



Arizona Specialty Hospital  
Community Health Implementation Strategy 2019 – 2021

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**AT-A-GLANCE SUMMARY**

<p><b>Community Served</b></p>	<p>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 Specialty Hospital (ASH). 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 ASH. 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.</p>
<p><b>Significant Community Health Needs Being Addressed</b></p>	<p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital’s most recent Community Health Needs Assessment (CHNA). Those needs are:</p> <ul style="list-style-type: none"> <li>• Access to Care</li> <li>• Mental/Behavioral Health/Substance Abuse</li> <li>• Chronic Disease (Overweight/Obesity – Diet Related Illnesses)</li> <li>• Cancer</li> <li>• Safety and Violence (Injury and Trauma)</li> <li>• Social Determinants of Health</li> <li>• Homelessness and Housing Insecurity</li> </ul>
<p><b>Planned Actions for 2019-2021</b></p>	<p>ASH, in collaboration with St. Joseph’s Hospital and Medical Center, will launch its three-year Community Health Implementation Strategy. The strategy will provide the platform for the seven dimensions of wellness to be integrated throughout the health and community systems. These dimensions include social, emotional, spiritual, environmental, occupational, intellectual and physical wellness. Each of these seven dimensions act and interact in a way that contributes to our own quality of life. The increased recognition of the social needs of the community and how they intersect with the health needs will be a key focal point of the three-year initiative along with a focus on health equity for those individuals who are marginalized by race, culture, gender, age, and other social and physical barriers.</p>

This document is publicly available at: <http://dignityhealthazsh.com/community-benefits-reports>. This information is shared broadly with the community through e-mail distribution program. The information is shared on Facebook, Twitter, Linked In, e-mail list serves, community meetings and presentation. Written comments on this report can be submitted to the Arizona Specialty Hospital, 2905 West Warner Road Suite 1, Chandler, Arizona, 85224 or call (480) 603-9000

## **MISSION, VISION AND VALUES**

Arizona Specialty Hospital is a part of Dignity Health, a non-profit health care system made up of more than 60,000 caregivers and staff who deliver excellent care to diverse communities in 21 states. Headquartered in San Francisco, Dignity Health is the fifth largest health system in the nation.

At Dignity Health, we unleash the healing power of humanity through the work we do every day, in hospitals, in other care sites and the community.

### **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.

## **OUR HOSPITAL AND THE COMMUNITY SERVED**

### **About Arizona Specialty Hospital**

Arizona Specialty Hospital (ASH) is an LLC owned by USPI, Inc., Dignity Health and numerous physician partners. ASH is a 24 bed for-profit acute care facility licensed as a Surgical Hospital. With 110 employees and over 200 physicians, ASH provides quality care to patients requiring outpatient and inpatient surgical procedures (that include orthopedic, podiatric and pain management procedures), radiological procedures and physical therapy. The patient population served by the hospital consists of the pediatric (not less than three (3) years old), adolescent, adult and geriatric patient requiring or seeking surgical intervention, radiological testing, physical therapy or diagnostic testing to diagnose, maintain or restore optimum level of wellness.

### **Description of the Community Served**

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 ASH. 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 ASH.

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.

### **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 Chandler Central PCA has been federally designated as a Medically Underserved Area<sup>i</sup>. More than half of the population of ASH's Primary Service Area is adults between 20-64 years of age. Nearly 10.8% of residents do not have a high school diploma, 4.1% are unemployed and approximately 10.9% are without health insurance. This data shows that the population as a whole is majority white, and with a median income above 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 ASH’s Primary Service Area compared to Maricopa County and the state of Arizona.

**Table 1. Demographic information for the Arizona Specialty Hospital Primary Service Area.**

	<i>ASH PSA</i>	<i>Maricopa County</i>	<i>Arizona</i>
<b>Population: estimated 2015</b>	1,574,611	4,088,549	6,728,577
<b>Gender</b>			
• <b>Male</b>	50.1%	49.5%	49.7%
• <b>Female</b>	49.9%	50.5%	50.3%
<b>Age</b>			
• <b>0 to 9 years</b>	14.1%	13.8%	13.3%
• <b>10 to 19 years</b>	13.7%	13.8%	13.6%
• <b>20 to 34 years</b>	20.8%	21.2%	20.5%
• <b>35 to 64 years</b>	37.3%	37.3%	36.7%
• <b>65 to 84 years</b>	12.5%	8.0%	9.2%
• <b>85 years and over</b>	1.6%	5.9%	6.7%
<b>Race</b>			
• <b>White</b>	62.2%	56.9%	77.8%
• <b>Asian/Pacific Islander</b>	4.2%	4.0%	3.2%
• <b>Black or African American</b>	4.5%	5.0%	4.3%
• <b>American Indian/Alaska Native</b>	2.2%	1.5%	4.4%
• <b>Other</b>	2.5%	2.3%	7.0%
<b>Ethnicity</b>			
• <b>Hispanic</b>	24.3%	30.3%	30.5%
<b>Median Income</b>	\$58,561	\$53,694	\$51,340
<b>Uninsured</b>	10.9%	13.9%	13.6%
<b>Unemployment</b>	4.1%	4.4%	5.4%
<b>No HS Diploma</b>	10.8%	14.0%	13.8%
<b>*% of Population 5+ non-English speaking</b>	6.3%	9.3%	9.1%
<b>*Renters</b>	34.6%	39.6%	37.5%
<b>CNI Median Score</b>	3.2	39.6%	37.5%
<b>Medically Underserved Area</b>	Yes	-	-

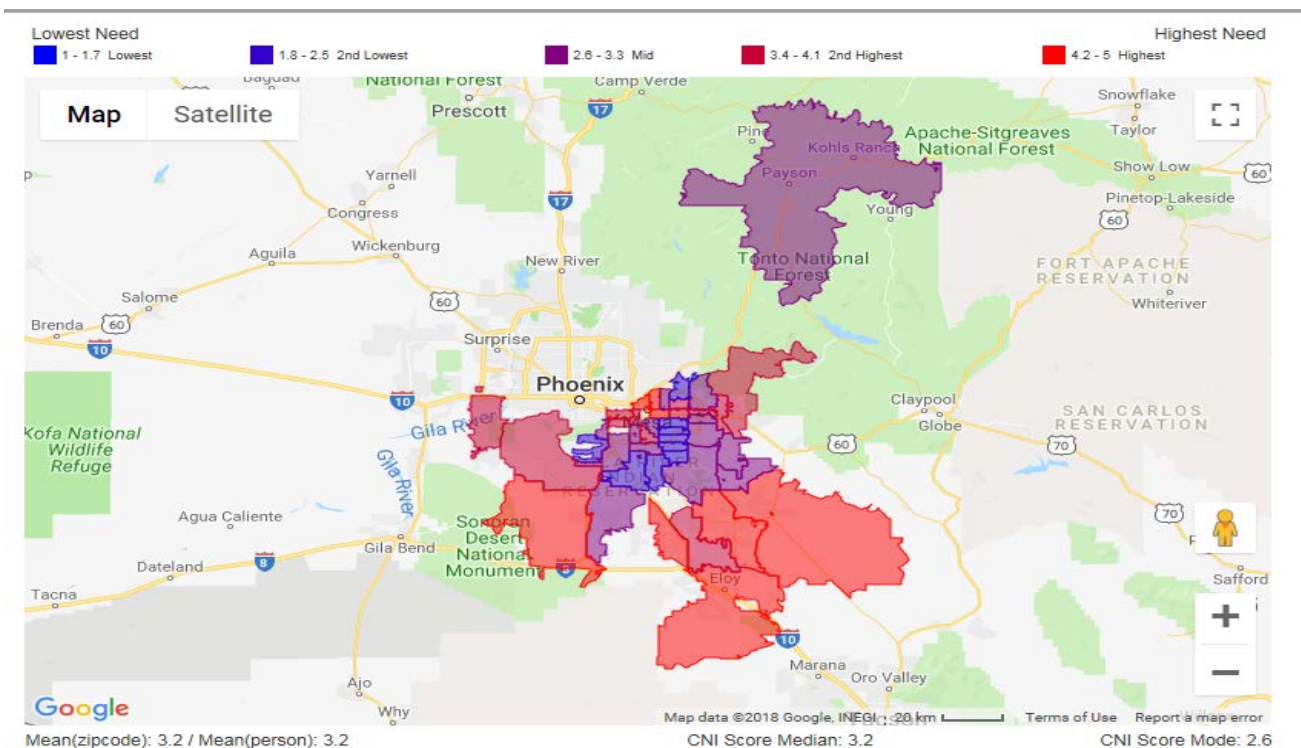
\*Source: U.S. Census American Community Survey, 5 year estimates 2013-2017

## 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 3.2 and includes both moderate and high-risk areas with significant socio-economic barriers. Zip code areas with the highest risks include 85122, 85128, 85131, 85132, 85139, 85201, 85203, and 85204.<sup>25</sup>

### Primary Service Map – Community Needs Index

Figure 1. Primary Service Area Community Need Index Score (no CNI data for 85123) Map



**PRIMARY ZIP CODES**

Zip Code	CNI Score	Population	City	County	State
85044	2.6	40284	Phoenix	Maricopa	Arizona
85048	2.4	35704	Phoenix	Maricopa	Arizona
85119	3.8	22328	Apache Junction	Pinal	Arizona
85120	4	31332	Apache Junction	Pinal	Arizona
85122	4.2	57888	Casa Grande	Pinal	Arizona
85128	4.8	21273	Coolidge	Pinal	Arizona
85131	5	20049	Eloy	Pinal	Arizona
85132	4.2	35037	Florence	Pinal	Arizona
85138	2.6	43214	Maricopa	Pinal	Arizona
85139	4.2	21616	Maricopa	Pinal	Arizona
85140	2.8	47085	San Tan Valley	Pinal	Arizona
85142	2.6	64024	Queen Creek	Maricopa	Arizona
85143	3.2	43222	San Tan Valley	Pinal	Arizona
85194	3.6	8282	Casa Grande	Pinal	Arizona
85201	4.6	50779	Mesa	Maricopa	Arizona
85202	4	40636	Mesa	Maricopa	Arizona
85203	4.2	37738	Mesa	Maricopa	Arizona
85204	4.4	66676	Mesa	Maricopa	Arizona
85205	3.4	43398	Mesa	Maricopa	Arizona
85206	3.4	37294	Mesa	Maricopa	Arizona
85207	2.8	51471	Mesa	Maricopa	Arizona
85208	3.6	39437	Mesa	Maricopa	Arizona
85209	2.8	43826	Mesa	Maricopa	Arizona
85212	2.6	34265	Mesa	Maricopa	Arizona
85213	2.8	35166	Mesa	Maricopa	Arizona
85215	2	17191	Mesa	Maricopa	Arizona
85224	3	46593	Chandler	Maricopa	Arizona
85225	4	75370	Chandler	Maricopa	Arizona
85226	2.6	38868	Chandler	Maricopa	Arizona
85233	2.8	39943	Gilbert	Maricopa	Arizona
85234	2.4	53860	Gilbert	Maricopa	Arizona
85248	2.2	36325	Chandler	Maricopa	Arizona
85249	2	48083	Chandler	Maricopa	Arizona
85282	3.6	52175	Tempe	Maricopa	Arizona
85283	3.4	47190	Tempe	Maricopa	Arizona
85286	2.6	49140	Chandler	Maricopa	Arizona
85295	2.2	49511	Gilbert	Maricopa	Arizona
85296	2	45985	Gilbert	Maricopa	Arizona
85297	2.2	37180	Gilbert	Maricopa	Arizona
85298	2	31321	Gilbert	Maricopa	Arizona
85338	3.4	54696	Goodyear	Maricopa	Arizona
85339	3.6	46318	Laveen	Maricopa	Arizona
85541	3	22972	Payson	Gila	Arizona



## **IMPLEMENTATION STRATEGY DEVELOPMENT PROCESS**

The 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 impact; and engaging the Community Health Integration Network (CHIN) and other stakeholders in the development of an annual community benefit plan and triennial Implementation Strategy.

### **Community Health Needs Assessment**

The significant needs that form the basis of the hospital's community health programs were identified in the most recent Community Health Needs Assessment (CHNA), which was adopted on February 20, 2019.

The hospital conducts a CHNA at least every three years to inform its community health strategy and program planning. The CHNA report contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods, including: the data used; how the hospital solicited and took into account input from a public health department, members or representatives of medically underserved, low-income and minority populations; and the process and criteria used in identifying significant health needs and prioritizing them;
- Presentation of data, information and assessment findings, including a prioritized list of identified significant community health needs;
- Community resources (e.g., organizations, facilities and programs) potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

### **CHNA Significant Health Needs**

The following statements summarize each of the areas of priority for ASH, and are based on data and information gathered through the CHNA.

#### **1. Access to Care**

Community members and key informants overwhelmingly felt that access to care is an important issue for the community. When ASH 2015 community survey respondents were asked, what was the most important "Health Problem" impacting their community, access to care was number one top concern. Within ASH's Primary Service Area, 4.1% of the population is unemployed, 10.9% are uninsured, and the median income is \$58,561<sup>ii</sup>. Additionally, there are disparities experienced across members of certain racial/ethnic backgrounds, with Hispanics and American Indians being least likely to have insurance<sup>iii</sup>.

## **2. Mental/Behavioral Health**

Mental and behavioral health is a term often used interchangeably to refer to a spectrum of health conditions which are each distinct yet often co-occurring and overlapping. Behavioral health includes not only ways of promoting well-being by preventing or intervening in mental illness such as anxiety or depression, but also has an aim preventing or intervening in substance abuse and suicide.

Mental health was ranked as the most important health problem impacting the community by key informants. This was echoed by participants in the focus groups who believe mental health is one of top health issues impacting community residents.

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. In 2017, the United States Health and Human Services Department declared a public health emergency and announced a plan to combat the opioid crisis. In 2016, 790 Arizonians died from opioid overdoses and trends show an increase of a startling 74% over the past four years.<sup>iv</sup>

Suicide was the eighth leading cause of death for Maricopa County residents and ASH's Primary Service Area in 2016. Suicide rates across Maricopa County have slightly increased from 2012-2016, with male rates 3 times higher than female suicide rates. In Maricopa County, rates of suicide are highest among age groups 45-54 and 75+, which could indicate a potential health disparity in identification, referral or treatment of suicidal ideation.

Maternal Health is an important part of mothers, infants, and child's overall health and wellbeing. It determines the health of the next generation and can help predict health challenges for families, communities, and the medical care system. Moreover, healthy birth outcomes and early detection and treatment of health conditions among infants can prevent death<sup>v</sup>. Maricopa County's infant mortality rates from 2012-2016 range from 5.3 to 6.3 infant deaths per 1,000 births.

Alzheimer's is a type of dementia that causes problems with memory, thinking, and behavior<sup>vi</sup>. In Arizona, 2,943 deaths occurred in 2015 due to Alzheimer's and it is the fifth leading cause of death, which is a 182% increase since 2000<sup>vii</sup>. In Maricopa County and ASH Primary Service Area, Alzheimer's is the fourth leading cause of death<sup>viii</sup>.

## **3. Overweight/Obesity**

Arizona has the 30<sup>th</sup> highest adult obesity rate in the nation, and the 32<sup>rd</sup> highest obesity rate for youth ages 10-17<sup>ix</sup>. In Maricopa County, males have higher rates of being overweight, and Hispanics

have higher rates of obesity when compared to non-Hispanic whites<sup>x</sup>. 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.

#### **4. Cancer**

While advancements continue to be made in the fight against cancer, it remains the leading cause of death in Maricopa County and the ASH's Primary Service Area and was identified as one of the top five areas of concerns from key informants. Colorectal cancer death rates in Maricopa County and ASH Primary Service Area has fluctuated over the last five years<sup>xi</sup>. Nationally, cancer mortality is higher among men than women with the highest rates in African American men and the lowest rates in Asian/Pacific Islander women which indicate a potential health disparity in cancer disease diagnoses, treatments, or preventative care<sup>xii</sup>.

#### **5. Trauma/Injury Prevention**

Injuries are not accidents, they are predictable and preventable. Unintentional injuries, including traffic-related, injuries, falls, burns, poisonings, and drowning were responsible for lost lives in the ASH Primary Service Area<sup>xiii</sup>. Unintentional injury is the fifth leading cause of death in Maricopa County and sixth in ASH's Primary Service Area. Males are more likely to suffer from an unintentional injury with the exception of falls which are more prevalent among females<sup>xiv</sup>.

#### **6. Social Determinant of Health**

Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks<sup>xv</sup>. Dignity Health ASH is dedicated to making a positive impact on the social determinants of health, particularly on the health of those economically-disadvantaged communities. Resources that enhance quality of life can have a significant influence on population health outcomes. ASH will focus on addressing homelessness, food insecurity, transportation, and problems related to psychosocial circumstances.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at <http://dignityhealthazsh.com/community-benefits-reports> or upon request at the hospital's main office.

## **Creating the Implementation Strategy**

Rooted in Dignity Health’s mission, vision and values, Arizona Specialty Hospital (ASH), in collaboration with St. Joseph’s Hospital and Medical Center and the Dignity Health Arizona hospital are dedicated to improving community health and delivering community benefit with the engagement of its management team, Community Board and 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 (see Appendix A). These parties review community benefit plans and program updates prepared by the hospital’s community health director and other staff.

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;
- Emphasize Prevention including activities that address the social determinants of health;
- Build Community Capacity;
- Demonstrate Collaboration; and
- Contribute to a seamless continuum of care.

## **Process and Criteria for Prioritization**

The process for prioritization included engagement with both internal Dignity Health stakeholders and community partners from CHIN and the ACCN. 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 March 2019 Arizona Community of Care Network meeting participated in a “needs strategy activity” where they were able to identify strategies and opportunities for integration with the hospital. The ACCN identified areas and programs that they can collaborate with the hospital and community to create healthier and sustainable communities. CHIN members in attendance of the April 2019 meeting also participated in a strategy activity, where they reviewed community outcomes, discussed major inequities, and determined the best strategies for each outcome.

## **2019-2021 IMPLEMENTATION STRATEGY**

This report 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 Plan Summary**

The following is a summary of the key programs and initiatives that have been a major focus of ASH's and the Dignity Hospitals in Arizona, Chandler Regional Medical Center and St. Joseph's Hospital and Medical Center, 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 Community Board and Dignity Health receive reports regarding the success of the key initiatives as well as community benefit reports.

We have categorized the needs to reflect the "Dignity Health Community Health Strategy Blueprint 2019-2023" to increase the care continuum, promote innovation and transformational approaches to improve health outcomes, and to address the social determinants of health (SDOH) within our community and the health system. 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 the Health Improvement Partnership of Maricopa County (HIPMC) and Synapse to improve the outcomes for programs that are research and evidence-based, provide outcomes, and sustainable interventions. CHIS objectives are collected on an ongoing basis by the Maricopa County Department of Public Health (MCDPH) from organizations participating in 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 collective impact and asset-based strategies for program development and improvement.

Program 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 HIPMC, Arizona Partnership for Healthy Communities, the Preventive Health Collaborative of Maricopa County, and Synapse.

<b>Health Need: Access to Health Care</b>	
<b>Strategy or Activity</b>	<b>Summary Description</b>
School-based healthcare	<ol style="list-style-type: none"> <li>1. Chandler Care Center on Galveston Elementary School campus</li> <li>2. Chandler Regional Medical Center services provided at school locations</li> </ol>
Free and low cost community-based health services:	<ol style="list-style-type: none"> <li>1. Mission of Mercy: Primary Care for uninsured</li> <li>2. Chandler and Gilbert AZCEND community health centers</li> <li>3. Chandler Regional Medical Center community outreach services</li> <li>4. Gilbert Heritage Wellness, Education, and Resource Center</li> <li>5. City of Maricopa Family Advocacy Center</li> </ol>
Education, eligibility, and enrollment	<ol style="list-style-type: none"> <li>1. Enrollment assistance programs are located at Chandler Care Center, AZCEND, I-HELP, Senior Community Wellness, Foundation for Senior Living, and Keogh Foundation</li> <li>2. Financial Assistance: Dignity Health Financial Assistance policy</li> <li>3. Keogh Foundation</li> </ol>
Patient continuum of care:	<p>Patient navigation and referrals to community based services before discharge include:</p> <ol style="list-style-type: none"> <li>1. Foundation for Senior Living- ACTIVATE</li> <li>2. Mission of Mercy</li> <li>3. Circle the City</li> <li>4. Chandler Regional Medical Center Community of Care grant recipients</li> <li>5. Chandler Regional Medical Center Patient Referral program: Community Connection Network</li> </ol>

<b>Health Need: Mental Health and Behavioral Health</b>	
<b>Strategy or Activity</b>	<b>Summary Description</b>
Improve education and awareness for mental health conditions	<ol style="list-style-type: none"> <li>1. East Valley Behavioral Health Task Force</li> <li>2. Chandler-Gilbert Substance Misuse and Treatment Task Force</li> <li>3. Mental Health First Aid</li> <li>4. Let's Talk</li> <li>5. Empower Hope' Suicide Prevention Tool Kit</li> <li>6. RX 360</li> <li>7. Faith-based Crisis Care Team training</li> </ol>
Youth and Adult based prevention services:	<ol style="list-style-type: none"> <li>1. Partnership to Build Resilient Families; Dignity Health Community of Care grant recipients: ICAN, Chandler CARE Center, Big Brothers and Big Sisters of Arizona, CCYSA</li> <li>2. Empower Hope' Suicide Prevention Tool Kit – Youth focus</li> <li>3. Substance Misuse and Treatment Task Force – School based presentations</li> </ol>

Access to crisis intervention services:	<ol style="list-style-type: none"> <li>1. East Valley Behavioral Health Task Force</li> <li>2. Substance Misuse and Treatment Task Force</li> <li>3. Family Advocacy Center – City of Maricopa and Chandler</li> <li>4. Proposed: Dignity Health Peer to Peer Mentoring Program with Hope for Addiction</li> <li>5. La Frontera</li> <li>6. Community Bridges</li> <li>7. A New Leaf</li> </ol>
Pregnant and postpartum adjustment Support:	<ol style="list-style-type: none"> <li>1. Chandler Regional Medical Center Postpartum Adjustment Support group</li> <li>2. East Valley Perinatal Network; Dignity Health Community of Care grant recipient: Women’s Health Innovation of Arizona, Hushabye Nursery, and Haven 107</li> </ol>
Controlled substance prescription monitoring:	Dignity Health Emergency Room: CSPMP (Controlled Substance Prescription Monitoring Participation)

<b>Health Need: Chronic Disease – Diabetes</b>	
<b>Strategy or Activity</b>	<b>Summary Description</b>
Access to diabetes management and support:	<ol style="list-style-type: none"> <li>1. Mercy Gilbert Medical Center, Center for Diabetes Management (accredited)</li> <li>2. Mercy Gilbert Medical Center, Center for Diabetes Management Community based classes and presentations</li> <li>3. Mercy Gilbert Medical Center, Center for Diabetes Management Sweet Life-Diabetes Outreach Connection support group</li> <li>4. Mission of Mercy</li> </ol>
Access to free Chronic Disease Self-Management education:	<ol style="list-style-type: none"> <li>1. Chandler Regional Medical Center’s Chronic Disease Self-Management Program (CDSMP) Workshops. Stanford model: Chronic Disease, Diabetes, DEEP, Pain Management</li> <li>2. Safe at Home; Dignity Health Community of Care grant recipient, East Valley Adult Resources, Rebuilding Together Valley of the Sun, and AT Still University</li> </ol>
Access to Fitness:	<ol style="list-style-type: none"> <li>1. Dignity Health Center for Diabetes Management: Diabetes prevention program: Prevent T2 combining fitness and nutrition</li> </ol>

	<ol style="list-style-type: none"> <li>2. ICAN</li> <li>3. Partnership to Build Resilient Families</li> <li>4. Southwest Valley YMCA</li> </ol>
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<b>Health Need: Safety and Violence Prevention</b>	
<b>Strategy or Activity</b>	<b>Summary Description</b>
Injury prevention/intervention education for children:	<ol style="list-style-type: none"> <li>1. Injury prevention education in classrooms and community settings using evidenced-based “Think First” injury prevention program, Safe Sitter, Stop the Bleed, and Distracted Driving.</li> <li>2. Car seat safety</li> <li>3. Community based health fair education</li> </ol>
Injury prevention/intervention for adults:	<ol style="list-style-type: none"> <li>1. Conduct Matter of Balance evidenced based fall prevention education to senior populations and caregivers on improving mobility and reducing fall risk</li> <li>2. Work with organizations that offer home safety equipment and resources</li> <li>3. Safe at Home: Fall prevention “Matter of Balance” evidenced based program, home safety equipment installation.</li> <li>4. Family Advocacy Centers</li> </ol>

<b>Health Need: Cancer</b>	
<b>Strategy or Activity</b>	<b>Summary Description</b>
Education on importance of early detection and availability of resources:	<ol style="list-style-type: none"> <li>1. Dignity Health Women’s Imaging Center</li> <li>2. Ironwood Cancer and Research Center</li> <li>3. Desert Cancer Foundation</li> <li>4. Thriving and Surviving</li> </ol>
Screening:	<ol style="list-style-type: none"> <li>1. Dignity Health Women’s Imaging Center</li> <li>2. Ironwood Cancer and Research Center</li> <li>3. Desert Cancer Foundation</li> </ol>
Treatment:	<ol style="list-style-type: none"> <li>1. Dignity Health – diagnostic and surgical treatment</li> <li>2. Ironwood Cancer and Research Center – chemotherapy and radiation</li> <li>3. Desert Cancer Foundation – support and referrals</li> </ol>

<b>Health Need: Social Determinants of Health</b>	
<b>Strategy or Activity</b>	<b>Summary Description</b>
Shelter, transitional housing, and permanent housing	<ol style="list-style-type: none"> <li>1. I-HELP (Interfaith Homeless Emergency Lodging Program) - Dignity Health Community of Care grant recipient: AZCEND, Lutheran Social Services of the Southwest, Tempe Community Action Agency (TCAA)</li> </ol>



for the Homeless population:	<ol style="list-style-type: none"> <li>2. Circle the City: Respite, hospice, and case management for the homeless</li> <li>3. Dignity Health Homeless Initiative to improve resources for homeless patients before discharge</li> <li>4. House of Refuge</li> <li>5. Maggie’s Place</li> <li>6. Destination Diploma – Dignity Health Community of Care grant recipient: Homeward Bound, Pappas Kids Schoolhouse Foundation, Fans Across America</li> <li>7. Circle the City</li> <li>8. Without Walls Church – Mesa, AZ</li> </ol>
Transportation to medical appointments:	<p>Senior Community Wellness - Dignity Health Community of Care grant recipient :</p> <p>About Care, Neighbors Who Care and YOPAS- Ahwatukee Foothills YMCA Outreach Program for Ahwatukee Seniors</p>
Access to healthy food and/or other basic needs:	<ol style="list-style-type: none"> <li>1. Mathews Crossing</li> <li>2. Chandler Care Center</li> <li>3. AZCEND</li> <li>4. I-HELP</li> <li>5. Clothes Cabin</li> <li>6. Boys and Girls Club</li> <li>7. SNAP enrollment</li> </ol>
Human Trafficking	<p><b>Human Trafficking Task Force</b></p> <ul style="list-style-type: none"> <li>• Education on Human Trafficking to community, clinical and staff to identify and assist individuals who are experiencing human trafficking.</li> <li>• Provides supports to community and individuals require assistance</li> <li>• Expands collaborations and partnerships to education, address and assist in prevention of human trafficking</li> <li>• Educate and Promote the use of the PEARR tool (Trauma Informed Care)</li> <li>• Work with organizations to educate and inform youth on human trafficking and abuse</li> </ul>

## Community Grants Program

One important way the hospital helps to address community health needs is by awarding financial grants to non-profit organizations working together to improve health status and quality of life in the communities we serve. Grant funds are used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations.

Arizona Specialty Hospital In collaboration with St. Joseph’s Hospital and Medical Center, In Fiscal Year 2019, the hospital awarded 8 grants totaling \$548,753. Below is a complete listing of FY19 grant projects; some projects may be described elsewhere in this report.

<b>Grant Recipient</b>	<b>Project Name</b>	<b>Amount</b>
Catholic Charities Community Services, Inc.	Refugee Health Partnership	\$74,800
Maggie’s Place	Strengthening Homeless Pregnant and Parenting Women	\$67,200
BakPAK	Arizona’s First Health Navigation & Transportation System for the Homeless	\$50,000
Purple Ribbon Council to Cut Out Domestic Abuse (DBA BLOOM365)	Youth Violence Intervention & Prevention Project (Y-VIPP)	\$75,000
Circle The City	Coordinated Hospital Discharge and Diversion Program	\$75,000
Valle del Sol	Healthy Kiddos, Healthy Communities	\$79,753
Family Involvement Center (FIC)	Strong Families Healthy Communities	\$84,500
Ability 360	The Ability Program	\$42,500

## Anticipated Impact

The anticipated impact of the hospital’s activities on significant health needs is summarized above, and for select programs in the Program Digests section of this report. Overall, the hospital anticipates that actions taken to address significant health needs will improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health. The hospital is committed to measuring and evaluating key initiatives. The hospital creates and makes public an annual Community Benefit Report and Plan, evaluates impact, and sets priorities for its community health program in triennial Community Health Needs Assessments.

## Planned Collaboration

Arizona Specialty Hospital worked closely with St. Joseph’s Hospital and Medical Center in planning the work to be implemented within the Community Health Implementation Strategy. The

Community Health Integration Network (CHIN), the Board Committee for St. Joseph’s Hospital and Medical Center, is comprised of hospital experts, board members, community members, city, county, scholars, physicians, care coordinators, funders and others. CHIN comes together to work closely with the hospital by assisting in determining the needs, evaluating, and sustaining ongoing work within the hospital and community. This group provides supports and connections to current programs to meet the ongoing needs identified in the CHNA. Since 2012, SJHMC, along with ASH, has engaged with the community, nonprofit organizations, businesses, and governmental agencies in the Arizona Communities of Care Network (ACCN). The ACCN is a demonstration of 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 by meeting the needs of the disenfranchised and underserved.

Through our work and collaboration with Maricopa County and the State of Arizona’s Department of Health and Human Services, we participate in HIPMC and Synapse to improve the outcomes for programs that are research and evidence-based, provide outcomes, and sustainable interventions. CHIS objectives are collected on an ongoing basis by the Maricopa County Department of Public Health (MCDPH) from organizations participating in 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 collective impact and asset-based strategies for program development and improvement.

Together ASH and the Dignity Health Arizona hospitals engaged 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.

**List of Current Community Organizations**

1 and 10	Hospice of the Valley
Ability 360	Human Services Campus
Alzheimer's Association Desert Southwest Chapter	International Rescue Committee (IRC)
American Cancer Society	Jewish Family and Children's Services
American Heart Association	Juvenile Diabetes Research Foundation (JDRF)
American Lung Association in Arizona	Keogh Health Connections

<p>American Stroke Association  Anti-Defamation League  Arizona Asthma Coalition  Arizona Agency on Aging  Arizona Behavioral Health Association  (ABC Housing)  Arizona Cardinals Charities  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 State University  Asian Pacific Community in Action  Assisted Living Arizona Senior Housing  Institute  Autism Speaks  B.R.A.I.N.S Clinic  BHHS Legacy Foundation  Black Nurses Association  Bloom 360  Boys and Girls Club of Phoenix  Brighter Way Foundation  Catholic Charities Services  Cancer Support Community  Center for African American Health  Arizona  Central Arizona Shelter Services (CASS)  Chicanos Por la Causa  Children's Action Alliance  Children's Museum of Phoenix  Circle of the City – Homeless Respite  City of Glendale</p>	<p>Kids Sports Stars  Lodestar Day Resource Center  Maggie's Place  Make-a-Wish Foundation  March of Dimes Maricopa County Healthcare  for the Homeless  Maricopa County Public Health and Human  Services  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.  Neighborhood Christian Center  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  Save the Family  Society of St. Vincent de Paul  Sojourner Center  Southwest Autism Research and Resource  Center (SARRC)  Southwest Center for HIV/  Southwest Human Development  Students Supporting Brain Tumor Research</p>
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<p> City of Phoenix  Cooperation for Supportive Housing (CSH)  Community Bridges Inc.  Delta Dental of Arizona Foundation  Duet: Partners in Health &amp; Aging  Elaine  Esperanca  Family Involvement Center  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  Glendale Fire and Police Department  HARP Foundation  Health Services Advisory Group (HSAG)  Healthy Communities  Healthy Lifestars  Homeward Bound </p>	<p> 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> <p><i>This is a sample of the current list of partners and may not reflect all of the current partners.</i></p>
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## **Financial Assistance for Medically Necessary Care**

Arizona Specialty Hospital delivers compassionate, high quality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of this mission, the hospital provides financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services. A plain language summary of the hospital's Financial Assistance Policy is in Appendix C.

The hospital notifies and informs patients and members of the community about the Financial Assistance Policy in ways reasonably calculated to reach people who are most likely to require patient financial assistance. These include:

- providing a paper copy of the plain language summary of the Policy to patients as part of the intake or discharge process;
- providing patients a conspicuous written notice about the Policy at the time of billing;
- posting notices and providing brochures about the financial assistance program in hospital locations visible to the public, including the emergency department and urgent care areas, admissions office and patient financial services office;
- making the Financial Assistance Policy, Financial Assistance Application, and plain language summary of the Policy widely available on the hospital's web site;
- making paper copies of these documents available upon request and without charge, both by mail and in public locations of the hospital; and
- providing these written and online materials in appropriate languages.

Arizona Specialty Hospital informs the community of their Financial Assistance Policy by posting it in areas throughout the hospital, both in the inpatient and outpatient areas; provides information on its website; provides information on Facebook, Linked In, Twitter, and by e-mail to the broader community.

## Program Digests

The following pages include Program Digests describing key programs and initiatives that address one or more significant health need from 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.

Dignity Health Community Grants Program	
<b>Significant Health Needs Addressed</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Access to Care</li> <li><input checked="" type="checkbox"/> Mental/Behavioral Health</li> <li><input checked="" type="checkbox"/> Chronic Diseases</li> <li><input checked="" type="checkbox"/> Cancer</li> <li><input checked="" type="checkbox"/> Trauma/Injury Prevention</li> <li><input checked="" type="checkbox"/> Safety &amp; Violence</li> <li><input checked="" type="checkbox"/> Homelessness &amp; Housing Insecurity</li> </ul>
<b>Core Principles Addressed</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Focus on Disproportionate Unmet Health-Related Needs</li> <li><input checked="" type="checkbox"/> Emphasize Prevention</li> <li><input checked="" type="checkbox"/> Contribute to a Seamless Continuum of Care</li> <li><input checked="" type="checkbox"/> Build Community Capacity</li> <li><input checked="" type="checkbox"/> Demonstrate Collaboration</li> </ul>
<b>Program Description</b>	Each year SJHMC allocates a percentage (0.05) of the previous year's expenses to support the efforts of other not-for-profit 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. It is required that a minimum of three organizations work together in a Community of Care to address an identified health need.
<b>Community Benefit Category</b>	E2-a Grants: Community Grants Program
Planned Actions for 2019 - 2021	
<b>Program Goal / Anticipated Impact</b>	The goal of the Community Grants program is to support work being done in the community that addresses the highest identified needs. The anticipated impact is that as a community we are able to care for more underserved community members and reduce the impact of the identified needs.
<b>Measurable Objective(s) with Indicator(s)</b>	Each grant recipient will submit mid-year and year-end reports with measurable objectives and indicators specific to their project.
<b>Intervention Actions for Achieving Goal</b>	Promote the grant opportunity widely. Recruit community stakeholders to participate in a well-rounded review committee.
<b>Planned Collaboration</b>	Several non-profits in the community.

## Diabetes Empowerment Education Program (DEEP)

<b>Significant Health Needs Addressed</b>	<input type="checkbox"/> Access to Care <input type="checkbox"/> Mental/Behavioral Health <input checked="" type="checkbox"/> Chronic Diseases <input type="checkbox"/> Cancer <input type="checkbox"/> Trauma/Injury Prevention <input type="checkbox"/> Safety & Violence <input type="checkbox"/> Homelessness & Housing Insecurity
<b>Core Principles Addressed</b>	<input checked="" 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 checked="" type="checkbox"/> Demonstrate Collaboration
<b>Program Description</b>	DEEP is a community course for people with type 2 diabetes and/or their caretakers. Small group courses are 6 weeks long, meeting once a week for 2 – 2.5 hours. 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>	A1-a. Community Health Education – Lectures/Workshops
<b>Planned Actions for 2019 - 2021</b>	
<b>Program Goal / Anticipated Impact</b>	Planned actions for 2019 -2021 revolve around expanding the program infrastructure to reach more people. Operating under a Dignity Health license and creating our own program materials will allow the program to be more sustainable going forward. With new community partnerships, we can now offer more workshops to the community and effectively reduce the burden of diabetes on the community.
<b>Measurable Objective(s) with Indicator(s)</b>	Program coordinator will increase the number of workshops offered in order to increase the number of workshop completers in a year. Program coordinator will increase the number of workshop completers by 50% for a total of 300 completers each year.
<b>Intervention Actions for Achieving Goal</b>	Promote the program widely. Increase community and hospital based referrals. Create and maintain relationships with community agencies where workshops can be held and promoted.
<b>Planned Collaboration</b>	We will continue collaborating with Keogh Health Connection and Maricopa County Dept. of Public Health to sustain the program.

**Health / Housing of Medically Vulnerable People (HOMeVP)**

<b>Significant Health Needs Addressed</b>	<input checked="" type="checkbox"/> Access to Care <input type="checkbox"/> Mental/Behavioral Health <input type="checkbox"/> Chronic Diseases <input type="checkbox"/> Cancer
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	<input type="checkbox"/> Trauma/Injury Prevention <input type="checkbox"/> Safety & Violence <input checked="" type="checkbox"/> Homelessness & Housing Insecurity
<b>Core Principles Addressed</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>	The mission of HOMeVP is to address the relationship between medically vulnerable people and homelessness in Maricopa County with a model that supports a variety of care transitions. HOMeVP recognizes that housing is critical to the health of vulnerable individuals, namely the homeless, and strives to enable access to housing and to address the medical, social and psychological needs of homeless people.
<b>Community Benefit Category</b>	F7a. Advocacy for Community Health Improvement/Safety – Local community organizing/advocacy
<b>Planned Actions for 2019 - 2021</b>	
<b>Program Goal / Anticipated Impact</b>	HOMeVP aims to enable access to housing and to address the medical, social and psychological needs of homeless people.
<b>Measurable Objective(s) with Indicator(s)</b>	HOMeVP hosts annual educational events on a variety of topics relating to homelessness as well as monthly meetings for group members. We will measure our success by analyzing the turnout and feedback from these events.
<b>Intervention Actions for Achieving Goal</b>	For 2019-2021 HOMeVP will work closely with the community and St. Joseph’s Hospital and Medical Center to seamlessly incorporate California’s SB 1152 discharge law in Arizona. In 2019 HOMeVP plans to host an education event surrounding the eviction crisis in Maricopa County and determine what we can do to help end the crisis.
<b>Planned Collaboration</b>	HOMeVP has a variety of collaborators including housing agencies, first responders, hospitals, health / mental health agencies and providers, advocacy, funders, and state / city / local agencies.

<b>Center for Diabetes Management</b>	
<b>Significant Health Needs Addressed</b>	<input type="checkbox"/> Access to Care <input type="checkbox"/> Mental Health and Behavioral Health <input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Breast Cancer <input type="checkbox"/> Injury Prevention <input type="checkbox"/> Social Determinants of Health

<b>Program Emphasis</b>	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Emphasize Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Demonstrate Collaboration
<b>Program Description</b>	<p>Our comprehensive Center for Diabetes Management (CDM) offers education for a wide variety of patient needs:</p> <ul style="list-style-type: none"> <li>• Diabetes self-management training for people with type 1 and type 2 diabetes</li> <li>• Gestational diabetes/diabetes and pregnancy classes</li> <li>• Blood glucose meter training</li> <li>• Insulin initiation and management</li> <li>• Pre-diabetes/metabolic syndrome</li> </ul>
<b>Community Benefit Category</b>	A-1 Community Health Education
<b>Planned Actions for 2019-2021</b>	
<b>Program Goal / Anticipated Impact</b>	Actively market Center for Diabetes Management to promote our services to patients, hospital staff and health care providers to achieve an average of 360 patient encounters per month. Coordinate with inpatient departments, care coordination, and nursing education to develop an effective system for referrals from inpatient to outpatient. CDM is currently getting referrals through both NaviHealth and Cerner.
<b>Measurable Objective(s) with Indicator(s)</b>	<ul style="list-style-type: none"> <li>• Number of patient encounters per month</li> <li>• Number of in-house referrals made, if able to accurately track.</li> <li>• Number of community events</li> </ul>
<b>Intervention Actions for Achieving Goal</b>	<ul style="list-style-type: none"> <li>• Form appropriate community partnerships and collaborative efforts to meet our goals related to community outreach and serving the underserved populations.</li> <li>• Continue with collaboration with hospital departments to establish inpatient education and an effective referral process. Currently represented on the hyperglycemia management team</li> <li>• Participate in AZ Diabetes Coalition.</li> <li>• Continue making second calls on referrals as staffing allows improving referral to scheduled percentage and net patients scheduled.</li> </ul>
<b>Planned Collaboration</b>	Collaboration is planned with the Gilbert Wellness and Resource Center. One workshop presented during FY 19. We will continue to work with existing community partners and local municipalities.

**APPENDIX A: COMMUNITY BOARD AND COMMITTEE ROSTERS****COMMUNITY BOARD - 2019 St. Joseph's Hospital and Medical Center**

<b>BAYLESS, Justin</b> CEO of Bayless Integrated Healthcare
<b>DAVIS, Helen</b> (ex-officio representative from East Valley Hospitals Community Board) Managing Partner, The Cavanagh Law Firm
<b>DOHONEY, Jr., Milton</b> Assistant City Manager, City of Phoenix
<b>EGBO, M.D., Obinna</b> Physician, President/CEO of Zion Medical Group, PLLC
<b>GARCIA, M.D., Robert</b> (ex-officio member) Chief of Medical Staff; St. Joseph's Hospital
<b>GENTRY, Patti</b> Commercial real estate broker
<b>GONZALEZ, Sarah</b> Consultant for local non-profit organizations
<b>HEREDIA, Carmen</b> ( <i>Board Vice Chair</i> ) Chief of Arizona Operations, Valle del Sol (non-profit organization)
<b>HORN, Rick</b> ( <i>Board Chair</i> ) Independent financial and retail advisor and corporate board member
<b>HUNT, Linda</b> (ex-officio member) President/CEO, Dignity Health Arizona Service Area
<b>JONES, Sister Gabrielle Marie</b> Sister of Mercy, retired hospital executive and nurse
<b>KEARNEY, R.S.M., PsyD., Sister Kathleen</b> Sister of Mercy, clinical psychiatrist
<b>MORALES, Joanne</b> Director of Refugee Programs, Catholic Charities Community Services
<b>PALMER, Tom</b> President, Claremont Capital Management, LLC (investment firm)
<b>SCHEMBS, Jim</b> Retired corporate CEO
<b>SHARP, O.P., Sister Noreen</b> Adrian Dominican Sister, retired attorney
<b>SILVA, Margarita</b> Immigration attorney; M. Silva Law Firm, PC
<b>SIMKIN, Gayle</b> Retired Infection Control Preventionist
<b>SPELLERI, Maria</b> ( <i>Board Secretary</i> ) Executive V.P. & General Counsel, Chicanos Por La Causa, Inc.
<b>WHITE, Patty</b> (ex-officio member) President/CEO, St. Joseph's Hospital and Medical Center

## COMMUNITY HEALTH INTEGRATION NETWORK - 2019 ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER

- **Aguilar, Eileen**, Community Health Impact Analyst, Maricopa County Dept. of Public Health
- **Albright, Rosanne**, Brown Space Manager, City of Phoenix
- **Alice, Patricia**, USPI
- **Alonzo, Anna**, Manager of 2MATCH Program, St. Joseph's Hospital and Medical Center
- **Battis, Eric**, Chief Operations Officer, Adelante Healthcare
- **Bauer, John**, Director of Finance, St. Joseph's Hospital and Medical Center
- **Bethancourt, Bruce**, Chief Medical Officer, St Joseph's Hospital Medical Center
- **Brucato-Day, Tina**, Hospital Administrator, St. Joseph's Westgate Hospital
- **Cardenas, Lilliana**, Community Empowerment Office Manager, Maricopa County Dept. of Public Health
- **Crittenden, Sonora**, Program Manager, St. Joseph's Hospital and Medical Center
- **Dal Pra, Marilee**, Vice President of Programs, Virginia G. Piper Charitable Trust
- **Denstone, Damon**, Clinical Manager, St. Joseph's Westgate Medical Center
- **Garganta, Marisue**, Director of Community Health Integration & Community Benefit, St. Joseph's Hospital and Medical Center
- **\*Gonzalez, Sarah**, Isaac School District
- **Graham, Julie**, Director of External Affairs, Dignity Health Arizona
- **Hassler, Andrea**, Senior Director of Nursing Services, St. Joseph's Hospital and Medical Center
- **Hillman, Deborah**, Chief of Staff, Mercy Care Plan
- **Hoffman, Terri**, President, St. Joseph's Foundation
- **\*Horn, Rick**, Chair of St. Joseph's Hospital and Medical Center Community Board
- **Jewett, Matt**, Grants Manager, Mountain Park Health Center
- **Jones, Ashley**, Community Benefit Specialist, St. Joseph's Hospital and Medical Center
- **Krush, Leanne**, Vice President, Dignity Health Arizona General Hospitals
- **Mascaro, CarrieLynn**, Sr. Director of Programs, Catholic Charities
- **McBride, Sr. Margaret**, Vice President of Organizational Outreach, Dignity Health
- **McClain, Brett**, Chief Operating Officer, St. Joseph's Hospital and Medical Center
- **McWilliams, Barbara**, OASIS
- **Millard Hoie, Joyce**, Retired Nonprofit CEO in health and human services field
- **Mitros, Melanie**, Director of Strategic Community Partnerships, Vitalyst
- **Roberts, Mark**, Director of Care Coordination, St. Joseph's Hospital and Medical Center \*
- **Sklar, David**, Professor, School for the Science of Health Care Delivery, Senior Advisor to the Provost, Arizona State University
- **\*Spelleri, Maria**, Executive V.P. & General Counsel, Chicanos Por La Causa, Inc.
- **Smith, Carrie**, Chief Operating Officer, Foundation for Senior Living
- **Smith, Vanessa**, SBMC
- **Tarango, Patricia**, Bureau Chief of Health System Development, Arizona Department of Health Services
- **Unrein, Serena**, Director, Arizona Partnership for Healthy Communities
- **VanMaanen, Pat**, Health Consultant, PV Health Solutions
- **Wilkinson, Tanya**, Director of Embedded Care, Arizona Care Network

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

## APPENDIX B: FINANCIAL ASSISTANCE POLICY SUMMARY

### Summary Of Financial Assistance Programs

Arizona Orthopedic Surgical Specialty Hospital's (AOSSH) Financial Assistance Policy describes the financial assistance programs available to uninsured or under-insured patients who meet certain income requirements to help pay for medically necessary hospital services provided by AOSSH. 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.

Arizona Orthopedic Surgical Specialty Hospital 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.

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**Arizona Orthopedic Surgical Specialty Hospital**  
Patient Financial Services /Financial Counselor  
2905 W. Warner Rd Suite 1  
Chandler, AZ 85224  
480-603-9009  
[www.azosh.com](http://www.azosh.com)

Arizona\_2016



## Endnotes

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- <sup>i</sup> Arizona Department of Health Services (2016). Retrieved from <https://www.azdhs.gov/prevention/health-systems-development/shortage-designation/index.php#muap>.
- <sup>ii</sup> U.S. Census Bureau. (2016). *American Fact Finder fact sheet: Maricopa County, AZ*, Retrieved from <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>.
- <sup>iii</sup> Hospital Discharge Data from ADHS, analyzed by MCDPH
- <sup>iv</sup> Arizona Department of Health Services (2018). Retrieved from <https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/index.php>.
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- <sup>vi</sup> Alzheimer's Association (2018). Retrieved from <https://www.alz.org/alzheimers-dementia/what-is-alzheimers>.
- <sup>vii</sup> Alzheimer's Impact Movement (2018). Retrieved from <https://www.alz.org/media/Documents/arizona-alzheimers-facts-figures-2018.pdf>.
- <sup>viii</sup> Arizona Department of Health Services (2016). Analyzed by Maricopa County Department of Public Health.
- <sup>ix</sup> The State of Obesity (2018). Retrieved from <https://stateofobesity.org/states/az/>.
- <sup>x</sup> Behavior Risk Factor Surveillance System (BRFSS), ADHS/CDC, analysis by MCDPH.
- <sup>xi</sup> Hospital Discharge Data from ADHS, analyzed by MCDPH
- <sup>xii</sup> National Cancer Institute. Cancer Statistics. Retrieved from <http://www.cancer.gov/about-cancer/what-is-cancer/statistics>
- <sup>xiii</sup> Hospital Discharge Data from ADHS, analyzed by MCDPH
- <sup>xiv</sup> U.S Census Bureau (2010). Retrieved from [https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml).
- <sup>xv</sup> HealthyPeople2020 (2018). Social Determinants of Health. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>.