic Health Conditions (Problems with aging, Respiratory Illness (Asthma, COPD, Lung Disorders, Cancer)
- Injury and Trauma

Arizona Orthopedic And Surgical Hospital., in collaboration with St. Joseph’s Hospital and Medical Center, St. Joseph’s Westgate, and joint venture Arizona Orthopedic and Surgical Hospital s will work closely with Maricopa County Department of Health, Arizona Department of Health and Service, other Hospital s in Maricopa County, along with nonprofit organizations, for profit organizations, concerned citizens and patients to provide comprehensive supports and preventive services for the significant community health needs identified in the 2016 Community Health Needs Assessment. The Arizona Orthopedic and Surgical Hospital can serve as the convener, collaborators and lead agency for complex health and social issues impacting the community. It will serve as a “community hub” that will connect the health needs of its patients, community and agencies in an integrated manner through the implementation of the “2MATCH” (To Match through Community Hub) program to further enhance the work in the ***“Growing Together for Healthier Communities”*** initiative.

The 2016-2018 Community Health Implementation Strategies will focus on improving access to health and human services through comprehensive integrations of services both in the community and within the clinical settings to create a seamless continuum of care while utilizing the strategies outline in the “National Prevention Strategy America’s Plan for Better Health and Wellness” (June 16, 2011)<sup>1</sup> (<http://www.surgeongeneral.gov/priorities/prevention/strategy/report.html>)

This document is publicly available <http://azosh.com/community-benefits-reports> under “Serving the Community”. The reports were presented to the public in an open forum and announced to the public through social media and printed information. Written comments on this report can be submitted to the contacting the Community Health Office by calling 602-406-2288 or e-mail at CommunityHealth-SJHMC.@Dignity Health.org.

---

<sup>1</sup> **National Prevention Strategy America’s Plan for Better Health and Wellness**  
(<http://www.surgeongeneral.gov/priorities/prevention/strategy/report.html>)

# MISSION, VISION AND VALUES

## Our Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

## Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees, and physicians to improve the health of all communities served.

## Our Values

Dignity Health is committed to providing high-quality, affordable healthcare to the communities we serve. Above all else we value:

*Dignity* - Respecting the inherent value and worth of each person.

*Collaboration* - Working together with people who support common values and vision to achieve shared goals.

*Justice* - Advocating for social change and acting in ways that promote respect for all persons.

*Stewardship* - Cultivating the resources entrusted to us to promote healing and wholeness.

*Excellence* - Exceeding expectations through teamwork and innovation.

## Hello humankindness

After more than a century of experience, we've learned that modern medicine is more effective when it's delivered with compassion. Stress levels go down. People heal faster. They have more confidence in their health care professionals. We are successful because we know that the word "care" is what makes health care work. At Dignity Health, we unleash the healing power of humanity through the work we do every day, in the hospital and in the community.

*Hello humankindness* tells people what we stand for: health care with humanity at its core. Through our common humanity as a healing tool, we can make a true difference, one person at a time.

# OUR HOSPITAL AND OUR COMMITMENT

## HOSPITAL DESCRIPTION

Arizona Orthopedic and Surgical Specialty Hospital is founded on a distinctive model that emphasizes physician participation while integrating the resources of one of the nation's largest not-for-profit healthcare systems, Dignity Health. Arizona Orthopedic and Surgical Specialty Hospital was founded under a physician ownership model. However, with the passage of the Affordable Care Act, the current ownership is comprised of Dignity Health (50.1%) and United Surgical Partners (49.9%). The relentless focus on physician participation ensures that the patient's needs are always first. This specialty hospital provides six operating rooms with one treatment room to provide care for patients with orthopedic, pain, spine and podiatry needs.

Dignity Health defines the community served by a hospital as those individuals residing within its primary and secondary service areas. For this report the focus will be on the primary service area of AOSH. The primary service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations. The city of Chandler is primarily served by AOSH. Chandler is a growing and diverse city in Maricopa County, Arizona with nearly 250,000 residents of many ethnicities, various incomes and education levels. Surrounding communities include Gilbert, Mesa, Tempe, Ahwatukee, Sacaton, Apache Junction, Casa Grande, Pinal County, Gila River Indian Reservation, and Guadalupe. Chandler is home to several major industrial firms that include Intel, Microchip and Orbital. However, despite strong economic growth, there continues to be many factors and social determinants of health in the suburban Chandler communities that need to be addressed in order to improve the health and wellbeing for the broader community and the underserved.

According to the Community Need Index (CNI), a proprietary tool developed by Dignity Health, the primary service area includes both moderate and high-risk areas with significant socio-economic barriers. Zip code areas with the highest risks include 85122, 85128, 85139, 85202, 85225, 85282, and 85283.<sup>2</sup>

## OUR COMMITMENT

Rooted in Dignity Health's mission, vision and values, Arizona Orthopedic and Surgical Hospital is dedicated to improving community health and delivering community benefit with the engagement of its management team, Board of Directors, and in collaboration with the St. Joseph's Hospital and Medical Center's Community Health Integration Network (CHIN). The board and committee are composed of community members who provide stewardship and direction for the hospital as a community resource.

Arizona Orthopedic and Surgical Hospital in collaboration with St. Joseph's Hospital and Medical Center (SJHMC) and its affiliates, are committed to meeting the health needs of the community by ensuring implementation of successful programs that meet the specific needs of the people within the community. Success is achieved through assessment of community needs, involvement of key hospital leaders, and implementation of community benefit activities. Organizational and community commitment involves Dignity Health's and Arizona Orthopedic and Surgical Hospital's Executive Leadership Team, Community Health Integration Network, Community Board, Arizona Orthopedic and Surgical Hospital's Board of Directors, and Community Benefit Department.

**Executive Leadership Team:** The Arizona Orthopedic and Surgical Hospital’s Executive Leadership Team is responsible for reviewing the Community Health Implementation Strategy prior to presentation and approval by the Board of Directors in alignment and collaboration with SJHMC. The Executive Leadership Team’s contribution to the implementation strategies include helping to identify prioritized needs, and reviewing alignment of the Community Health Implementation Strategy with the Community Health Needs Assessment (CHNA), the Hospital’s overall strategic plan, and budgeting for resources.

**Community Health Integration Network (CHIN):** This is a committee of St. Joseph’s Hospital and Medical Center’s Community Board and is chaired by a member of the Community Board. CHIN is responsible for reviewing the CHNA and CHIS, prior to approval from the board. They, along with representatives from Arizona Orthopedic and Surgical Hospital, recommend health priorities and recommend implementation strategies to the Board of Directors, along with SJHMC Community Board for approval, aid in implementation, and project outcomes from the Community Health Implementation Strategy (CHIS). Please refer to Appendix A for a complete list of current board members.

**Board of Directors and Community Board:** The Arizona Orthopedic and Surgical Hospital’s Board of Directors in collaboration with SJHMC Community Board is responsible for the oversight, adoption of the CHNA, Implementation Strategy and approval of the CHNA and the Community Health Implementation Strategy (CHIS), along with budgeting, monitoring and ensuring the success of the plan’s outcomes. The ARIZONA ORTHOPEDIC and SURGICAL HOSPITAL’s Board of Directors in collaboration with SJHMC Community Board is also committed to bettering the community. Please refer to Appendix A for a complete list of current board members.

**SJHMC Community Health Integration/Benefit Department:** The Community Health Integration/Benefit Department, under the Vice President of Mission Integration, is accountable for planning, implementing, evaluating, reporting, and ultimately for the success of designated programs. The Community Health Integration/Benefit Department is directly responsible for the CHNA, Community Health Implementation Strategy, Dignity Health Community Grants Program, program implementation, evaluation and monitoring, community collaboration, and reporting of community benefit activities. Key staff positions include: Director of Community Health Integration and Community Benefit, Community Benefit Specialist, and Community Health/ Benefit Coordinator.

Arizona Orthopedic and Surgical Hospital, along with, St. Joseph’s Hospital and Medical Center’s community benefit program includes financial assistance provided to those who are unable to pay the cost of medically necessary care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, and community health improvement services. Our community benefit also includes monetary grants we provide to not-for-profit organizations that are working together to improve health on significant needs identified in our Community Health Needs Assessment. Many of these programs and initiatives are described in this report.

Dignity Health Arizona also invested \$421,753.00 in community grants to provide funding for collaborative engagement and programs to the nonprofit community to work on the areas of need identified in the CHNA and Community Health Implementation Strategy.

## DESCRIPTION OF THE COMMUNITY SERVED

The geographic area for this CHNA is Maricopa County, the common community for all partners participating in the Maricopa County Coordinated Health Needs Assessment collaborative (CCHNA). However, Arizona Orthopedic and Surgical Hospital's primary service area specific information will also be provided when available.

Maricopa County is the fourth most populous county in the United States. With an estimated population of four million and growing, Maricopa County is home to well over half of Arizona's residents. Maricopa County encompasses 9,224 square miles, includes 27 cities and towns, as well as the whole or part of five sovereign American Indian reservations.

Dignity Health defines the community served by a hospital as those individuals residing within its primary and secondary service areas. For this report the focus will be on the primary service area of Arizona Orthopedic and Surgical Hospital. The primary service area includes all residents in a defined geographic area surrounding the hospital and does not exclude low-income or underserved populations. The primary service area for Arizona Orthopedic and Surgical Hospital includes the zip codes making up the top 75% of the total patient cases.

The City of Phoenix is the capital, and largest city, of the state of Arizona. Phoenix is the anchor of the Phoenix metropolitan area, also known as the Valley of the Sun. Surrounding communities include Tempe, Scottsdale, Glendale, Peoria, Tolleson, Avondale, Buckeye, Goodyear Surprise and Gila Bend. The primary service area includes both moderate and high-risk areas with significant socio-economic barriers and is considered a Medically Underserved Area. Zip code areas with the highest risks include 85033, 85037, 85301, 85302, 85303, 85305, 85307, 85335, 85338, 85340, 85345, 85351, 85353, 85392.<sup>i</sup>

### Demographic and Socioeconomic Profile

Primary Care Area (PCA) Statistical Profiles are revised annually and provide detailed information on the demographics, health resources, hospital utilization, and health status indicators in defined geographic areas throughout Arizona. According to the Arizona Department of Health Services (ADHS), the Phoenix area where Arizona Orthopedic and Surgical Hospital is located has been federally designated as a Medically Underserved Area.<sup>23</sup> More than half of the population of Arizona Orthopedic and Surgical Hospital. Hospital's primary service area is adults between 20-64 years of age. Nearly 27% of residents do not have a high school diploma, and approximately 25% are without health insurance. These data show that the population as a whole is majority non-White, and with a median income below Maricopa County and the state of Arizona. Table 1 provides the specific age, sex, and race/ethnicity distribution and data on key socio-economic drivers of health status of the population in Arizona Orthopedic and Surgical Hospital's primary service area compared to Maricopa County and the state of Arizona.



**Table 1: Population Demographics**

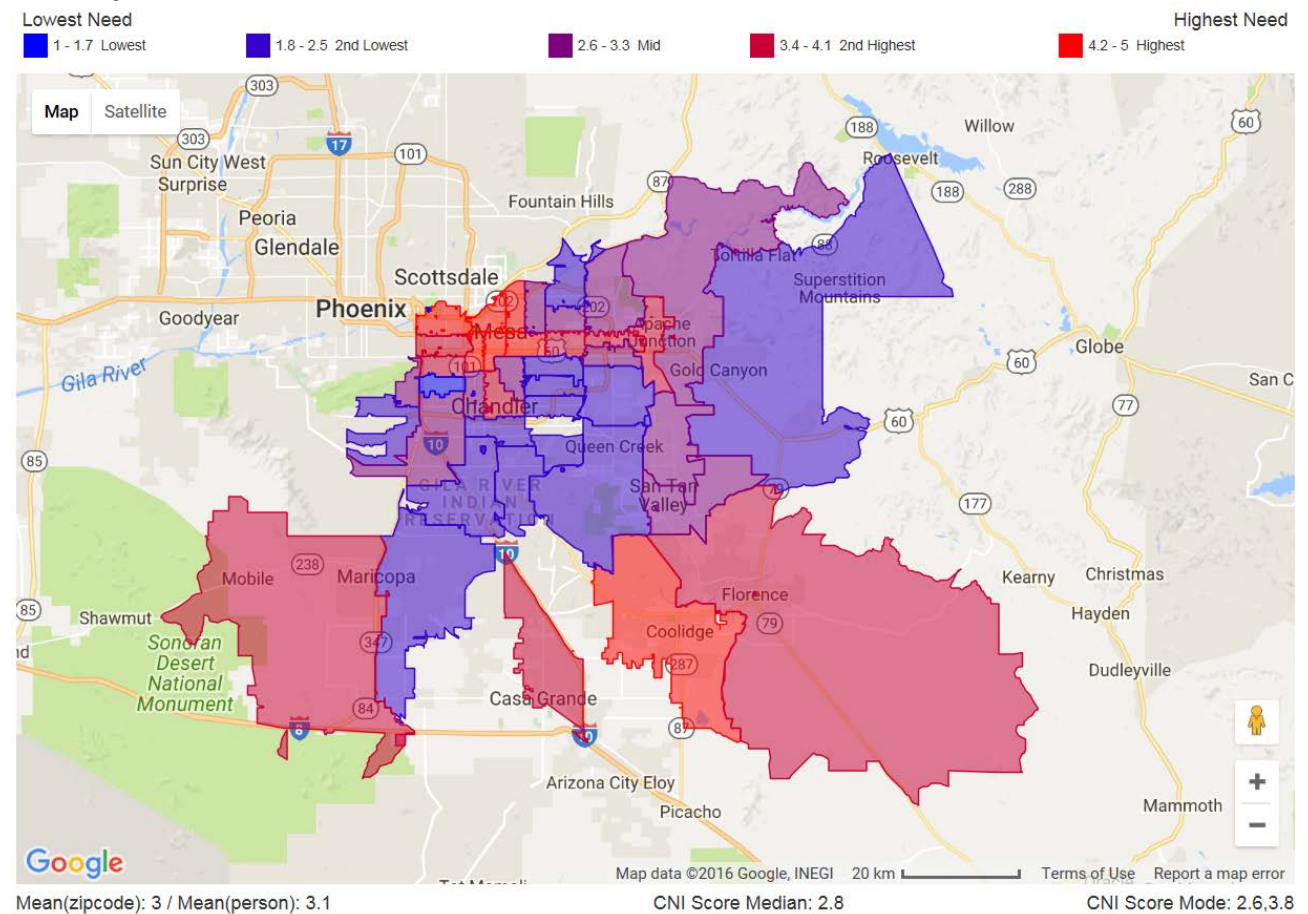
	AOSH PSA	Maricopa County	Arizona
<b>Population: estimated 2015</b>	1,384,473	3,947,382	6,561,516
<b>Gender</b>			
• Male	49.7%	49.4%	49.7%
• Female	50.2%	50.6%	50.3%
<b>Age</b>			
• 0 to 9 years	14.3%	14.2%	13.9%
• 10 to 19 years	13.4%	14.1%	13.8%
• 20 to 34 years	21.4%	21.3%	20.5%
• 35 to 64 years	37.0%	37.4%	37.0%
• 65 to 84 years	12.3%	11.4%	13.1%
• 85 years and over	1.6%	1.6%	1.7%
<b>Race</b>			
• White	75.5%	80.0%	78.9%
• Asian/Pacific Islander	4.9%	3.9%	3.1%
• Black or African American	4.3%	5.2%	4.2%
• American Indian/Alaska Native	2.5%	1.9%	4.4%
• Other	8.9%	6.0%	6.3%
• 2 or more races	3.9%	3.0%	3.1%
<b>Ethnicity</b>			
• Hispanic	22.9%	29.9%	30.1%
<b>Median Income</b>	<b>\$58,626</b>	<b>\$53,596</b>	<b>\$49,774</b>
Uninsured	13.8%	17.2%	16.8%
<b>Unemployment</b>	<b>7.3%</b>	<b>6.1%</b>	<b>6.3%</b>
No HS Diploma	9.6%	13.6%	14.3%
<b>Limited English Proficiency</b>	<b>3.5%</b>	<b>10%</b>	<b>9.5%</b>
Renters	30.6%	37.5%	35.6%
<b>Medicaid Patients</b>	<b>10.8%</b>	<b>13.8%</b>	<b>20.0%</b>
CNI Score	3.1	3.4	
<b>Medically Underserved Area</b>	<b>Yes</b>		

Chandler is home to several major industrial firms that include Intel, Microchip and Orbital. Despite strong economic growth, there continue to be many factors and social determinants of health in the suburban Chandler community that needs to be addressed in order to improve the health and wellbeing for the broader community, and the underserved. Challenges for this community include high rates of poverty, violence-associated injuries, a large non-English speaking population, and low education attainment, all of which create barriers to access. Downtown Chandler has a significant population of uninsured and underinsured non-English speaking persons of all age groups. A large majority of this population is also indigent with their primary source of income through day labor and seasonal work.

## Community Need Index

Dignity Health has developed the nation's first standardized Community Need Index (CNI) in partnership with Truven Health Analytics. The CNI identifies the severity of health disparity for every zip code in the United States based on specific barriers to healthcare access. The CNI considers multiple factors that are known to limit health care access such as income, language, educational, insurance and housing barriers. The ability to pinpoint neighborhoods with significant barriers to health care access is an important new advancement for public health advocates and care providers. According to the CNI illustrated below, the primary service area has a mean CNI score of 3.1 and includes both moderate and high-risk areas with significant socio-economic barriers. Zip code areas with the highest risks include 85122, 85128, 85139, 85202, 85225, 85282, and 85283.<sup>25</sup>

### Primary Service Area CNI scores



Zip Code	CNI Score	Population	City	County	State
85044	2.6	39150	Phoenix	Maricopa	Arizona
85048	2.2	34370	Phoenix	Maricopa	Arizona
85118	2	13247	Gold Canyon	Pinal	Arizona
85119	3.2	21179	Apache Junction	Pinal	Arizona
85120	3.8	29502	Apache Junction	Pinal	Arizona
85122	4	55072	Casa Grande	Pinal	Arizona
85128	4.6	18079	Coolidge	Pinal	Arizona
85132	3.8	35664	Florence	Pinal	Arizona
85138	2.2	41052	Maricopa	Pinal	Arizona
85139	3.8	20802	Maricopa	Pinal	Arizona
85140	2.6	44687	San Tan Valley	Pinal	Arizona
85142	2.4	59536	Queen Creek	Maricopa	Arizona
85143	2.6	41524	San Tan Valley	Pinal	Arizona
85201	4.6	48008	Mesa	Maricopa	Arizona
85202	4.2	39171	Mesa	Maricopa	Arizona
85203	4.2	36627	Mesa	Maricopa	Arizona
85204	4.4	64556	Mesa	Maricopa	Arizona
85205	3.2	41057	Mesa	Maricopa	Arizona
85206	3.4	36780	Mesa	Maricopa	Arizona
85207	2.8	50126	Mesa	Maricopa	Arizona
85208	3.4	36658	Mesa	Maricopa	Arizona
85209	2.6	42343	Mesa	Maricopa	Arizona
85210	4.8	37133	Mesa	Maricopa	Arizona
85212	2	31732	Mesa	Maricopa	Arizona
85213	2.8	32652	Mesa	Maricopa	Arizona
85215	2	16367	Mesa	Maricopa	Arizona
85224	2.8	45286	Chandler	Maricopa	Arizona
85225	3.8	72219	Chandler	Maricopa	Arizona
85226	2.6	39728	Chandler	Maricopa	Arizona
85233	2.8	38944	Gilbert	Maricopa	Arizona
85234	2.4	52632	Gilbert	Maricopa	Arizona
85248	2	34414	Chandler	Maricopa	Arizona
85249	1.8	46536	Chandler	Maricopa	Arizona
85281	4.8	60614	Tempe	Maricopa	Arizona
85282	3.6	50839	Tempe	Maricopa	Arizona
85283	3.8	45613	Tempe	Maricopa	Arizona
85284	1.6	16990	Tempe	Maricopa	Arizona
85286	2.4	46701	Chandler	Maricopa	Arizona
85295	2.2	48613	Gilbert	Maricopa	Arizona
85296	1.8	42973	Gilbert	Maricopa	Arizona
85298	1.8	29437	Gilbert	Maricopa	Arizona

## Implementation Strategy Development Process

The Arizona Orthopedic and Surgical Hospital engages in multiple activities to conduct its community benefit and community health improvement planning process. These include, but are not limited to: conducting a Community Health Needs Assessment with community input at least every three years; using five core principles to guide planning and program decisions; measuring and tracking program indicators; and engaging the Community Health Integration Network (CHIN) and other stakeholders in the development of the annual community benefit plan and triennial Implementation Strategy.

### Community Health Needs Assessment Process

On January 27, 2016, St. Joseph's Hospital and Medical Center approved the 2016 Community Health Needs Assessment (CHNA). The CHNA was conducted in 2015 as a collaboration with Maricopa County Department of Public Health (MCDPH) conducted a comprehensive assessment of the health needs of the resident of Maricopa County, as well as those in their the primary and secondary service areas.

The process of conducting this assessment began with a review of approximately 100 indicators to measure health outcomes and associated health factors of Maricopa County residents. The indicators included demographic data, social and economic factors, health behaviors, physical environment, health care, and health outcomes. Health needs were identified through the combined analysis of secondary data and community input. Based on the review of the secondary data, a consultant team developed a primary data collection guide used in focus groups which were made up of representatives of minority and underserved populations who identified community concerns and assets. Surveys were collected from key informants to help determine community needs and priorities. Additionally, meetings were held with stakeholders from the Community Health Integration Network (CHIN) and Arizona's Communities of Care Network (ACCN) to assist with the analysis and interpretation of data findings.

Quantitative data used in the report were high quality, population-based data sources and were analyzed by MCDPH, Office of Epidemiology. Data came from local, state, and national sources such as the Maricopa County Department of Public Health, Arizona Department of Health Services, Arizona Criminal Justice Commission, U.S. Census Bureau, U.S. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System survey, Youth Risk Behavior survey, and Arizona Orthopedic Surgical Hospital in collaboration with St. Joseph's Hospital and Medical Center's Fiscal Year 2015, Prevention Quality Indicators.

The CHNA utilized a mixed-methods approach that included the collection of secondary or quantitative data from existing data sources and community input or qualitative data from focus groups, surveys, and meetings with community stakeholders. The process was reiterative as both the secondary and primary data were used to help inform each other. The advantage of using this approach is that it validates data by cross-verifying from a multitude of sources.

Dignity Health, St. Joseph's Hospital and Medical Center Community Board reviewed, approved and adopted the Community Health Needs Assessment at its January 27, 2016 board meeting. The complete CHNA report is publicly available at: <http://www.azosh.com/community-benefits-reports>

## Process and Criteria for Prioritization

To be considered a health need, a health outcome or a health factor had to meet two criteria; first, existing data had to demonstrate that the primary service area had a health outcome or factor rate worse than the average Maricopa County rate, demonstrate a worsening trend when compared to Maricopa County data in recent years, or indicate an apparent health disparity; second, the health outcome or factor had to be mentioned in a substantial way in at least two primary data collection sources which were focus groups, surveys, or stakeholder meetings.

The process for prioritization included engagement with both internal Dignity Health stakeholders and community partners from the CHIN and ACCN (See Appendix A for list of participating organizations). The first step of the process was a comprehensive presentation by MCDPH that included an overview of the CHNA findings and key emerging health needs. Throughout the presentation, stakeholders in attendance responded to survey questions that would later be used during strategy sessions to identify health priorities. After completion of the presentation, stakeholders were given the opportunity to provide additional feedback and recommendations. The second step in the process involved review and prioritization of the key emerging health needs outlined in the MCDPH presentation. A Dignity Health Six Sigma expert led the sessions using a 4-square, priority/benefit matrix. The X axis showed the level of effort required to address a particular health need whereas the Y axis showed the benefit to the community by addressing the health need. As participants discussed each health need, consideration was given to the size of the problem, disparity and equity, known effective interventions, resource feasibility and sustainability, and community salience. Through consensus, participants made final recommendations to Arizona Orthopedic and Surgical Hospital for priority health needs.

## CHNA Significant Health Needs

The following statements summarize each of the areas of priority for Arizona Orthopedic and Surgical Hospital and are based on data and information gathered through the CHNA.

### Access to Care

Focus group participants and key informants overwhelmingly felt that access to care is an important issue for the community. Within AOSH'S primary service area, one out of every seven residents lack health insurance.<sup>29</sup> according to the American community survey (2013), the uninsured population in Maricopa County has increased over the past ten years. There are disparities experienced across members of certain racial/ethnic backgrounds, with Hispanics and American Indians being the least likely to have insurance<sup>30</sup> additionally, there is still a large portion of undocumented citizens that do not qualify for health care coverage under the Affordable Care Act (ACA).

### Mental/Behavioral Health and Substance Abuse

Mental health was ranked as the most important health problem impacting the community by key informants and focus group participants. Mental health is among the top ten leading causes of emergency department visits and inpatient discharges for Arizona Orthopedic and Surgical Hospital's primary service area. Substance abuse was one of the top concerns for both focus group participants and key informants. Key informants listed alcohol and drug abuse as two of the riskiest health behaviors community members are engaging in.

### Obesity (Diet Related Illnesses)

Key informants felt that being overweight, poor eating habits and lack of exercise were among the top five risky health behaviors community members were engaging in. According to the 2013 Youth Risk Behavior survey, the number of obese high school students is increasing and now accounts for 13.7% of all students. The percentage of adults that report being overweight and obese on the Behavioral Risk Factor Surveillance System survey is decreasing. However, Hispanic residents continue to experience disparities related to obesity and in 2013, 34.1% reported being obese.

### Chronic Conditions

Chronic Conditions identified include: respiratory illnesses (i.e. asthma, COPD, lung disorders), diabetes, cardiovascular disease, and cancer.

- Chronic lower respiratory conditions are the third leading cause of death
- Cardiovascular disease is second leading cause of death for Maricopa County and the primary service area. The number of deaths related to diabetes is decreasing in Maricopa County, but it is still the seventh leading cause of death in AOSH's primary service area indicating a sustained health need.
- Diabetes – The number of deaths related to diabetes is decreasing in Maricopa County, but it is still the seventh leading cause of death in AOSH's primary service area indicating a sustained health need. The rate of diabetes-related death in AOSH's primary service area is better than the average Maricopa County rate and the Healthy People 2020 goal of 66.6 per 100,000 individuals
- Problems of Aging were ranked in the top five areas of concern by key informants and two disease-specific categories were highlighted within this broader category: Alzheimer's and cardiovascular disease. Alzheimer's is the most common form of dementia, with symptoms most often appearing after the age of 60., Alzheimer's is the third leading cause of death for AOSH's primary service area<sup>34</sup>
- Cancer was leading cause of death in AOSH's primary service area and was identified as one of the top five areas of concerns from key informants. The highest site-specific cancer incidence rate in the primary service area is due to lung cancer.<sup>72</sup> The rates of death due to lung cancer are in the moderate to moderately high range in areas within AOSH's primary service area.

### Injury and Trauma

In 2013, unintentional injury is the sixth leading cause of death for Arizona Orthopedic and Surgical Hospital's primary service area.<sup>18</sup> It is also the leading cause of emergency department visits and the second leading cause of inpatient discharges. Of major concern for AOSH are injuries related to falls due to the growing aging population in the primary service area.<sup>19</sup> Males are more likely to suffer from an unintentional injury with the exception of falls which are more prevalent among females.<sup>20</sup> Of major concern for AOSH are injuries related to falls due to the growing aging population in the primary service area.

### **Resources Potentially Available**

The needs within the community are great and will require additional resources to assist the hospital and the communities reach its collective goals and objectives. Resources potentially available to address identified needs include services and programs available through Hospital s, government agencies, and community based-organizations. Resources include access to over 40 hospital s for emergency and acute care services, over 10 Federally Qualified Health Centers (FQHC), over 12 food banks, 8 homeless shelters, school-based health clinics, churches, transportation services, health

enrollment navigators, free or low cost medical and dental care, and prevention-based community education.

The Arizona Communities of Care Network is a collaborative effort with diverse organizations participating in providing assistance to the community while directly collaborating with the hospital. Information on these efforts can be found by going to: <http://www.dignityhealth.org/stjosephs/about-us/community-benefit/arizona-community-of-care-network> The Health Improvement Partnership of Maricopa County (HIPMC) is also another collaborative effort between MCDPH and a diverse array of public and private organizations addressing healthy eating, active living, linkages to care and tobacco-free living. With more than 70 partner organizations, this is also a valuable resource to help Arizona Orthopedic and Surgical Hospital connects to other community based organizations that are targeting many of the same health priorities. For more information go to: <http://www.arizonahealthmatters.org/index.php?module=Tiles&controller=index&action=display&alias=LandingPage>

## Significant Health Needs Not Being Addressed

The CHNA provides a wide-range of opportunities to serve the community and meet the growing needs it has to continue to be healthy, safe and well. Arizona Orthopedic and Surgical Hospital is community hospital with inpatient rooms, two advanced operating suites, an Emergency Room, laboratory and full radiology suite. It works closely with St. Joseph's Hospital and Medical Center as an acute care hospital is not licensed to provide care to children less than fifteen years of age within the hospital setting. With our collaborative engagement with Phoenix Children's Hospital, we are able to work collaboratively to meet the needs listed for children and also collaborate with the community where areas of need are unmet. The services that are not met by Arizona Orthopedic and Surgical Hospital in collaboration with St. Joseph's Hospital and Medical Center, Chandler Regional Medical Center, and Mercy Gilbert Medical Center are met by other health care facilities or collaborative partnerships within Maricopa County. Currently there are 32 Hospital s, 14 specialty Hospital s and 53 Federally Qualified Health Centers in Maricopa County that are also providing health and human services.

## Creating the Implementation Strategy

As a matter of Dignity Health policy, the hospital's community health and community benefit programs are guided by five core principles. All of our initiatives relate to one or more of these principles:

- **Focus on Disproportionate Unmet Health-Related Needs:** Seek to address the needs of communities with disproportionate unmet health-related needs.
- **Emphasize Prevention:** Address the underlying causes of persistent health problems through health promotion, disease prevention, and health protection.
- **Contribute to a Seamless Continuum of Care:** Emphasize evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- **Build Community Capacity:** Target charitable resources to mobilize and build the capacity of existing community assets.
- **Demonstrate Collaboration:** Work together with community stakeholders on community health needs assessments, health improvement program planning and delivery to address significant health needs.

## Process and Criteria for Prioritization

The process for prioritization included engagement with both internal Dignity Health stakeholders and community partners from the CHIN and ACCN (See Appendix A for list of participating organizations). The first step of the process was a comprehensive presentation that included an overview of the CHNA findings and key emerging health needs. Stakeholders in attendance of the January 2016 Arizona Community of Care Network meeting completed a SOAR (Strengths, Opportunities, Aspirations, and Results) Analysis that would later be used during strategy sessions to determine the implementation strategies. The ACCN identified areas and programs that they will collaborate with the hospital and community to create healthier and sustainable communities. CHIN members received an overview of these implementation strategies at the March 2016 meeting, and were given the opportunity to provide feedback and additional comments.

## Planning for the Uninsured/Underinsured Patient Population

In keeping with its mission, the hospital offers patient financial assistance (also called charity care) to those who have health care needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay for medically necessary care. The hospital strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. A plain language summary of the hospital's Financial Assistance Policy is in Appendix C.

Dignity Health is committed to providing payment assistance to persons who have health care needs and are uninsured and/or under-insured, ineligible for government programs, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to delivery compassionate, health quality, affordable health care services, and to advocate for those who are poor and disenfranchised. Payment assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Dignity Health procedures for obtaining payment assistance, and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as means of assuring access to health care services.

The staff, visitors and community are made aware of the Financial Assistance Policy through a variety of methods, which include, but are not limited to Financial Assistance Policies being posted and made visible throughout the AOSH. Information is provided in the prominent languages, English and Spanish in admitting areas of the hospital, outpatient services and community clinics. The Financial Assistance Policy is available on hospital's website. (<http://www.dignityhealth.org/arizonageneral/patients-and-visitors/for-patients/billing-and-payment/payment-assistance> ). The hospital's patient financial services work diligently to ensure that patients, visitors and the community are aware of the opportunities available to them through community resources and governmental programs, which include, but not limited to Medicaid (AHCCCS), KidsCare (SCHIP program), Federal Emergency Services, Marketplace, Medicare, and free and federally qualified clinics that can provide assistance beyond Dignity Health Financial Assistance Program.



## 2016-2018 Implementation Strategy

This section presents strategies, programs and initiatives the hospital intends to deliver fund or collaborate with others to address significant community health needs over the next three years. It includes summary descriptions, anticipated impacts, planned collaboration, and detailed “program digests” on select initiatives.

The strategy and plan specifies planned activities consistent with the hospital’s mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital’s limited resources to best serve the community.

### STRATEGY AND PROGRAM PLAN SUMMARY

The following is a summary of the key programs and initiatives that have been a major focus of Arizona Orthopedic and Surgical Hospital’s over the last year to address the identified and prioritized needs of the community. The key programs are continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Community Health Integration Network (CHIN), Executive Leadership, the Board of Directors, Community Board and Dignity Health receive quarterly reports regarding the success of the key initiatives and community benefit reports.

Below are the major initiatives and key community based programs operated or substantially supported by St. Joseph’s Hospital and Medical Center’s Implementation Strategy for 2016-2018 and Arizona Orthopedic and Surgical Hospital working in collaboration with St. Joseph’s Westgate, Chandler Regional Medical Center and its Joint Ventures Arizona General and OASIS. will support the efforts and strategies listed in Health People 2020, CDC’s 6/18 Initiative, CDC’s National Prevention Strategy, Arizona Department of Health and Human Services Implementation Strategies, and Maricopa County Implementation Strategies. Arizona Orthopedic and Surgical Hospital will work closely with St. Joseph’s Hospital and Medical Center and Chandler Regional Medical Center to refer to programs identified below and also integrate these programs when possible. The community’s needs are met in a collaborative environment.

Healthy People 2020 Initiatives are well defined and supported in the current findings of the current 2016 CHNA. In order to create a comprehensive strategy, we categorized the needs according to the Healthy People 2020 and in support of the CDC’s National Prevention Strategy and the 6/18 Initiative. Existing programs with evidence of success and impact are identified within these key strategy areas to meet the community needs identified in the CHNA. Through our work and collaboration with Maricopa County and the State of Arizona’s Department of Health and Human Services, we participate in Maricopa County’s HIPMC (<http://www.arizonahealthmatters.org/index.php?module=Tiles&controller=index&action=display&id=34698899365112658>) to improve the outcomes for programs that are research and evidence-based, provide outcome based, and sustainable interventions. CHIP objectives are collected on an ongoing basis by the Maricopa County Department of Public Health (MCDPH) from organizations participating in the [Health Improvement Partnership of Maricopa County \(HIPMC\)](#). We work closely with the partners within HIPMC and also contribute through the hospital’s programs to improve the community. We also collaborate with our community partners in the Arizona Communities of Care Network where we use the “collective impact and asset-based” strategies for program development and improvement.

Program measurements and outcomes are measured using SMART goals to address the immediate needs and provide a framework to address the preventive factors or social determinants of health. We do this in collaboration with our partnering service lines within the hospital, community partners, the county and State of Arizona.

We will continue to engage and utilize the Collective Impact Model and enhance the collaborations within the Arizona Communities of Care Network and further promote the work within Health Improvement Partnership of Maricopa County (HIPMC) (<http://www.maricopa.gov/publichealth/Programs/OPI/workgroups/>), Arizona Health Communities, and the Preventive Health Collaborative of Maricopa County.

Input from internal and external stakeholders resulted in the strategies and recommended programs below.

**Initiative 1: Access to Health Care**

**Strategy**      Improve access to health care and social services to individuals who are uninsured/underinsured and low-income residents

**Programs | Current and Planned**

- ACTIVATE / Prime -- Provides transitional care services for Medicaid and uninsured patients.
- ACTIVATE Resource Room -- Provides assistance in navigating health and human services for individuals
- ACTIVATE/CATCH – Provides transitional care services for patients with complex health and social factors
- Department of Economic Security – on sight location for assistance with health, housing and food assistance
- Dignity Health Financial Assistance Program
- Keogh Health Connections -- Patient Financial Advisors; Arizona
- Mohammed Ali Parkinson’s Promotora (Navigator) – Navigation provided to individuals and their caregivers who have individuals diagnosed with Parkinson’s disease
- Multiple Scoliosis Navigator – National Multiple Scoliosis provides navigation and support for individuals diagnosed with Multiple Scoliosis
- Muscular Dystrophy Navigator – Muscular Dystrophy Association provides navigation and support for individuals diagnosed with muscular dystrophy.
- Native Health Collaborative – Provides intensive case management to coordinate resources for housing, health, food, employment and other social issues.
- Project Independence & Empowerment (P.I.E.) – Provides navigation and resources for individuals with compromised mobility issues.
- Refugee Health Partnership – Provides health and social resources to support Refugees.
- Mission of Mercy for uninsured health care
- Transportation for appointments by Chandler Community Benefit Department - Senior Community Wellness, About Care, Neighbors Who Care, Valley the Sun United Way, YMCA in Ahwatukee

## Initiative 2: Mental & Behavioral Health | Substance Abuse

**Strategy** Create awareness and educate community on prescription drug uses and misuse and provide access to Mental and Behavioral Health Services.

### Programs | Current and Planned

- HOMEVP -- Provide support for homeless individuals suffering from chronic health conditions, general mental health and homelessness
- Mental Health First Aid -- A workshop that provides education to the lay person and/or professional about mental health issues.
- Southwest Behavioral Health Services – In home behavioral health services and navigation

## Initiative 3: Obesity (Diet related Illnesses)

**Strategy** Reduce obesity by providing support, navigation and prevention approaches

### Programs | Current and Planned

- ACTIVATE -- Provides home visiting, disease management and navigation for chronic health conditions
- ACTIVATE Resource Room - Provides assistance with nutrition services
- Cancer Nutrition Classes
- Congestive Heart Failure Education and Prevention
- Healthier Living – CDSMP / DSMP Stanford model
- Keogh Health Connection – Provides navigation and assistance with SNAP benefits
- Million Hearts Campaign –aims to prevent heart attacks and strokes

## Initiative 4: Chronic Health Conditions

**Strategy** Improve access to health assistance, education and prevention services to the broader community with Chronic Health Condition

### Programs | Current and Planned

- ACTIVATE provides home visiting, disease management and navigation for chronic health conditions
- ACTIVATE Resource Room – assistance with chronic health services
- American Lung Association – Better Breathers Club –
- Tobacco Cessation support groups
- Diabetes Center at St. Joseph’s Hospital Diabetes medical management, education, prevention and support
- Healthier Living – Chronic Disease Self-Management Program provides six 2.5 hour workshops to assist individuals with managing their chronic health conditions.
- Million Hearts Campaign –aims to prevent heart attacks and strokes
- Stroke Prevention and Education - including blood clots
- Tobacco Cessation – promotion of tobacco cessation,
- AshLine and collaboration with the State Tobacco
- Chandler Center for Diabetes Management
- Chandler Medical Center’s Better Breathers Support Group

## Initiative 5: Injury and Trauma

**Strategy** Improve access to health assistance, education, advocacy and prevention services to the

broader community to prevent injury and trauma

### **Programs | Current and Planned**

- Helmet Your Head – head and spinal cord injury prevention program
- Think First Program – trauma prevention program
- Oliver Otter – Water Safety Program for children
- Days on the Lake – is a watersports program for individuals who were disabled.
- Driving to Excel - driving safety classes for new drivers
- CarFit - Senior Driving Classes
- Children Are Priceless Passengers (CAPP)
- Community Falls Prevention Fair
- Parkinson’s Center Falls Clinic
- Barrow Fall Prevention
- Arizona Firearm Injury Prevention Coalition
- Boot Camp for New Dads monthly workshop for fathers-to-be
- SMARTR Program – violence and trauma prevention program
- ASBI Program
- Wake Up! Trauma Youth Program
- Prescription drug abuse and misuse:

### **Anticipated Impact**

The anticipated impacts of specific, major program initiatives, including goals and objectives, are stated in the program digests on the following pages. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to care; and help create conditions that support good health. The hospital is committed to monitoring key initiatives to assess and improve impact. The Community Health Integration Network, hospital executive leadership, Board of Directors, Community Board, and Dignity Health receive and review program updates. The hospital creates and makes public an annual Community Benefit Report and Plan, and evaluates impact and sets priorities for its community health program by conducting Community Health Needs Assessments every three years.

### **Planned Collaboration**

Since 2012, St. Joseph’s Hospital and Medical Center has engaged the community, nonprofit organizations, businesses, local community members, and governmental agencies in the Arizona Communities of Care Network (ACCN). The ACCN is a demonstration in utilizing the “Collective Impact” model and putting it into action. The key intent is to foster collaborations borne of shared responsibility among various organizations and agencies to transform health in our community and to engage the hospital and community in meeting the needs of the poor disenfranchised and underserved. The following are the current Communities of Care who are collaborating with one another and the hospital in creating healthier communities. These collaborations are engaged throughout Maricopa County and within Arizona serving those individuals in most need.

**ACTIVATE and ACTIVATE-Prime:** This program collaboration is between St. Joseph’s Hospital and Medical Center, Arizona Orthopedic and Surgical Hospital., Mercy Care Plan, and multiple community resources and partners. This program a model of transitional care has been designed to combine the proven techniques of RED protocols and software, best practices from the Coleman model

and a number of innovative features, including an embedded Transitional Care Nurse managed by Foundation for Senior Living (Community Based Organization); an in-hospital beneficiary I caregiver resource center; a community-based Transitional Care Coach; and a 24x7 nurse call-in service. These additional resources and roles strengthen the significant improvements underway within the hospital processes; apply a more holistic model of beneficiary care, provide a strong array of community supports and promote beneficiary empowerment. These services are provided for the uninsured and underinsured populations.

**HOMeVP – Health and Housing of Medically Vulnerable People:** This is collaboration between St. Joseph’s Hospital and Medical Center and the broader community of health and homeless providers to collaborate on complex issues related to individuals within our community who are homeless and nearly homeless and to provide them with education, prevention, healthcare and social services as well as housing them permanently. This group seeks to advocate for systems and sustainable change within Arizona.

**Project Independence and Empowerment (PIE):** This program is a collaboration between Dignity Health – Barrow Neurological Institute; Arizona Bridge to Independent Living (ABIL); Arizona Spinal Cord Injury (AzSCIA) and the Brain Injury Alliance of Arizona (BIAAZ) The PIE partners will provide services to people with disabilities, and their families, that are transitioning from Arizona Orthopedic and Surgical Hospital rehabilitation continuum to the community. This population includes people with physical and cognitive disabilities, including spinal cord injury, brain injury, stroke, and those with chronic health conditions.

**Native American Collaborative:** This program is collaborative effort between the hospital, Native American Connections, Native Health, and Indian Health Center to meet the needs of displaced native individuals with healthcare, housing, job placement and behavioral health.

**Refugee Health Partnership:** This collaborative is made up of Catholic Charities Community Services, International Rescue Committee, and ASU School of Social Work. The program is designed to study and identify barriers that newly arrived refugees face in accessing health care and health insurance.

This community health implementation strategy specifies significant community health needs that the hospital plans to address in whole or in part, in ways consistent with its mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in other community assets and resources directed to those needs may merit refocusing the hospital’s limited resources to best serve the community. These groups work collectively with the hospital and the community to create long-standing changes that lead to sustainable communities that address not only the health disparities and social determinants of healthy communities, but create equity for all.

## **Program Digests**

The following pages include program digests describing key programs and initiatives that address one or more significant health needs in the most recent CHNA report. The digests include program descriptions and intervention actions, statements of which health needs are being addressed, any planned collaboration, and program goals and measurable objectives.

### Mohammed Ali Parkinson's Center PROMOTORES

<b>Significant Health Needs Addressed</b>	<input checked="" type="checkbox"/> Access to Health Services <input type="checkbox"/> Mental & Behavioral Health   Substance Abuse <input checked="" type="checkbox"/> Obesity (Diet related Illnesses) <input type="checkbox"/> Chronic Health Conditions <input type="checkbox"/> Injury and Trauma Prevention
<b>Program Emphasis</b>	<input checked="" type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Emphasize Prevention <input checked="" type="checkbox"/> Contribute to a Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Demonstrate Collaboration
<b>Program Description</b>	Trained and certified volunteers deliver in-home educational program to Hispanics who have barriers to healthcare information living with PD. The program comprises 13 weekly visits and educational material for the families. Families are followed for 6 more monthly visits. The entire program is delivered in Spanish.
<b>Community Benefit Category</b>	Community Health Improvement Services   Community Health Education
<b>Planned Actions for 2016 - 2018</b>	
<b>Program Goal / Anticipated Impact</b>	Provide in home education to Hispanics living with Parkinson Disease and their families who experience barriers to health education. The education will help people with chronic disease self-management and connect to MAPC programs for continued outreach support.
<b>Measurable Objective(s) with Indicator(s)</b>	Provide in home education to 10 families for 12 weeks and 6 monthly f/u visits. The trained Promotores will provide training to other community healthcare workers in the community (outside of the MAPC).
<b>Intervention Actions for Achieving Goal</b>	Promotores (volunteers) to attend annual national Promotores program and to provide training to other Promotores outside the organization (i.e.: Promotores HOPE Network and the Creciendo Unidos promotores group).
<b>Planned Collaboration</b>	Promotores HOPE Network (AZ), Creciendos Unidos/Growing Together (AZ)

### Mental Health First Aid

<b>Significant Health Needs Addressed</b>	<input type="checkbox"/> Access to Health Services <input checked="" type="checkbox"/> Mental & Behavioral Health   Substance Abuse <input type="checkbox"/> Obesity (Diet related Illnesses) <input type="checkbox"/> Chronic Health Conditions <input type="checkbox"/> Injury and Trauma Prevention
<b>Program Emphasis</b>	<input type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Emphasize Prevention <input type="checkbox"/> Contribute to a Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Demonstrate Collaboration
<b>Program Description</b>	Mental Health First Aid is an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The evidence behind the program demonstrates that it does build mental health literacy, helping the public identify, understand, and respond to signs of mental illness.
<b>Community Benefit Category</b>	Community Building   Leadership Development and Leadership Training

<b>Planned Actions for 2016 - 2018</b>	
<b>Program Goal / Anticipated Impact</b>	Train more first aiders – <i>National Council for Behavioral Health priority, Be 1 in a million movement.</i>
<b>Measurable Objective(s) with Indicator(s)</b>	Provide venue to Mercy Care Plan two-times per year to hold Mental Health First Aid Training
<b>Intervention Actions for Achieving Goal</b>	Increase awareness of program, Provide information on upcoming classes, Connect with partner Hospital s to encourage space lending
<b>Planned Collaboration</b>	Mercy Care Plan

<b>Rx 360</b>	
<b>Significant Health Needs Addressed</b>	<input type="checkbox"/> Access to Health Services <input checked="" type="checkbox"/> Mental & Behavioral Health   Substance Abuse <input type="checkbox"/> Obesity (Diet related Illnesses) <input type="checkbox"/> Chronic Health Conditions <input checked="" type="checkbox"/> Injury and Trauma Prevention
<b>Program Emphasis</b>	<input type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Emphasize Prevention <input type="checkbox"/> Contribute to a Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Demonstrate Collaboration
<b>Program Description</b>	RX360 is a Prescription Drug Abuse Reduction Program of research-based, multimedia community education presentations. The presentations are designed to mobilize communities and empower and educate parents and teens about the dangers of drugs and alcohol in today’s ever-changing substance abuse landscape.
<b>Community Benefit Category</b>	Community Health Improvement Services   Community Health Education

<b>Planned Actions for 2016 - 2018</b>	
<b>Program Goal / Anticipated Impact</b>	Develop materials and implement process to address prescription drug use among adults.
<b>Measurable Objective(s) with Indicator(s)</b>	Implement nursing project to improve patient education regarding opioids prescribed to trauma patients discharged home from the Hospital – Became Nursing Project for Magnet Status.
<b>Intervention Actions for Achieving Goal</b>	Expand to include study of prescribing practices for inpatient trauma patients, Review education for patients, and Implement training.
<b>Planned Collaboration</b>	Maricopa County Department of Public Health

<b>Diabetes Self-Management Program (DSMP)</b>	
<b>Significant Health Needs Addressed</b>	<input type="checkbox"/> Access to Health Services <input type="checkbox"/> Mental & Behavioral Health   Substance Abuse <input type="checkbox"/> Obesity (Diet related Illnesses) <input checked="" type="checkbox"/> Chronic Health Conditions <input type="checkbox"/> Injury and Trauma Prevention
<b>Program Emphasis</b>	<input type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Emphasize Prevention <input type="checkbox"/> Contribute to a Seamless Continuum of Care

	<input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Demonstrate Collaboration
<b>Program Description</b>	The Diabetes Self-Management Program (DSMP) is a community course for people with Type 2 Diabetes. Small group courses are 6 weeks long, meeting once a week for 2 hours 30 minutes. The sessions are highly interactive, focusing on building skills, sharing experiences and support. The course teaches the life skills needed in the day-to-day management of diabetes.
<b>Community Benefit Category</b>	Community Health Improvement Services   Community Health Education
<b>Planned Actions for 2016 - 2018</b>	
<b>Program Goal / Anticipated Impact</b>	Expand the infrastructure to increase attention to outcomes reporting, market and support quarterly evidence-based DSMP to assist in the reduction of readmissions and unnecessary ED visits.
<b>Measurable Objective(s) with Indicator(s)</b>	Host DSMP workshop quarterly
<b>Intervention Actions for Achieving Goal</b>	Increase community and Hospital -based referrals
<b>Planned Collaboration</b>	Arizona Living Well Institute

<b>Chronic Health – Stroke Prevention</b>	
<b>Significant Health Needs Addressed</b>	<input checked="" type="checkbox"/> Access to Health Services <input type="checkbox"/> Mental & Behavioral Health   Substance Abuse <input checked="" type="checkbox"/> Obesity (Diet related Illnesses) <input checked="" type="checkbox"/> Chronic Health Conditions <input type="checkbox"/> Injury and Trauma Prevention
<b>Program Emphasis</b>	<input checked="" type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Emphasize Prevention <input checked="" type="checkbox"/> Contribute to a Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Demonstrate Collaboration
<b>Program Description</b>	Health promotion and stroke prevention education for seniors, community and employees that identify cardiovascular risk factors, increase the number of individuals who recognize signs and symptoms of stroke, and increase the number of individuals being referred to appropriate professionals to receive medical care and education needs.
<b>Community Benefit Category</b>	Community Health Improvement Services   Community Health Education
<b>Planned Actions for 2016 - 2018</b>	
<b>Program Goal / Anticipated Impact</b>	Reduce the incidence of strokes through greater outreach and educational efforts. Increased by 10% stroke outreach, presentations and community blood pressure checks.
<b>Measurable Objective(s) with Indicator(s)</b>	Identify 2 underserved populations at risk for stroke for intervention.
<b>Intervention Actions for Achieving Goal</b>	Identify 2 underserved populations at risk for stroke for intervention.
<b>Planned Collaboration</b>	American/Arizona Heart/Stroke Associations, public, Hospital staff, senior residential site coordinators.



Helmet Your Head	
<b>Significant Health Needs Addressed</b>	<input type="checkbox"/> Access to Health Services <input type="checkbox"/> Mental & Behavioral Health   Substance Abuse <input type="checkbox"/> Obesity (Diet related Illnesses) <input type="checkbox"/> Chronic Health Conditions <input checked="" type="checkbox"/> Injury and Trauma Prevention
<b>Program Emphasis</b>	<input checked="" type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Emphasize Prevention <input checked="" type="checkbox"/> Contribute to a Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Demonstrate Collaboration
<b>Program Description</b>	<p>Helmet Your Head is a safety program developed by Barrow Neurological Institute that focuses on the prevention of head and traumatic brain injuries and promotes the establishment of safe behaviors and helmet usage during recreational activities. This program trains, fits and provides helmets to prevent traumatic brain injury primarily to the vulnerable populations.</p>
<b>Community Benefit Category</b>	Community Health Improvement Services   Community Health Education
Planned Actions for 2016 - 2018	
<b>Program Goal / Anticipated Impact</b>	Increase by 10% number of training and helmets distributed.
<b>Measurable Objective(s) with Indicator(s)</b>	Provide two trainings on proper fitting of helmets in FY15. Increase by 10% helmets for clinical practices, in & outpatient service lines, partners and in vulnerable communities.
<b>Intervention Actions for Achieving Goal</b>	<p>Describe the principal program/initiative activities undertaken in FY 2015.</p> <ol style="list-style-type: none"> <li>1. Identify 2 sites that are geographic distributed areas for targeted interventions</li> <li>2. Identify and training partners in each of these sites on how to fit helmets correctly</li> <li>3. Secure funding for helmet purchases</li> </ol>
<b>Planned Collaboration</b>	City, state and community private and public safety professions and community members. Limited funding remains from a US Airway grant to provide training, fitting and distribution of helmets for vulnerable populations.

Dignity Health Community Grants Program	
<b>Significant Health Needs Addressed</b>	<input checked="" type="checkbox"/> Access to Health Services <input checked="" type="checkbox"/> Mental & Behavioral Health   Substance Abuse <input checked="" type="checkbox"/> Obesity (Diet related Illnesses) <input checked="" type="checkbox"/> Chronic Health Conditions <input checked="" type="checkbox"/> Injury and Trauma Prevention
<b>Program Emphasis</b>	<input checked="" type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Emphasize Prevention <input checked="" type="checkbox"/> Contribute to a Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Demonstrate Collaboration
<b>Program Description</b>	<p>Each year the Hospital allocates a percentage (0.05) of the previous year's expenses to support the efforts of other nonprofit organizations in the local communities. An objective of the Community Grants Program is to award grants to nonprofit organizations whose proposals respond to identified priorities in the Community Health Needs Assessment and initiative.</p>

	Additionally, it is required that a minimum of three organizations work together in a Community of care to address an identified health priority.
<b>Community Benefit Category</b>	Cash & In-kind Donations   Grants
<b>Planned Actions for 2016 - 2018</b>	
<b>Program Goal / Anticipated Impact</b>	<ol style="list-style-type: none"> <li>1. To award funds to nonprofit organizations whose proposals align with the priorities identified in the CHNA and/or the 2016-2018 Implementation Strategies.</li> <li>2. Fund proposals that best represent the five community benefit core principles.</li> <li>3. Increase membership of community based partnerships by at least one</li> <li>4. Monitor funded initiatives through quarterly reports.</li> </ol>
<b>Measurable Objective(s) with Indicator(s)</b>	100% of agencies awarded a community grant will address an identified health need as started in the CHNA, initiative, and Implementation Strategies.
<b>Intervention Actions for Achieving Goal</b>	<ol style="list-style-type: none"> <li>1. Use Request for Proposal process to fund Communities of Care that address identified needs.</li> <li>2. Recruit community leaders to participate in the Community Grants Program</li> <li>3. Monitor and support funded agencies through reporting and connection to needed resources.</li> </ol>
<b>Planned Collaboration</b>	Through the grant awards, Dignity Health has the opportunity to collaborate with each Community of Care and the associated partners.

## APPENDIX A: COMMUNITY BOARD AND COMMITTEE ROSTERS



### Board of Directors

Name	Title	Affiliation/Organization
Randall Hardison, MD	Medical Director/MEC Chairman	Orthopedic Physician/ AZ Orthopedic Surgical Specialists 2905 W. Warner Road, Suite 19 Chandler, AZ 85224
Raymond Roffi, MD	Governing Board Chairman	Orthopedic Physician/ Raymond P. Roffi, M.D., P.C 485 S. Dobson Road, Suite 107 Chandler, AZ 85224
Deb Banerjee, MD	Vice Chief of Staff	Internal Medicine Physician/ Pioneer Hospitalists 3115 S. Price Rd Chandler, AZ 85248
Bruce Krell, DPM	Secretary	Podiatry Physician/ Advanced Ankle and Foot 2915 E. Baseline Rd, Suite 103 Gilbert, AZ 85234
Anthony Putnam, MD	Anesthesia Director	Anesthesiologist/ Anesthesia Resources, Ltd 2000 E. Southern Ave, Suite 102 Tempe, AZ 85282
Vaughn Ward, RVP	Regional Vice President	USPI 20940 N. Tatum Blvd, Suite 125 Phoenix, AZ 85050
Larissa Spraker, VP	Vice President Strategy and Business Development	Dignity Health Mercy Gilbert Medical Center 3555 S. Val Vista Dr. Gilbert, AZ 85297
Jeffrey Jackson, CFO	Chief Financial Officer	Dignity Health St. Joseph's Hospital and Medical Center & St. Joseph's Westgate Medical Center

## 2016-2017 COMMUNITY BOARD MEMBERS – ST. JOSEPH’S HOSPITAL AND MEDICAL CENTER AND ST. JOSEPH’S WESTGATE MEDICAL CENTER

- **Aking, MD**, Rodd, Family Medicine Physician, Trinity Adult Medicine
- **Bayless, Justin**, CEO of Bayless Healthcare Group
- **Collum, MD, Earle “Smitty”** (ex-officio member), Chief of Medical Staff, Medical Director of Department of Pathology St. Joseph’s Hospital and Medical Center
- **Davis, J.D. Helen** (ex-officio representative from East Valley Hospital s Community Board) Family law attorney; The Cavan ARIZONA ORTHOPEDIC AND SURGICAL HOSPITAL. HOSPITAL Law Firm, P.A.
- **Dohoney, Milton**, Assistant City Manager, City of Phoenix
- **Dolan, R.S.M. Sister Sherry**, Sister of Mercy
- **Egbo, M.D. Obinna**, Physician President/CEO of Zion Medical Group, PPLC
- **Garewal, Jr. Harry** (Board Chair), Healthcare and business consultant; CEO of Trin and Associates, LLC
- **Gentry, Patti** (Board Vice Chair) Commercial real estate broker, Arizona Commercial Advisors
- **Heredia, Carmen**, Chief of Arizona Operations, Valle del Sol (non-profit organization)
- **Horn, Rick**, Independent financial and retail advisor
- **Hughes, R.S.M., Sister Phyllis**, Sister of Mercy, healthcare consultant
- **Hunt, Linda** (ex-officio member), President/CEO, Dignity Health in Arizona
- **Hutchison, Tami**, Vice President, Strategy & Business Development St. Joseph’s Hospital and Medical Center
- **Kearney, RSM, Sister Kathleen, Psy.D.**, Sister of Mercy, clinical psychiatrist
- **Jackson, Jeff**, Chief Financial Officer, Dignity Health St. Joseph’s Hospital and Medical Center
- **Little, M.D. Andrew**, Co-Director, Barrow Interdisciplinary Skull Base Program: Co-Director, Barrow Pituitary Center, Barrow Neurosurgical Associates
- **Million, Jean-Pierre, “J.P.”** Director, CVS Caremark (bioscience and pharmaceuticals)
- **Schembs, Jim**, Retired corporate CEO
- **Silva, Margarita**, Immigration attorney; M.Silva Law Firm, PC
- **Simkin, Gayle**, Infection Control Preventionist, Kindred Hospital
- **Spelleri, Maria**, Executive Vice President and General Counsel, Chicanos Por La Causa, Inc.
- **Stoup, David**, Co-Chairman/CEO, Healthy Lifestyle Brands (healthcare products and services)
- **Tierney, David**, (Chair – Community Health Integration Network – CHIN) Construction law attorney; Sacks, Tierney, P.A.
- **White, Patty**, (ex-officio member) President/CEO, St. Joseph’s Hospital and Medical Center
- **Yazzie-Devine, Diana**, President/CEO, Native American Connections (non-profit organization)

2016-2017 COMMUNITY HEALTH INTEGRATION NETWORK (CHIN) MEMBERS –  
ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER AND ST. JOSEPH'S WESTGATE  
MEDICAL CENTER

- **Alonzo, Anna**, Office Chief Chronic Disease Prevention Programs Arizona Department of Health Services/Bureau of Tobacco and Chronic Disease
- **Battis, Eric**, Chief Operations Officer Adelante Healthcare
- **Bauer, John**, Director of Finance at St. Joseph's Hospital and Medical Center
- **Bayless, Justin**, Chief Executive Officer, Bayless Healthcare Group
- **Bethancourt, Bruce**, Chief Medical Officer, St. Joseph's Hospital Medical Center
- **Brewer, DeeAnn**, Grants Manager Esperanca
- **Brown, Gail**, Nurse Practitioner St. Joseph's Hospital and Medical Center
- **Brucato-Day, Tina**, Hospital Administrator at St. Joseph's Westgate Hospital
- **Crittenden, Sonora**, Community Benefit Coordinator, St. Joseph's Hospital and Medical Center
- **Dal Pra, Marilee**, VP of Programs at Virginia G. Piper Charitable Trust
- **Flaherty, Charlene**, Director of Southwest-Arizona/Nevada Cooperation for Supportive Housing
- **Garganta, Marisue**, Director of Community Health Integration & Community Benefit at St. Joseph's Hospital and Medical Center
- **Goslar, PhD., Pamela**, Injury Epidemiologist, St. Joseph's Hospital and Medical Center
- **Gunther, Shirley**, VP for External Affairs, Dignity Health Arizona
- **\*Heredia, Carmen**, Chief of Arizona Operations - Valle Del Sol
- **Hesse, Maria**, Vice Provost for Academic Partnerships – ASU
- **Hoffman, Terri**, Vice President of Development for St. Joseph's Foundations
- **Honeycutt, Robert**, President & Chief Executive Officer, ARIZONA ORTHOPEDIC AND SURGICAL HOSPITAL.
- **Jewett, Matt**, Grants Manager at Mountain Park Health Center
- **Kamenca, Andrea**, Senior Manager, Telehealth Program Operations
- **Lopez, Denise**, Community Health Needs Assessment Coordinator, Maricopa County Department of Public Health
- **Lundeen, Christine**, Chief Innovation Officer – Mercy Maricopa, Mercy Maricopa Behavioral Health
- **Mascaro, CarrieLynn**, Sr. Director of Programs – Catholic Charities
- **\*Mason-Motz, Cassandra**, Retired
- **McBride, Sr. Margaret**, VP Organizational Outreach at St. Joseph's Hospital & Medical Center
- **McHorney, Michael, Chief Financial Officer** ARIZONA ORTHOPEDIC AND SURGICAL HOSPITAL. HOSPITAL Hospital
- **Mezey, Mary**, Manager, Office of Community Empowerment at Maricopa County Dept. of Public Health
- **Mitros, Melanie**, Director, Strategic Community Partnerships at St. Luke's Health Initiatives (SLHI)
- **Pena, Sara, MD, MPH**, Associate clinical professor, Department of Family Medicine at the University of Arizona College of Medicine and assistant professor/affiliated faculty of Department of Family Medicine at the Creighton College of Medicine at St. Joseph's Hospital and Medical Center
- **Plese, Tara**, Chief External Affairs Office, Arizona Alliance for Community Health Centers

- **Ranus, Lucy**, Program Manager - Barrow Prevention & Outreach – Barrow Neurological Institute
- **Robinson, Kristina**, Community Benefit Specialist, St. Joseph's Hospital and Medical Center
- **\*Simkin, Gail** Kindred Hospital
- **Smith, Carrie**, Chief Operating Officer Foundation for Senior Living (FSL)
- **Stack, Susan** Director of Transformational Care, St. Joseph's Hospital and Medical Center
- **Stutz, Linda**, Vice President Care Management at Dignity Health
- **\*Tierney David**, Trial Lawyer Sacks Tierney P.A.
- **VanMaanen, Pat**, Health Consultant at PV Health Solutions

*\*Indicates St. Joseph's Hospital Community Board Member and/or chair of CHIN*

## **APPENDIX B: OTHER PROGRAMS AND NON-QUANTIFIABLE BENEFITS**

The hospital delivers a number of community programs and non-quantifiable benefits in addition to those described elsewhere in this report. Like those programs and initiatives, the ones below are a reflection of the hospital's mission and its commitment to improving community health and well-being.

St. Joseph's Hospital and Medical Center, has three pillars: patient care, medical education and research. Physicians and researchers at St. Joseph's are dedicated to investigating and discovering new and powerful therapies with one ultimate goal - to enhance patient care. With both basic research laboratories as well as hundreds of clinical trials, patients have access to state-of-the-art treatments.

Medical education at St. Joseph's includes both educations for medical students through our partnership with Creighton University School of Medicine as well as post-medical school training through residency and fellowship programs. Medical education at St. Joseph's includes both education for medical students through our partnership with Creighton University School of Medicine as well as post-medical school training through residency and fellowship programs, with a specific emphasis on recruiting individuals who are culturally and linguistically diverse to serve the communities reflected within the community. The faculty is training future physicians, today.

The needs of the community exceed the traditional definition of "health" with an ongoing emphasis of the broader definition which includes the social determinants of health such as housing, utilities, food, violence and transportation. Arizona Orthopedic and Surgical Hospital continues to address these issues while working with nontraditional partners to build the community's capacity and eliminate the disparities found within those in need. Arizona Orthopedic and Surgical Hospital convenes those who are interested in these opportunities for change and creates an infrastructure for thoughtful systems change to occur, i.e. housing expansion, land reuse, protection of environment, transportation enhancements, etc.

### **Community-Building Activities**

Arizona Orthopedic and Surgical Hospital in collaboration with St. Joseph's Hospital and Medical Center and Chandler Regional Medical Center engages in many community-building activities to improve the community's health and safety by addressing the root causes of health problems such as poverty, homelessness and environmental hazards. The Arizona Communities of Care Network provides the structure and engagement needed to bring the community together to work on complex issues facing our community. HOMEVP (Health and Housing of Medically Vulnerable People) works to reduce and eliminate health and housing disparities and collaborates with more than 30 agencies, state and county. We work closely with Project Cure to provide unused medical supplies and equipment to improve the health of third world countries. The following are organizations we work with to strengthen the community's capacity to promote the health and well-being of its residents by offering the expertise and resources of health care organizations. See Appendix D for a list of such activities.

# APPENDIX C: FINANCIAL ASSISTANCE POLICY SUMMARY

## Summary Of Financial Assistance Programs

Dignity Health's Financial Assistance Policy describes the financial assistance programs available to uninsured or underinsured patients who meet certain income requirements to help pay for medically necessary hospital services provided by Dignity Health. An uninsured patient is someone who does not have health coverage, whether through private insurance or a government program, and who does not have the right to be reimbursed by anyone else for their hospital bills. An underinsured patient is someone who has health coverage, but who has large hospital bills that are not fully covered by their insurance.

### Free Care

- If you are uninsured or underinsured with a family income of up to 200% of the Federal Poverty Level you may be eligible to receive hospital services at no cost to you.

### Discounted Care

- If you are uninsured or underinsured with an annual family income between 200-500% of the Federal Poverty level, you will be charged the Amount Generally Billed (AGB), which is an amount set under federal law that reflects the amounts that would have been paid to the hospital by private health insurers and Medicare (including co-pays and deductibles) for the medically necessary services that you received.

If you are eligible for financial assistance under our Financial Assistance Policy you will not be required to pay more than the Amount Generally Billed described above. If you qualify, you may also request an interest-free extended payment plan.

You will never be required to make advance payment or other payment arrangements in order to receive emergency services.

Free copies of the hospital's Financial Assistance Policy and financial assistance application forms are available online at your hospital's website listed below or at the hospital Admitting areas located near the main entrance. (Follow the signs to "Admitting" or "Registration"). Copies of these documents can also be mailed to you upon request if you call Patient Financial Services at the telephone number listed below for your hospital.

**Traducción disponible:** You may also obtain Spanish and other language translations of these documents at your hospital's website, in your hospital's Admitting area, or by calling your hospital's telephone number.

Dignity Health Financial Counselors are available to answer questions, provide information about our Financial Assistance Policy and help guide you through the financial assistance application process. Our staff is located in the hospital's Admitting area and can be reached at the telephone number listed below for your hospital.

---

**Chandler Regional Medical Center** 1955 W. Frye Road, Chandler, AZ 85224 | **Financial Counseling** 480-728-3564  
**Patient Financial Services** 855-892-2400 | [www.dignityhealth.org/chandlerregional/paymenthelp](http://www.dignityhealth.org/chandlerregional/paymenthelp)

**Mercy Gilbert Medical Center** 3555 S. Val Vista Drive, Gilbert, AZ 85297 | **Financial Counseling** 480-728-7281  
**Patient Financial Services** 855-892-2400 | [www.dignityhealth.org/mercygilbert/paymenthelp](http://www.dignityhealth.org/mercygilbert/paymenthelp)

**St. Joseph's Hospital & Medical Center** 350 W Thomas Road, Phoenix, AZ 85013 | **Financial Counseling** 602-406-4923  
**Patient Financial Services** 877-877-8345 | [www.dignityhealth.org/stjosephs/paymenthelp](http://www.dignityhealth.org/stjosephs/paymenthelp)

**St. Joseph's Westgate Medical Center** 7300 N 99th Avenue, Glendale, AZ | **Financial Counseling** 866-556-8221  
**Patient Financial Services** 877-877-8345 | [www.dignityhealth.org/stjosephs/paymenthelp](http://www.dignityhealth.org/stjosephs/paymenthelp)

Arizona\_2016





## APPENDIX D: COMMUNITY-BUILDING ACTIVITIES

The following are organizations we work with on the Community-Building Activities in which Dignity Health provides expertise and resources to promote health and well-being in the community.

<p>Ability 360          Alzheimer's Association Desert Southwest Chapter          American Cancer Society          American Heart Association          American Lung Association in Arizona          American Stroke Association          Angelita's Amigos          Anti-Defamation League          Arizona Asthma Coalition          Arizona Agency on Aging          Arizona Behavioral Health Association (ABC Housing)          Arizona Chamber of Commerce          Arizona Chapter of the National Multiple Sclerosis Society          Arizona Children's Association          Arizona Community Foundation          Arizona Dental Association          Arizona Department of Education          Arizona Department of Health Services          Arizona Department of Oral Health          Arizona Diamondbacks Charities          Arizona Early Intervention Program          Arizona Firearm Safety Coalition          Arizona First Things First          Arizona Kidney Foundation          Arizona Living Well Institute          Arizona State University          Arizona Think First Project          Asian Pacific Community in Action          Assisted Living Arizona Senior Housing Institute          Association for Supportive Child Care          Autism Speaks          B.R.A.I.N.S Clinic          BHHS Legacy Foundation          Black Nurses Association          Boys and Girls Club of Phoenix          Brighter Way Foundation          Cardio Renal Society of America          Injury Free Collation for Kids</p>	<p>Catholic Charities Services          Cancer Support Network          Center for African American Health Arizona          Center for Health Information &amp; Research          Central Arizona Shelter Services (CASS)          Chicanos Por la Causa          ChildHelp USA          Children's Action Alliance          Children's Museum of Phoenix          Circle of the City – Homeless Respite          City of Glendale          City of Phoenix          Cooperation for Supportive Housing (CSH)          Community Bridges Inc.          Delta Dental of Arizona Foundation          Duet: Partners in Health &amp; Aging          Esperanca          Feeding Matters          Fight Night Foundation          Florence Crittenton Services of Arizona, Inc.          FSL- Foundation for Senior Living          Fresh Start Women's Foundation and Center          Girls Ranch          Golden Gate Community Center          Gompers Rehabilitation Center          Glendale Fire and Police Department          Greater Valley Area Health Education Center (GVAHEC)          HARP Foundation          Health Services Advisory Group (HSAG)          Healthy Lifestars          Homeward Bound          Hospice of the Valley          Human Services Campus          Society of St. Vincent de Paul          Sojourner Center          Southwest Autism Research and Resource Center (SARRC)          Southwest Center for HIV/ Southwest Human Development          Special Olympics of Arizona          STARS (Scottsdale Training &amp;</p>
---	---

<p>International Rescue Committee (IRC)  Jewish Family and Children's Services  Juvenile Diabetes Research Foundation (JDRF)  Keogh Health Connections  Kids Sports Stars  Lodestar Day Resource Center  Maggie's Place  Make-a-Wish Foundation  March of Dimes  Maricopa Association of Governments  Maricopa County Healthcare for the Homeless  Maricopa County Public Health and Human Services  Mentor Kids USA  Mercy Housing Southwest  Mid-Western University  Mission of Mercy  Mountain Park Health Center  Muscular Dystrophy Association  NAMI of Southern Arizona  National Kidney Foundation of Arizona  National Safety Council, Arizona Chapter  Native American Connections  Native American Community Health Center, Inc.  Not My Kid  Parkinson's Association  Parson's Family Health Center  Phoenix Day Center/Health Links  Phoenix Fire Department  Phoenix Indian Health Center  Phoenix Police Department  Phoenix Rescue Mission  Phoenix Sympathy  Project C.U.R.E  Raising Special Kids  Re-Invent Phoenix  Rural Metro  Ryan's House  Safe Kids  Save the Family</p>	<p>Rehabilitation Services)  Students Supporting Brain Tumor Research  Susan G. Koman Breast Cancer Foundation  Tiger Mountain Community Gardens  The American Indian Prevention Coalition  Touchstone Behavioral Health Center  Tumbleweed Center for Youth Development  UMOM New Day Center  United Way – Valley of the Sun  University of Arizona  Valle Del Sol  Valley Center of the Deaf  Virginia G. Piper Charitable Trust  Vitalyst Health Foundation  Wesley Community Health Center  Women's Health Coalition of Arizona  YMCA  YWCA</p>
---	---

## Appendix E –References

---

1. Dignity Health. Community Need Index. <http://cni.chw-interactive.org/>
2. Centers for Disease Control and Prevention. (2013). *Behavioral Risk Factor Surveillance System survey: Maricopa County, AZ*, Retrieved from <http://www.maricopa.gov/PublicHealth/Services/EPI/pdf/hsr/2013BRFSS.pdf>
3. Centers for Disease Control and Prevention. (2013). *Behavioral Risk Factor Surveillance System survey: Maricopa County, AZ*, Retrieved from <http://www.maricopa.gov/PublicHealth/Services/EPI/pdf/hsr/2013BRFSS.pdf>
4. Arizona Administrative Code (A.A.R.) Title 9. Health Services, Chapter 11. Department of Health Services, Health Care Institution Facility Data, Article 4. Hospital Inpatient Discharge Reporting (R9-11-402) and Article 5. Emergency Department Discharge Reporting (R9-11-502) requires all Hospital s to submit their data to ADHS.
5. Centers for Disease Control and Prevention. (2013). *Behavioral Risk Factor Surveillance System survey: Maricopa County, AZ*, Retrieved from <http://www.maricopa.gov/PublicHealth/Services/EPI/pdf/hsr/2013BRFSS.pdf>
6. Arizona Criminal Justice Commission (2014). *Arizona Youth survey*. <http://azcjc.gov/ACJC.Web/sac/AYS.aspx>
7. Centers for Disease Control and Prevention. (2013). *Youth Risk Behavior survey: Maricopa County, AZ*. <http://www.cdc.gov/healthyyouth/data/yrbs/index.htm>
8. Centers for Disease Control and Prevention. (2013). *Behavioral Risk Factor Surveillance System survey: Maricopa County, AZ*, Retrieved from <http://www.maricopa.gov/PublicHealth/Services/EPI/pdf/hsr/2013BRFSS.pdf>
9. Arizona Administrative Code – Title 9. Health Services, Chapter 19. Department of Health Services, Vital Records and Statistics, Article 1. Administrative Organization, Duties, and Procedures. R9-19-104 Duties of local registrars; Promptly register every properly completed certificate received.
10. Arizona Administrative Code (A.A.R.) Title 9. Health Services, Chapter 11. Department of Health Services, Health Care Institution Facility Data, Article 4. Hospital Inpatient Discharge Reporting (R9-11-402) and Article 5. Emergency Department Discharge Reporting (R9-11-502) requires all Hospital s to submit their data to ADHS.
11. Centers for Disease Control and Prevention. (2013). *Behavioral Risk Factor Surveillance System survey: Maricopa County, AZ*, Retrieved from <http://www.maricopa.gov/PublicHealth/Services/EPI/pdf/hsr/2013BRFSS.pdf>
12. Arizona Administrative Code – Title 9. Health Services, Chapter 19. Department of Health Services, Vital Records and Statistics, Article 1. Administrative Organization, Duties, and Procedures. R9-19-104 Duties of local registrars; Promptly register every properly completed certificate received.
13. Centers for Disease Control and Prevention. (2013). *Behavioral Risk Factor Surveillance System survey: Maricopa County, AZ*, Retrieved from <http://www.maricopa.gov/PublicHealth/Services/EPI/pdf/hsr/2013BRFSS.pdf>
14. Arizona Administrative Code – Title 9. Health Services, Chapter 19. Department of Health Services, Vital Records and Statistics, Article 1. Administrative Organization, Duties, and

---

Procedures. R9-19-104 Duties of local registrars; promptly register every properly completed certificate received.

15. Arizona Administrative Code (A.A.R.) Title 9. Health Services, Chapter 11. Department of Health Services, Health Care Institution Facility Data, Article 4. Hospital Inpatient Discharge Reporting (R9-11-402) and Article 5. Emergency Department Discharge Reporting (R9-11-502) requires all Hospital s to submit their data to ADHS.
16. Arizona Administrative Code (A.A.R.) Title 9. Health Services, Chapter 11. Department of Health Services, Health Care Institution Facility Data, Article 4. Hospital Inpatient Discharge Reporting (R9-11-402) and Article 5. Emergency Department Discharge Reporting (R9-11-502) requires all Hospital s to submit their data to ADHS.
17. Arizona Administrative Code – Title 9. Health Services, Chapter 19. Department of Health Services, Vital Records and Statistics, Article 1. Administrative Organization, Duties, and Procedures. R9-19-104 Duties of local registrars; Promptly register every properly completed certificate received.
18. Arizona Administrative Code (A.A.R.) Title 9. Health Services, Chapter 11. Department of Health Services, Health Care Institution Facility Data, Article 4. Hospital Inpatient Discharge Reporting (R9-11-402) and Article 5. Emergency Department Discharge Reporting (R9-11-502) requires all Hospital s to submit their data to ADHS.
19. Arizona Administrative Code (A.A.R.) Title 9. Health Services, Chapter 11. Department of Health Services, Health Care Institution Facility Data, Article 4. Hospital Inpatient Discharge Reporting (R9-11-402) and Article 5. Emergency Department Discharge Reporting (R9-11-502) requires all Hospital s to submit their data to ADHS.
20. Health Improvement Partnership of Maricopa County.  
<http://www.hipmcs summit.org/index.php>
21. Arizona Department of Health Services. Arizona Medically Underserved Areas. Retrieved from <http://www.azdhs.gov/hsd/shortage/azmua.htm>
22. Dignity Health. Community Need Index. <http://cni.chw-interactive.org/>
23. Kindig, D., & Stoddart G. (2003). What is population health? *American Journal of Public Health*. 93, 380-383.
24. Evans, R. G., & Stoddart, G. L. (1990). Producing health, consuming health care. *Social Science and Medicine*, 31, 1347-1363.
25. Boothe, Sinha, Bohm, & Yoon (2013). Community health assessment for population health improvement; resource of most frequently recommended health outcomes and determinants. Centers for Disease Control and Prevention (U.S.), Office of Surveillance, Epidemiology, and Laboratory Services.
26. U.S. Census Bureau. (2013). *American Fact Finder fact sheet: Maricopa County, AZ*, Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>