



St. Rose Dominican Hospitals

A member of CHW



St. Rose Dominican Hospitals

Community Benefit Report 2011
Community Benefit Plan 2012

2011 Community Benefit Report
2012 Community Benefit Plan
St. Rose Dominican Hospitals

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Executive Summary

As the community's only not-for-profit, religiously sponsored hospital system, St. Rose Dominican Hospitals is guided by the vision and core values of the Adrian Dominican Sisters and Catholic Healthcare West (CHW).



Rose de Lima Campus on opening day, 1947

The Adrian Dominican Sisters arrived in the summer of 1947 to run what was then a small hospital. St. Rose Dominican Hospitals now has three hospital campuses in the southern part of the Las Vegas valley, with a total of 490 beds, 1,307 physicians, 540 volunteers and nearly 3,400 employees. St. Rose is part of Catholic Healthcare West, which is made up of 40 hospitals located in Nevada, Arizona and California. As the community grows, the three St. Rose hospitals continue the Sisters' mission of serving people in need.



St. Rose Dominican Hospitals – Rose de Lima Campus as it appears today.

The Rose de Lima campus, founded in 1947, currently with 129 beds, was again ranked number one in Nevada by the *HealthInsight* quality report with a score in the 98th percentile. It was also recognized by Avatar International, an industry leader in healthcare quality improvement services, as one of its most innovative hospital partners in 2010. The “Gold Innovation Award” received by Rose de Lima acknowledged quality improvement initiatives that were demonstrably effective, measurable and novel.



St. Rose Dominican Hospitals – Siena Campus

The Siena Campus, founded in 2000, has 214 beds. In 2010, the Siena Campus was certified as a Primary Stroke Center by The Joint Commission. The Campus also earned the Gold Seal of Approval™ from The Joint Commission for its Joint Replacement Unit and the Disease-Specific Care Certification for Joint Replacement. In addition, The *HealthInsight* quality report ranked all three of the St. Rose hospitals within the top five spots in the state. The Siena Campus improved from number five in Nevada to number three with a score in the 89th percentile.



St. Rose Dominican Hospitals – San Martín Campus

The San Martín Campus opened in 2006 and houses 147 beds. Although relatively new, this hospital has earned many accolades including recognition as one of the best hospitals in southern Nevada by *U.S. News and World Report* for the specialty area Neurology and Neurosurgery. The *HealthInsight* quality report ranked San Martín number 5 in the state of Nevada with a score in the 82nd percentile (an improvement from its number 10 ranking the previous year).

St. Rose Dominican Hospitals has a variety of community benefit programs designed to meet the health care needs of the residents of southern Nevada. Key programs this fiscal year include:

Disease Management – Stanford Chronic Disease Self Management Program (CDSMP), American Diabetes Association Certified Diabetes Management Program, Congestive Heart Active Management Program (CHAMP®) and the development of the Asthma Kids Club.

RED Rose – A bilingual Breast Health Navigator facilitates clinical breast exams, mammograms, ultrasounds, surgical consultations, biopsies and support services for women who lack adequate health care coverage or the financial means to obtain them.

Helping Hands – Transportation services are provided to those 60 and older for medical appointments and grocery shopping to help them maintain their independence and live in their homes unassisted.

Women, Infants and Children (WIC) Program – The WIC Program provides nutritious foods, nutrition counseling, nutrition classes, breastfeeding support and pumps, and referrals to health and other social services to participants who meet criteria.

Breastfeeding Program – According to the Centers for Disease Control, breastfeeding is beneficial to both mothers and their babies. Breast milk contains antibodies that can protect newborns from infections, and studies have found breastfed babies are less likely to become overweight than those fed with formula. Working toward a Baby Friendly designation at Siena and as the only outpatient lactation center in the community, this program provides breastfeeding classes, support groups, phone support, individual consultations, inpatient rounding, pump rentals and specialty medical products to establish early and successful breastfeeding which is beneficial to the nutrition of the baby.

St. Rose Dominican Hospitals continues to meet the community's health needs in a variety of ways based on a commitment to promote wholeness of body, mind and spirit in an atmosphere of collaboration. This past fiscal year that mission has been prominent as St. Rose has provided over \$47.6 million in community benefits (not including the unpaid cost of Medicare). Including the unpaid cost of Medicare, the net community benefit was \$74.6 million.

Mission Statement

St. Rose Dominican Hospitals

Under the sponsorship of the Dominican Sisters of Adrian, Michigan, and in response to the changing needs of the people of southern Nevada, St. Rose Dominican Hospitals offers quality, compassionate care. We promote wholeness of body, mind and spirit in the Dominican tradition of working with others to improve the health status of the community in a shared pursuit for justice and truth with a commitment to those with special needs.

St. Rose Dominican Hospitals is a member of Catholic Healthcare West (CHW), a system of 40 hospitals and medical centers located in California, Arizona and Nevada. CHW is the largest hospital system in California and the fifth largest hospital provider in the nation.

CHW Mission Statement

Catholic Healthcare West and our Sponsoring Congregations 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.

CHW 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.

CHW Values

Catholic Healthcare West is committed to providing high-quality, affordable health care 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 and demonstrate compassion for our sisters and brothers who are powerless.

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

Excellence – Exceeding expectations through teamwork and innovation.

CHW is co-sponsored by the Sisters of Mercy, West Midwest Community; Sisters of St. Dominic of Adrian, Michigan; Sisters of Charity of the Incarnate Word of Houston, Texas; Dominican Sisters of San Rafael, California; Sisters of St. Catherine of Siena of Kenosha, Wisconsin; Sisters of St. Francis of Penance and Christian Charity of Redwood City, California.

Organizational Commitment

The nearly 65 year journey of St. Rose Dominican Hospitals – from its inception in 1947 to its remarkable growth in the new millennium – is inspired by timeless values. These values are firmly rooted in the hospital’s sponsors, the Dominican Sisters of Adrian, whose even more remarkable legacy of service to the poor, sick and oppressed is a tradition dating back to 12th century France. Today, St. Rose Dominican Hospitals is the only not-for-profit, religiously sponsored hospital system in southern Nevada.

As St. Rose Dominican Hospitals has grown as an organization so has its commitment to the communities it serves. St. Rose has remained dedicated to establishing long-term relationships with community organizations that provide frontline services to the area’s under-served and vulnerable populations. The various departments that administer the community benefit programs have sought to enhance organizational value, acknowledge and respect the contributions of the various programs and staff and create a strong foundation and support system to fulfill not only the current needs of the community but also prepare for the future.

Community Board

St. Rose Dominican Hospitals is governed by a Hospital Advisory Board, which is comprised of prominent citizens, physicians, religious sponsors and administrative staff. The Hospital Advisory Board reviews and approves the overall focus of community benefit programs and content as presented by the employees and managers directly involved with the programs. In addition, the annual Community Benefit Report and Plan and the triennial Community Health Needs Assessment is reviewed and approved by the Board. A roster of the Hospital Advisory Board members is included in Appendix B.

Community Health Advisory Committee

The St. Rose Dominican Hospitals Community Health Advisory Committee launched in December 2009, and includes all three Mission Vice Presidents, the Chief Strategy Officer, board member representation, community stakeholders and key staff from the community outreach programs. This committee focuses on how St. Rose can best minister to the health needs of our community through integration of existing programs, creation of new programs throughout our communities and greater collaboration with others. These stakeholders help review the community’s needs, establish priorities and develop goals in line with our strategic plan.

CHW Community Grants

The CHW Community Grants program is funded by contributions from its member hospitals. This program is one way in which CHW realizes its mission and enhances the advocacy, social justice and healthier community efforts of its hospitals and religious and community sponsors. Each year we seek to partner with other nonprofit organizations who are working to improve the health status and quality of life of the communities we serve and whose efforts embody our core values and key areas identified in our

Community Health Needs Assessment. In 2010, the St. Rose Dominican Hospitals CHW Community Grants Committee awarded \$295,274 in grants to the following community partners:

- Access to Healthcare Network
- Lend a Hand of Boulder City
- Bower School-Based Health Center
- Easter Seals
- Hopelink
- Nevada Health Centers
- Saint Therese Center
- The Shade Tree
- Volunteers in Medicine of Southern Nevada

Ecology Initiatives

All three of the hospitals in the St. Rose Dominican Hospitals system were honored in 2010 with a “Partner Recognition Award” by Practice Greenhealth, a national membership organization for health care facilities committed to environmentally responsible operations. The award is one of the organization’s Environmental Excellence Awards given each year to honor outstanding environmental achievements in the health care sector.

“St. Rose Dominican Hospitals has been singled out for its efforts to protect patient health and preserve the environment,” said Bob Jarboe, executive director of Practice Greenhealth. “Their approach to health care demonstrates a keen understanding of the impact our activities have on the environment and a commitment to build on the achievements they have made so far.”

St. Rose started “Go Green” committees at all three hospitals as well as a market-wide Go Green committee to share best practices between the three campuses. St. Rose also has a representative on the Las Vegas Chamber of Commerce’s Green Initiative Committee. St. Rose has implemented many new programs including an aggressive corrugated plastic and aluminum recycling program with Republic Services; documents are shredded and recycled through Opportunity Village; dietary departments recycle cooking oil waste, which is then turned into bio-fuel; and batteries are recycled through Batteries Plus.

“Improving environmental performance is essential for the health care sector,” said Rod A. Davis, Senior Vice President Operations Nevada, Catholic Healthcare West, President/CEO Siena Campus, St. Rose Dominican Hospitals. “If we want a sustainable future, every health care facility needs to become involved. Practice Greenhealth created the vision for our industry. For St. Rose Dominican Hospitals, this is just the start of a permanent commitment.”

The Practice Greenhealth Environmental Excellence Awards celebrate the achievements and commitment of health care’s environmental champions. This year’s awards were held in conjunction with CleanMed 2010, a global conference for environmental leaders in health care.

The Partner Recognition award is for health care facilities that have begun to work on environmental improvements, achieved some progress and have a less than 10 percent recycling rate for the total waste stream.

The hospitals have also joined with Catholic Healthcare West in supporting the Healthier Hospitals Initiative (HHI)—an organization created by CHW and five other health care systems with the goal of speeding the health care sector toward environmental sustainability. Specifically HHI has goals to

provide health benefits for patients, staff and the community by reducing emissions and pollutants that are increasingly linked to chronic disease by:

- Engaging in environmentally preferred purchasing and building practices;
- Reducing health care's use of natural resources and generation of waste; and
- Encouraging/incorporating sustainability and safety as essential elements in the organization's culture

Community

St. Rose Dominican Hospitals serves the areas surrounding the three acute care facilities in the southern portion of the Las Vegas Valley. This area includes the City of Henderson and the southwest area of Clark County/Las Vegas, which are urban and suburban areas with diverse socioeconomic conditions.

The structure of the southern Nevada economy continues to be a major contributing factor to the continuing economic depression. In any economy, dependence on a single industry can lead to vulnerability, downturns and, in the long term, increased competition from other regions. During the last several years, this has been clearly evident in the Las Vegas valley which, as of July 2011, had a 14 percent unemployment rate. The local economy is primarily service based. Approximately 60 percent of all workers are employed in the services or retail sector. For many of these workers, their income does not meet their basic needs without government assistance. In other words, many are not earning a livable wage. As a result, many cannot afford housing, health care, childcare or health insurance. This puts greater pressure on the social service agencies and health care providers to make up the difference when workers and their families cannot make ends meet or are in crisis.

Despite a past reputation for having an abundance of jobs, the current economic conditions have changed the outlook to some degree and a majority of valley residents are concerned about being able to find or keep jobs. Unfortunately for the unemployed, Nevada ranks near the bottom of all states in combined federal and state spending on cash assistance to welfare recipients and nearly three-quarters of all welfare recipients are children.

According to the 2010 Census, Clark County, Nevada, had a population of 1,951,269 making it the most populous county in Nevada. It contains the city of Las Vegas, the state's most populous city, and several outlying areas which have experienced extensive population growth in the last 10 years such as the cities of Henderson and North Las Vegas (41.8% population growth from 2000 to 2010).

Females represent 49.1% and males 50.9% of Clark County's population. 48% of the population is Caucasian, 29.1% is Hispanic, 10.5% is African American, 8.7% is Asian, 0.7% is Native American, 0.7% is Pacific Islander and 2.3% is mixed race. A majority of the population is between 18-64 years of age at 55%, followed by 34.3% under 18 years of age and 10.7% over the age of 65.

It is estimated that 12.4% of Clark County's population lives in poverty, an increase over the 2009 estimate of 10.7%. The median income for Clark County is \$53,512.

In Clark County, Nevada, 27.6% of Nevadans are 18-65 years of age and 2.5% of those over 65 years of age were uninsured in 2009 with approximately 20.7% of women being uninsured (262,502) compared to the National average of 13.4% (American Community Survey, 2009). The highest rates of uninsured ethnic groups include Hispanics or Latinos (of any race) at 36.9% followed by unidentified one race at 29.2% and American Indians and Alaska Natives at 24.2%.

Of those in the labor force who are unemployed, 58% are uninsured (American Community Survey, 2009). Of particular concern is the rate of individuals who are not citizens who lack health insurance at 54.1% or approximately 251,794 individuals.

Source U.S. Census Bureau: State and County QuickFacts, 2010

Community Needs and Assets Assessment Process

Conducted every three years, most recently in 2010, the Community Health and Needs Assessment identifies the health needs of Las Vegas Valley residents by recognizing ongoing health concerns and gaps in health related services offered to the community. St. Rose Dominican Hospitals is able to focus outreach efforts and expand resources both unilaterally and in collaboration with other community service providers in an effort to continually improve the health status of the community we serve.

The UNLV Nevada Institute for Children's Research and Policy, in partnership with St. Rose Dominican Hospitals, conducted a Community Health Needs Assessment of Clark County, Nevada, with specific focus on geographic areas serviced by St. Rose. The purpose of the project was to gauge the health and well-being of community members, in particular, residents of the St. Rose service areas, as well as their level of access to health care. In addition, data was collected to provide information about residents of the St. Rose service areas as they compare to those living in other parts of Clark County, the state of Nevada and the United States.

Methodology

Both quantitative and qualitative research methodologies were used to ensure an accurate profile of the St. Rose service areas. This report combines both primary and secondary data from a variety of sources, including telephone, paper and electronic surveys; data from existing literature and databases; and information from community focus groups. Taken as a whole, the information collected and analyzed illustrates the health care status and needs of the community.

Primary Data Collection

Several tools were created for primary data collection, and many methodologies were utilized, including the following:

- 1) A telephone survey was developed as the primary means of collecting demographic and health-related data. 1,293 completed surveys were obtained which included 466 households living in the St. Rose service area.
- 2) A paper survey was developed, distributed and collected at several locations. A total of 643 surveys were completed with 465 from the St. Rose service area.
- 3) An electronic survey was created and made available on line through Survey Monkey. 79 participants completed with 49 residing in the St. Rose service area.
- 4) Focus groups were conducted throughout the community, 4 in English and 1 in Spanish, reaching 64 participants, 43 of whom resided in the St. Rose service area.

Secondary Data Collection

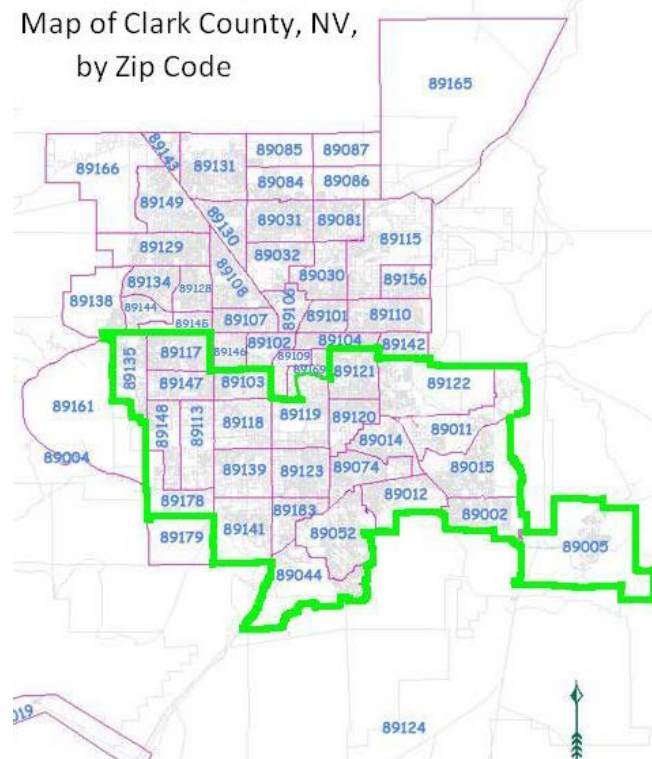
Secondary Data was obtained from a variety of national, regional and local databases and publications. This data provided key information about the targeted zip codes, including demographics, chronic disease prevalence, mortality rates, unemployment rates, insurance status, and information about the use of

primary care physicians. Key sources were the annual *Las Vegas Perspective*, the Nevada State Health Division, the Center for Health Information Analysis at UNLV, the Southern Nevada Health District, and the Centers for Disease Control and Prevention.

The methodology and sample demographics are explained more fully in Appendix D.

Targeted Communities

The geographic focus of the survey included 25 zip codes which were grouped together to create a “St. Rose Service Area” for analysis, which was compared to county-, state- and national-level data. Note the St. Rose Service Area represents almost 50 percent of the population of Clark County.



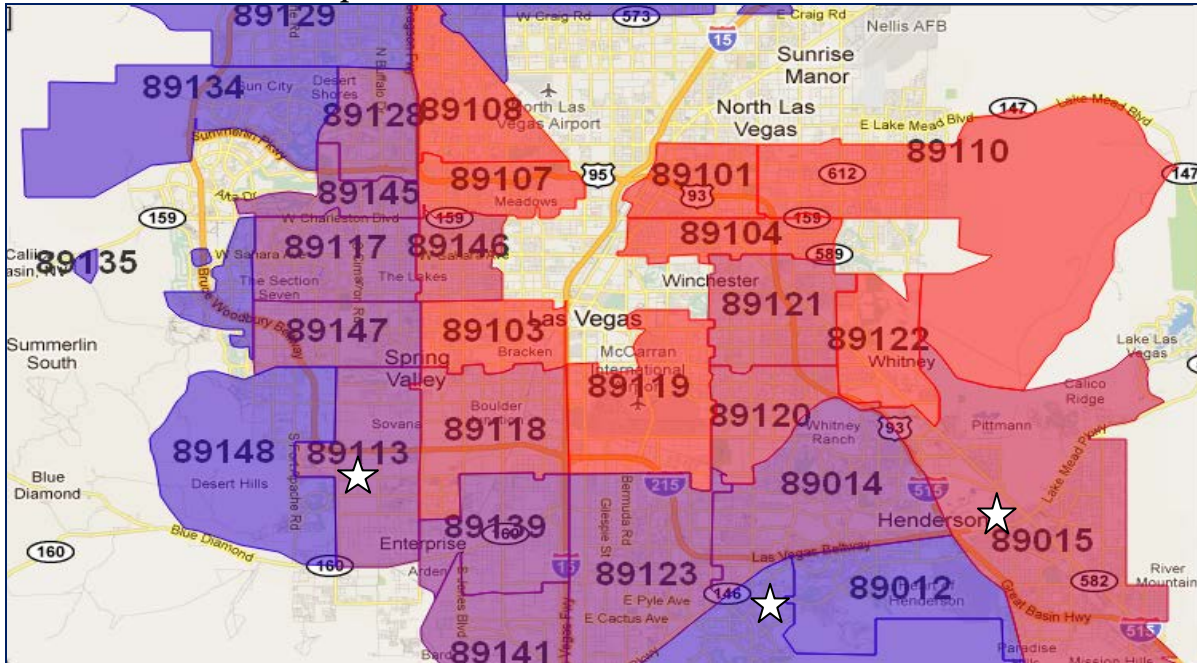
Areas surveyed for the community health assessment.

Community Need Index

Catholic Healthcare West and Thomson Reuters, formerly Solucient, jointly developed a Community Need Index (CNI) to assist in the process of gathering vital socio-economic factors in the community. The CNI is strongly linked to variations in community healthcare needs and is a strong indicator of a community’s potential demand for various healthcare services.

Based on a wide array of demographic and economic statistics, the CNI provides a score for every populated ZIP code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need. The CNI score is an average of five different barrier scores that include income, language/culture, education, insurance and housing.

St. Rose Dominican Hospitals



Lowest Need

Highest Need

■ 1 - 1.7 Lowest
 ■ 1.8 - 2.5 2nd Lowest
 ■ 2.6 - 3.3 Mid
 ■ 3.4 - 4.1 2nd Highest
 ■ 4.2 - 5 Highest

Zip Code & Campus	CNI Score	Population	City	County
■ 89113 – San Martín	3	18,639	Spring Valley	Clark
■ 89052 – Siena	2.2	44,994	Clark County	Clark
■ 89015 – Rose de Lima	3.6	42,589	Henderson	Clark

Assets Assessment

In response to the 2010 Community Needs Assessment, the Community Health Advisory Council, the CHW Community Grants Committee and the Community Outreach Department identified the following community partner assets we collaborate with:

- Access to HealthCare Network
- Alcoholics Anonymous
- Alzheimer's Association
- American Heart Association
- American Lung Association
- American Parkinson Disease Association
- American Stroke Association
- Arthritis Foundation
- Bower School-Based Health Center
- Breastfeeding Task Force of Southern Nevada
- Easter Seals
- El Salvadorian Consulate
- Food Allergy Parent Education Group
- Helping Hands Coalition
- Hopelink
- Improving Diabetes and Obesity Outcomes Committee (iDO)

La Leche League
Lend a Hand of Boulder City
Living Grace Home for Pregnant Teens
Mexican Consulate
Narcotics Anonymous
Neb Partners
Nevada Cancer Coalition
Nevada Colorectal Cancer Partnership
Nevada COPD Action Coalition
Nevada Early Intervention Services
Nevada Health Centers
Nevada Public Health Association
Nevada Tobacco Prevention Coalition
Nevada Tobacco Users Helpline
SafeKids Coalition
Saint Therese Center
Southern Nevada Immunization & Health Coalition
Southern Nevada Affiliate of Susan G. Komen for the Cure
Southern Nevada Health District
Southern Nevada Injury Prevention Partnership
Southern Nevada Suicide Prevention Coalition
St. Jude's Ranch Shelter for Teen Mothers
The Shade Tree
University of Nevada Cooperative Extension
UNLV Nutrition Department
UNR Nutrition Department
Ventanas de Salud
Volunteers in Medicine

Community Benefit Planning Process

Developing the Hospitals' Community Benefit Report and Plan

The Community Benefit Plan (CBP) reports on the previous fiscal year's community outreach efforts and the planned direction for the next year as they relate to the needs identified in the 2010 Community Health Assessment. As hospital employees, it is our unique responsibility and privilege to interact with community-based organizations, committees, advisory councils, religious congregations, schools and families.

The goals of community benefits are clear and planning is essential, but the nature of outreach is often charted day by day, person by person. We are reminded of this when we follow the example of unwavering spirit set by the Adrian Dominican Sisters yesterday and today. We are ever hopeful and inspired when we witness it in our employees who serve and in those we are fortunate enough to help in the community.

Definition of Community Benefit

Community benefits are programs or activities that provide treatment or promote health and healing in response to identified community needs and that meet at least one of these objectives:

- Improve access to health care services.
- Enhance the health of the community.
- Advance medical or health care knowledge.
- Relieve or reduce the burden of government or other community efforts.

Process of Community Benefit

St. Rose Dominican Hospitals strives to integrate community benefit into ongoing processes of planning, budgeting and reporting. At both system-wide and local levels, CHW explicitly uses its resources to benefit our brothers and sisters who are poor and to promote health and healing in the community. The community benefit process addresses:

- Organizational Infrastructure
- Community Health Assessment
- Community-based Partnerships
- Resource Allocation
- Program Development
- Performance Measurement
- Reporting

Priority Areas for Community Benefit Planning

Based on the data from the 2010 St. Rose Dominican Hospitals Community Health Assessment prepared by the UNLV Nevada Institute for Children's Research and Policy, the following "health priorities" represent recommended areas of intervention. Priority areas were identified both because of high overall prevalence rates (indicating room for improvement) and because rates may be slightly disproportionately high relative to

the St. Rose service area population. The Community Health Advisory Committee made recommendations for priority areas which were presented to the Sisters Council and the Board of Directors for approval.

Chronic Health Conditions:

- Heart Disease & Stroke, including high blood pressure and high cholesterol
- Arthritis or rheumatism
- Asthma (all ages)
- Diabetes
- Influenza with pneumonia

Healthy Behaviors

- Maintaining a healthy diet
- Engaging in physical activity
- Screening for blood stool and sigmoidoscopy or colonoscopy
- Households with very low food security (i.e., experiencing hunger)

Access to Health Care

- Individuals with no health insurance
- Prenatal health care for pregnant women
- Immunizations for children

Other Priority Areas

- Support services for individuals acting as caregivers
- Suicide prevention

It is important to recognize two important facts in determining the areas of focus for St. Rose Dominican Hospitals' Community Benefit programs: 1) many local efforts are currently active in addressing aspects of several of the outlined issues; and 2) no individual or organization acting alone can remedy all of the implications of a given issue or problem.

In evaluating current community benefit programs, identifying priorities for community action and designing strategies for implementation, a variety of criteria will be applied to the consideration process, including:

Impact – The degree to which the issue affects or exacerbates other quality of life and health-related issues.

Magnitude – The number of persons affected, also taking into account variance from benchmark data and Year 2010 targets.

Seriousness – The degree to which the problem leads to death, disability or impairs one's quality of life.

Feasibility – The ability of organizations to reasonably impact the issue, given available resources.

Consequences of Inaction – The risk of exacerbating the problem by not addressing it at the earliest opportunity.

Planning for the Uninsured/Underinsured Patient Population

Catholic Healthcare West (CHW) is committed to providing financial assistance to persons who have health care needs and are uninsured, under-insured, and ineligible for a government program and are otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services and to advocate for those who are poor and disenfranchised, CHW strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Financial assistance is not considered to be a substitute for personal responsibility and patients are expected to cooperate with CHW's procedures for obtaining financial assistance and to contribute to the cost of their care based on their individual ability to pay. Individuals with the financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services for their overall personal health and protection of their individual assets (see Financial Assistance Policy - Appendix C).

At the time of admission, hospital personnel inquire about financial payment and explain the various options for financial assistance for those that qualify. The staff of the various community benefit programs also refers clients in need to the hospitals' finance offices for assistance. Information about the hospitals' payment assistance policy is posted in visible places throughout the hospital and is available on the hospitals' website.

Plan Report and Update including Measurable Objectives and Timeframes

Summary of Key Programs and Initiatives – FY2011 and FY2012

Below are the major initiatives and key community-based programs operated or substantially supported by St. Rose in FY2011. Programs were developed in response to the current Community Health Needs Assessment and are guided by the following five core principles:

- Disproportionate Unmet Health-related Needs – Seek to accommodate the needs of communities with disproportionate unmet health-related needs.
- Primary Prevention – Address the underlying causes of persistent health problems.
- Seamless Continuum of Care – Emphasize evidence-based approaches by establishing operations between clinical services and community health improvement activities.
- Build Community Capacity – Target charitable resources to mobilize and build the capacity of existing community assets.
- Collaborative Governance – Engage diverse community stakeholders in the selection, design, implementation and evaluation of program activities.

Initiative 1: Chronic Health Conditions

- Stanford Chronic Disease Self Management Program
- Diabetes Management Program
- Congestive Heart Active Management Program (CHAMP®)
- Asthma Kids Club (launch September 2011)
- Stroke Awareness, Education & Support Services
- WomensCare Blood Pressure Screenings & DASH Program
- WomensCare Cholesterol Screenings & Cholesterol Control Class
- WomensCare Arthritis Chair Exercise Program
- Flu & Pneumonia Immunization Program
- Lactation Program: Baby Friendly Initiative

Initiative 2: Healthy Behaviors

- WIC Nutrition Program
- WomensCare Nutrition Classes, one-on-ones
- WomensCare Smoking Cessation Programs
- Smoke Free Campuses
- WomensCare Fitness Programs
- WomensCare Health & Wellness Classes
- WomensCare Screening for Colorectal Cancer – FOBT
- Low Food Security Programs – WIC, RED Rose, Helping Hands, Saint Therese Center
- Lactation Program: Baby Friendly Initiative

Initiative 3: Access to Health Care

- Baby Rose Prenatal Care Program

- RED Rose Mammography Program
- Positive Impact, Nevada Check-up and Medicaid Enrollment Assistance
- Helping Hands
- Volunteers in Medicine
- Access to Healthcare Network
- Childhood Immunization Programs – WIC, NIIW, Back to School

Initiative 4: Other – Suicide Prevention and Caregiver Support

- Helping Hands Program
- Senior Peer Counseling
- 35 Support Groups
- Caregiver Training Workshops

This section reports on both the last fiscal year’s community benefit efforts and the plans for the next fiscal year. We have also assessed the current demand for health care services to complement our more formal needs assessment process. Our community benefit plan includes programming to address community needs that have been identified through our community needs analysis as well as hospital utilization data. Five key programs are highlighted in the following section and are priority focus programs for St. Rose as they directly address some of the needs identified in the areas of access and modifiable health risks previously outlined.

Key Programs

- R.E.D. Rose Program
- Helping Hands of Henderson
- Stanford Chronic Disease Self Management Program
- WIC Nutrition Program
- Womens*Care* Centers: Lactation Services Program

RED Rose Program

Hospital CB Priority Areas	<p>Priority Areas identified in the 2010 St. Rose Community Needs Assessment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chronic Health Conditions, including: heart disease, stroke, high blood pressure and high cholesterol, diabetes, arthritis or rheumatism, asthma (all ages), influenza with pneumonia <input type="checkbox"/> Healthy Behaviors, including: maintaining a healthy diet, engaging in physical activity, screening for blood stool and sigmoidoscopy or colonoscopy, households with very low food security (i.e., experiencing hunger) <input checked="" type="checkbox"/> Access to Health Care, including: Individuals with no health insurance, prenatal care for pregnant women, immunizations for children <input type="checkbox"/> Other Priority Areas, including: support services for individuals acting as caregivers, suicide prevention
Program Emphasis	<p>Please select the emphasis of this program from the options below:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	<p>Among the uninsured and underinsured under age 49, these services are not available in our community. RED Rose provides uninsured, underinsured and undocumented women with access to screening and diagnostic breast health services.</p>
Program Description	<p>The RED Rose program provides free mammography, ultrasound, biopsy and surgical consultations for individuals 49 years and younger who are uninsured or underinsured. Support services are also available, such as payment of monthly utilities, transportation costs, groceries, rent and other incidentals while fighting breast cancer.</p>
FY 2011	
Goal FY 2011	<p>Provide medical services to assist in diagnosing breast cancer for those individuals who are uninsured and underinsured and/or those who do not have the financial means to seek diagnostic care. Provide financial assistance to low-income women undergoing breast cancer treatment.</p>
2011 Objective Measure/Indicator of Success	<p>Number of mammograms, clinical breast exams, ultrasounds and biopsies provided as well as malignancies detected. Types of support services and dollar value.</p>
Baseline	<p><u>FY 2010 Results</u> Eligibility Screenings: 453 Clinical Breast Exams: 171 Diagnostic Mammograms: 232 Screening Mammograms: 48 Ultrasounds: 286 Biopsies: 63 Surgical Consultations: 44 Cancer Diagnosis and Surgical Treatment: 5 Temporary Assistance: \$55,397.49; Rent: \$22,076.09; Electricity: \$9,463.70; Gas: \$1,527.42; Water: \$683.78; Phone: \$1,071.52; Groceries: \$13,040.00; Transportation: \$8,248.58.</p>
Intervention Strategy for Achieving Goal	<p>Funds were received through grants and fundraising events throughout the year. Increased marketing through <i>WomensCare</i> Magazine, English and Spanish versions</p>
Result FY 2011	<p><u>FY 2011 Results</u> Eligibility Screenings: 523 Clinical Breast Exams: 166 Diagnostic Mammograms: 222 Screening Mammograms: 155 Ultrasounds: 251 Biopsies: 75 Surgical Consultations: 42 Cancer Diagnosis and Surgical Treatment: 6 Temporary Assistance: \$59,206.33; Rent: \$30,330.00; Electricity: \$4,421.83; Gas: \$617.00; Water: \$602.50; Phone: \$302.00; Garbage: \$133.00; Groceries: \$14,710.00; Transportation: \$8,090.00.</p>
Hospitals' Contribution/Program Expense	<p>St. Rose's contribution to this program totaled \$472,284 in FY2011.</p>
FY 2012	
Goal 2012	<p>Same</p>
2012 Objective Measure/Indicator of Success	<p>Provide 170 clinical breast exams, 375 mammograms, 276 ultrasounds, 80 biopsies. Assist 30-36 women with financial support during chemotherapy.</p>
Baseline	<p>The RED Rose program continues to see 60% Spanish-speaking clients, and 100% of clients are uninsured.</p>
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Secure additional funding through grants, the Rose Regatta Dragon Boat Festival and other fundraising so we can help more women. 2. Promote program to underserved/uninsured women and men through our Hispanic outreach efforts, the <i>WomensCare</i> Magazine and referrals from other agencies.

Helping Hands

Hospital CB Priority Areas	<p>Priority Areas identified in the 2010 St. Rose Community Needs Assessment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chronic Health Conditions, including: heart disease, stroke, high blood pressure and high cholesterol, diabetes, arthritis or rheumatism, asthma (all ages), influenza with pneumonia <input type="checkbox"/> Healthy Behaviors, including: maintaining a healthy diet, engaging in physical activity, screening for blood stool and sigmoidoscopy or colonoscopy, households with very low food security (i.e., experiencing hunger) <input checked="" type="checkbox"/> Access to Health Care, including: individuals with no health insurance, prenatal care for pregnant women, immunizations for children <input checked="" type="checkbox"/> Other Priority Areas, including: support services for individuals acting as caregivers, suicide prevention
Program Emphasis	<p>Please select the emphasis of this program from the options below:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Provide transportation so low-income and disabled seniors can access healthcare and groceries. Provide reassurance calls for homebound seniors.
Program Description	Helping Hands of Henderson assists individuals 60 years of age and older who live in a Henderson, Nevada, zip code with transportation needs to medical/dental appointments, prescription pickup and grocery shopping. The program allows for easy access to physicians, grocery shopping, pharmacy pick up, and other needed services to allow the senior to maintain an independent and healthy lifestyle. By providing this service, we are attempting to help seniors remain independent in their own homes by providing accessible transportation to meet daily needs.
FY 2011	
Goal FY 2011	Assist in meeting the needs of seniors living in Henderson city limits so they can remain independent in their home.
2011 Objective Measure/Indicator of Success	<p>Provide services to 315 unduplicated clients</p> <p>Provide 4,450 round trip rides</p> <p>Provide 1,000 reassurance calls</p> <p>Clients will report a 96% improvement in independence because of these services</p> <p>0% of clients will go without food due to transportation issues</p>
Baseline – FY 2010 Results	<p>Unduplicated clients: 304</p> <p>Round trip rides: 4,422</p> <p>Reassurance Calls: 623</p> <p>Referrals to other resources: 1,189</p>
Intervention Strategy for Achieving Goal	Distribute health information and supportive health service referrals, bi-annual surveys from clients, and the provision of transportation services that the program provides for the client base, which is the heart of the program.
Result FY 2011	<p>Unduplicated clients: 333</p> <p>Round trip rides: 5,545</p> <p>Reassurance Calls: 110</p> <p>Referrals: 1,263</p> <p>This year, Helping Hands of Henderson provided 5,545 round trip rides to 333 seniors. These rides enabled seniors to attend doctor's appointments, grocery shopping and errands. Of the 262 seniors surveyed, 83% experienced an improvement in their ability to be independent based on the services of Helping Hands, 24% reduction in Urgent Care and ER visits within the last year, 29% improvement in doctor's appointments not being canceled due to no transportation, and a 7% reduction in seniors going without food due to no transportation. Helping Hands secured three new ADA accessible vans to transport clients to appointments in the community, recruited 15 new volunteers, and partnered with Helping Hands of Vegas Valley to provide emergency food to seniors in the Henderson community.</p>
Hospitals' Contribution/Program Expense	St. Rose's contribution to this totaled \$608,571 in 2011.
FY 2012	
Goal 2012	Assist in meeting the needs of seniors living in Henderson city limits so they can remain independent in their home. The program allows for easy access to physicians, grocery shopping, pharmacy pick up, and other needed services to allow the seniors to maintain independent and healthy lives. By providing this service, we are attempting to help seniors remain independent in their own homes. This is accomplished by allowing them access to transportation to meet daily needs.
2012 Objective Measure/Indicator of Success	<p>Provide services to 350 unduplicated clients; provide 7,000 round trip rides; provide 1,000 reassurance calls.</p> <p>Clients will report a 96% improvement in independence because of these services.</p> <p>0% of clients will go without food due to transportation issues.</p>
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Recruit 3 volunteers for reassurance calls 2. Reduce the wait list for services to two months.

Stanford Chronic Disease Self Management Program

Hospital CB Priority Areas	<p>Priority Areas identified in the 2010 St. Rose Community Needs Assessment</p> <ul style="list-style-type: none"> ✓ Chronic Health Conditions, including: heart disease, stroke, high blood pressure and high cholesterol, diabetes, arthritis or rheumatism, asthma (all ages), influenza with pneumonia ✓ Healthy Behaviors, including: maintaining a healthy diet, engaging in physical activity, screening for blood stool and sigmoidoscopy or colonoscopy, households with very low food security (i.e., experiencing hunger) <input type="checkbox"/> Access to Health Care, including: individuals with no health insurance, prenatal care for pregnant women, immunizations for children <input type="checkbox"/> Other Priority Areas, including: support services for individuals acting as caregivers, suicide prevention
Program Emphasis	<p>Please select the emphasis of this program from the options below:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Disproportionate Unmet Health-Related Needs ✓ Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Chronic Health Conditions and healthy behaviors
Program Description	A 6-week comprehensive, outcomes-based program developed by Stanford University which includes education and action planning for participants to improve management of their chronic condition in the following areas: Taking action to manage symptoms such as pain and difficult emotions; improving nutrition, physical activity, health literacy and communication with physicians; managing medications and making appropriate plans that work with their lifestyle.
FY 2011	
Goal FY 2011	Expand the Stanford Chronic Disease Self Management Program to reduce readmissions and improve quality of life and self-management skills.
2011 Objective Measure/Indicator of Success	<ol style="list-style-type: none"> 1. Reach 100 participants 2. Provide program in Spanish 3. Train 10 additional lay leaders 4. Measure and improve self-rated quality of health at pre-program, 6 weeks, 6 months 5. Measure and improve patient confidence levels in pain management, fatigue management, emotional distress management, other symptom management and daily task management. 6. Reduce readmissions, ER visits and unscheduled physician office visits
Baseline FY10	<p>Provided 4 classes community-wide; 54 participants completed the program reached the 6 month post-program mark:</p> <ul style="list-style-type: none"> • Hospital utilization decreased by 83% • ER visits decreased by 86% • Unscheduled physician visits decreased by 78% • Average self-rated health score was 2.77 preprogram and 2.29 post-program, a 17.4% improvement in quality of health. • Overall improvement in 6 aspects of self management was 14% which includes improvements in confidence in managing fatigue, discomfort, pain, emotional distress, other symptoms, reducing the need to see a doctor and confidence in ability to do things other than take medications.
Intervention Strategy for Achieving Goal	Secured state grant to provide program statewide in partnership with St. Mary's. Sent two staff to become Master Trainers and Spanish Master Trainers. Launched the Tomando Control Spanish program, trained 13 lay leaders, secured 10 additional sites.
Result FY 2011	<ul style="list-style-type: none"> • 153 individuals attended classes and 97 graduated • Provided 12 classes (11 English and 1 Spanish) • Trained 13 lay leaders in January 2011
Hospitals' Contribution/Program Expense	St. Rose's contribution to this totaled \$90,186 in FY2011.
FY 2011	
Goal 2012	Expand Stanford Chronic Disease Self Management Program to reduce readmissions and improve quality of life and self-management skills. Add Diabetes CDSMP module
2012 Objective Measure/Indicator of Success	<ol style="list-style-type: none"> 1. Reach 100 participants 2. Provide 4 programs in Spanish and 10 programs in English 3. Train 8 lay leaders for Spanish program, train 10 additional lay leaders for English program, train 10 lay leaders in the Diabetes CDSMP program 4. Promote online CDSMP program throughout the community 5. Measure and improve self-rated quality of health at pre-program, 6 weeks, 6 months 6. Measure and improve patient confidence levels in pain management, fatigue management, emotional distress management, other symptom management and daily task management 7. Reduce readmissions, ER visits and unscheduled physician office visits
Intervention and Strategy	Identify at least two community partners to replicate the program in their service areas.

WIC Program

Hospital CB Priority Areas	<p>Priority Areas identified in the 2010 St. Rose Community Needs Assessment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chronic Health Conditions, including: heart disease, stroke, high blood pressure and high cholesterol, diabetes, arthritis or rheumatism, asthma (all ages), influenza with pneumonia ✓ Healthy Behaviors, including: maintaining a healthy diet, engaging in physical activity, screening for blood stool and sigmoidoscopy or colonoscopy, households with very low food security (i.e., experiencing hunger) ✓ Access to Health Care, including: individuals with no health insurance, prenatal care for pregnant women, immunizations for children ✓ Other Priority Areas, including: support services for individuals acting as caregivers, suicide prevention
Program Emphasis	<p>Please select the emphasis of this program from the options below:</p> <ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ✓ Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Households with very low food security. Low income pregnant and post-partum women, infants, children.
Program Description	Supplemental nutrition program for women, infants and children that provides nutritious food, education, breastfeeding support and breast pumps.
FY 2011	
Goal FY 2011	Expand the WIC program for St. Rose to reach more women, infants and children in need and to provide additional education, support and counseling.
2011 Objective Measure/Indicator of Success	<ol style="list-style-type: none"> 1. Reach 1500 clients in FY2011 2. Increase space and staffing as volume permits 3. Secure more funding 4. See all clients within 7 days and add extended appointment times in the evenings and on weekends for clients who are working. 5. Launch Breastfeeding Peer Program by securing funding and hiring and mentoring 2-4 peer counselors 6. Add four educational offerings for WIC clients including more engaging programs such as Toddler Zumba, Dancing with Miss Jenny, Toddler Playgroups, Bellies and Buddies and on-line classes to increase class attendance. 7. Increase WIC overall breastfeeding rate to 45% 8. Provide 12 hours of training per year for all WIC staff.
Baseline FY2010	<ol style="list-style-type: none"> 1. Received State of Nevada sub-grant for \$128,042 in FY2010 and \$284,580 in FY2011 2. Reached 557 Clients in FY 2010 (Jan. 1 – June 30) 3. Launched program on January 1 at the Henderson WomensCare Center and May 1 at the West WomensCare Center. 4. Current overall breastfeeding rate: 41%
Result FY 2011	<ol style="list-style-type: none"> 1. Reached 1,745 clients in FY11 2. Added Suite 225 and expanded the Henderson clinic. Added 4 staff 3. Secured additional funding for Breastfeeding Peer Counselor Program 4. Added Saturday, evening and early morning appointments to accommodate clients. Scheduled all clients within 7 days. 5. Launched the Peer Counseling Program and hired 3 breastfeeding peer counselors. 6. Added many educational classes including Toddler Zumba, Dancing with Miss Jenny, Toddler Play Groups and Infant Nutrition 7. Overall breastfeeding rate is 31% 8. Provided 12 hours of training for all staff plus 40 hours of CLE training
Hospitals' Contribution/Program Expense	St. Rose's contribution to this totaled \$404,137 in FY2011.
FY 2012	
Goal 2012	Expand the WIC program for St. Rose to reach more women, infants and children in need and to provide additional education, support and counseling.
2012 Objective Measure/Indicator of Success	<ol style="list-style-type: none"> 1. 2,200 Clients in FY12 2. Hire RD and program lead 3. Increase WIC overall breastfeeding rate to 40% 4. Provide 12 hours of training per year for all WIC staff.
Intervention and Strategy	<p>Increase marketing and promotion efforts. Reduce waiting list by adding staff and appointment times. Provide high-quality, compassionate and fun/engaging programs to make our program unique and to meet the needs of our clients.</p>

Womens Care Centers: Lactation Program & Baby Friendly Initiative

Hospital CB Priority Areas	<p>Priority Areas identified in the 2010 St. Rose Community Needs Assessment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chronic Health Conditions, including: heart disease, stroke, high blood pressure and high cholesterol, diabetes, arthritis or rheumatism, asthma (all ages), influenza with pneumonia <input checked="" type="checkbox"/> Healthy Behaviors, including: maintaining a healthy diet, engaging in physical activity, screening for blood stool and sigmoidoscopy or colonoscopy, households with very low food security (i.e., experiencing hunger) <input type="checkbox"/> Access to Health Care, including: individuals with no health insurance, prenatal care for pregnant women, immunizations for children <input type="checkbox"/> Other Priority Areas, including: support services for individuals acting as caregivers, suicide prevention Heart disease, stroke, high blood pressure and high cholesterol
Program Emphasis	<p>Please select the emphasis of this program from the options below:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Healthy behaviors for the vulnerable population of new moms and babies
Program Description	According to the CDC, breastfeeding is beneficial to both mothers and their babies. Breast milk contains antibodies that can protect newborns from infections, and studies have found breastfed babies are less likely to become overweight than those fed with formula. As the only outpatient lactation center in the community, this program provides breastfeeding classes, support groups, phone support, individual consultations, inpatient rounding, pump rentals and specialty medical products to establish early and successful breastfeeding which is beneficial to the nutrition of the baby.
FY 2011	
Goal FY 2011	Increase the number of mothers in the community who initiate breastfeeding within the first few hours of birth and continue at least 6 months
2011 Objective Measure/Indicator of Success	<p>Increase Patient Satisfaction by 2%</p> <p>Focus on at-risk and low-income moms with WIC Program</p> <p>Implement Breastfeeding Peer Counseling Program</p>
Baseline 2010	<p>Patient Satisfaction: Rose de Lima, 84.18; Siena, 88.25; San Martín, 88.38</p> <p>Inpatient Breastfeeding Consultations 8,508 Siena - 7 days/week Rose de Lima - 6 days/week (until May closure) San Martín - 5 days/week</p> <p>Outpatient Services: 1,248; Consultations: 2,783; Phone Consultations: 4,254; New Mommy Mixer Breastpump Rentals: 1,664 (151 full pump scholarships, 58 half scholarships for low-income mothers)</p> <p>Breastfeeding Class Participants: 564, Baby Weight Checks 802, CLC Course - 41</p> <p><u>WIC Breastfeeding Rates</u></p> <p>Infants < 6 mos Fully BF 34% Infants < 6 mos Half BF 18% TOTAL BF INFANT < 6 MOS 51%</p> <p>Infants > 6 mos Fully BF 5% Infants > 6 mos Partial BF 24% TOTAL BF INFANT > 6 MOS 29%</p> <p>TOTAL BOTH BF 41%</p>
Intervention Strategy for Achieving Goal	<p>Hired 3 Breastfeeding Peer Counselors</p> <p>Offered the CLC course and the CLE course</p> <p>Provided inpatient rounds at all three campuses (until MMC closure at Rose de Lima)</p> <p>Provided weekly New Mommy Mixers at 2 locations and added a Saturday New Mommy Mixer for working moms</p> <p>Increased Breastfeeding Helpline coverage</p> <p>Attended Southern Nevada Lactation Task Force meetings</p>
Result FY 2011	<p>Applied for Baby Friendly Designation at Siena</p> <p>Patient Satisfaction: Siena, 91.29 San Martín, 84.09 (4 star goal 91.25)</p> <p>Inpatient Breastfeeding Initiation Rate 79% Inpatient Breastfeeding Consultations 5,850 (Siena 7 days/week, San Martín, 5 days/week) Outpatient Services: 1,385 Consultations, 2,392 Phone Consultations, 4,152 New Mommy Mixer, Breastpump Rentals 1,542 (179 full scholarships, 19 half scholarships), Breastfeeding Class Participants 633, Baby Weight Checks 544</p> <p>Implemented WIC Breastfeeding Peer Counseling Program (see WIC)</p>
Hospitals' Contribution/Program Expense	St. Rose's contribution to this totaled \$85,542 in FY2011
FY 2012	
Goal 2012	Increase the number of mothers initiating breastfeeding within the first few hours of birth and continue at least 6 mos
2012 Objective Measure/Indicator of Success	<p>Achieve Baby Friendly Designation</p> <p>Increase and maintain lactation patient satisfaction to 4 Star goal</p> <p>Implement NICU breast pump program</p> <p>Focus on at-risk and low-income moms</p> <p>Increase inpatient initiation rate to 85%</p> <p>Increase WIC overall Breastfeeding Rate to 45% and 6 month rate to 35%</p>

Community Benefit and Economic Value

St. Rose Dominican Hospitals - Market
For period from 7/1/2010 through 6/30/2011

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses Revenues	
<u>Benefits for Poor</u>						
Traditional Charity Care	5,724	10,852,671	0	10,852,671	1.9%	1.6%
Unpaid Cost of Medicaid	19,471	30,810,976	9,199,060	21,611,916	3.9%	3.2%
Means-Tested Programs	448	3,904,839	(13,980)	3,918,819	0.7%	0.6%
Community Services						
Community Benefit Operations	42	485,556	0	485,556	0.1%	0.1%
Community Building Activities	182	51,488	0	51,488	0.0%	0.0%
Community Health Improvement Services	24,320	1,930,579	71	1,930,508	0.3%	0.3%
Financial and In-Kind Contributions	378	553,913	0	553,913	0.1%	0.1%
Health Professions Education	13	20,188	0	20,188	0.0%	0.0%
Subsidized Health Services	0	1,281,494	0	1,281,494	0.2%	0.2%
Totals for Community Services	24,935	4,323,218	71	4,323,147	0.8%	0.6%
Totals for Living in Poverty	50,578	49,891,704	9,185,151	40,706,553	7.3%	6.0%
<u>Benefits for Broader Community</u>						
Community Services						
Community Benefit Operations	70	1,240,119	0	1,240,119	0.2%	0.2%
Community Building Activities	70	143,034	0	143,034	0.0%	0.0%
Community Health Improvement Services	1,268,179	2,246,652	70,370	2,176,282	0.4%	0.3%
Financial and In-Kind Contributions	10	198,260	0	198,260	0.0%	0.0%
Health Professions Education	235	3,039,598	0	3,039,598	0.5%	0.4%
Research	0	158,527	0	158,527	0.0%	0.0%
Totals for Community Services	1,268,564	7,026,190	70,370	6,955,820	1.2%	1.0%
Totals for Broader Community	1,268,564	7,026,190	70,370	6,955,820	1.2%	1.0%
Totals - Community Benefit	1,319,142	56,917,894	9,255,521	47,662,373	8.5%	7.0%
Unpaid Cost of Medicare	29,264	153,721,153	126,696,935	27,024,218	4.8%	4.0%
Totals with Medicare	1,348,406	210,639,047	135,952,456	74,686,591	13.3%	10.9%
Totals Including Medicare	1,348,406	210,639,047	135,952,456	74,686,591	13.3%	10.9%

521 St. Rose - Siena Campus
 For period from 7/1/2010 through 6/30/2011

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses Revenues	
Benefits for Poor						
Traditional Charity Care	2,352	4,412,548	0	4,412,548	1.6	1.3
Unpaid Cost of Medicaid	9,488	17,065,261	4,595,652	12,469,609	4.5	3.5
Means-Tested Programs	188	1,447,523	11,783	1,435,740	0.5	0.4
Community Services						
Community Benefit Operations	2	118,960	0	118,960	0.0	0.0
Community Building Activities	0	34,560	0	34,560	0.0	0.0
Community Health Improvement Services	22,264	1,417,594	71	1,417,523	0.5	0.4
Financial and In-Kind Contributions	175	173,475	0	173,475	0.1	0.0
Health Professions Education	1	0	0	0	0.0	0.0
Subsidized Health Services	0	751,282	0	751,282	0.3	0.2
Totals for Community Services	22,442	2,495,871	71	2,495,800	0.9	0.7
Totals for Living in Poverty	34,470	25,421,203	4,607,506	20,813,697	7.6	5.9
Benefits for Broader Community						
Community Services						
Community Benefit Operations	30	759,001	0	759,001	0.3	0.2
Community Building Activities	12	49,048	0	49,048	0.0	0.0
Community Health Improvement Services	693,378	2,043,654	67,390	1,976,264	0.7	0.6
Financial and In-Kind Contributions	4	101,874	0	101,874	0.0	0.0
Health Professions Education	118	1,957,766	0	1,957,766	0.7	0.6
Research	0	63,415	0	63,415	0.0	0.0
Totals for Community Services	693,542	4,974,758	67,390	4,907,368	1.8	1.4
Totals for Broader Community	693,542	4,974,758	67,390	4,907,368	1.8	1.4
Totals - Community Benefit	728,012	30,395,961	4,674,896	25,721,065	9.4	7.3
Unpaid Cost of Medicare	14,238	76,428,852	68,258,695	8,170,157	3.0	2.3
Totals with Medicare	742,250	106,824,813	72,933,591	33,891,222	12.4	9.6
Totals Including Medicare	742,250	106,824,813	72,933,591	33,891,222	12.4	9.6

520 St. Rose -Rose de Lima Campus
For period from 7/1/2010 through 6/30/2011

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses Revenues	
<u>Benefits for Poor</u>						
Traditional Charity Care	2,262	3,675,416	0	3,675,416	2.9	2.4
Unpaid Cost of Medicaid	7,077	7,431,541	2,783,556	4,647,985	3.7	3.1
Means-Tested Programs	165	1,674,517	(29,242)	1,703,759	1.4	1.1
Community Services						
Community Benefit Operations	40	366,596	0	366,596	0.3	0.2
Community Building Activities	156	191	0	191	0.0	0.0
Community Health Improvement Services	928	260,352	0	260,352	0.2	0.2
Financial and In-Kind Contributions	148	106,576	0	106,576	0.1	0.1
Health Professions Education	1	0	0	0	0.0	0.0
Subsidized Health Services	0	178,305	0	178,305	0.1	0.1
Totals for Community Services	1,273	912,020	0	912,020	0.7	0.6
Totals for Poor	10,777	13,693,494	2,754,314	10,939,180	8.7	7.3
<u>Benefits for Broader Community</u>						
Community Services						
Community Benefit Operations	0	900	0	900	0.0	0.0
Community Building Activities	12	19,082	0	19,082	0.0	0.0
Community Health Improvement Services	257,899	98,197	0	98,197	0.1	0.1
Financial and In-Kind Contributions	4	25,135	0	25,135	0.0	0.0
Health Professions Education	53	433,899	0	433,899	0.3	0.3
Research	0	32,587	0	32,587	0.0	0.0
Totals for Community Services	257,968	609,800	0	609,800	0.5	0.4
Totals for Broader Community	257,968	609,800	0	609,800	0.5	0.4
Totals - Community Benefit	268,745	14,303,294	2,754,314	11,548,980	9.2	7.7
Unpaid Cost of Medicare	8,670	39,312,394	30,516,684	8,795,710	7.0	5.9
Totals with Medicare	277,415	53,615,688	33,270,998	20,344,690	16.2	13.6
Totals Including Medicare	277,415	53,615,688	33,270,998	20,344,690	16.2	13.6

524 St. Rose-San Martín Campus
For period from 7/1/2010 through 6/30/2011

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses Revenues	
<u>Benefits for Poor</u>						
Traditional Charity Care	1,110	2,764,707	0	2,764,707	1.7	1.5
Unpaid Cost of Medicaid	2,906	6,314,174	1,819,852	4,494,322	2.8	2.5
Means-Tested Programs	95	782,799	3,479	779,320	0.5	0.4
Community Services						
Community Benefit Operations	0	0	0	0	0.0	0.0
Community Building Activities	26	16,737	0	16,737	0.0	0.0
Community Health Improvement Services	1,128	252,633	0	252,633	0.2	0.1
Financial and In-Kind Contributions	55	273,862	0	273,862	0.2	0.2
Health Professions Education	11	20,188	0	20,188	0.0	0.0
Subsidized Health Services	0	351,907	0	351,907	0.2	0.2
Totals for Community Services	1,220	915,327	0	915,327	0.6	0.5
Totals for Living in Poverty	5,331	10,777,007	1,823,331	8,953,676	5.6	4.9
<u>Benefits for Broader Community</u>						
Community Services						
Community Benefit Operations	40	480,218	0	480,218	0.3	0.3
Community Building Activities	46	74,904	0	74,904	0.0	0.0
Community Health Improvement Services	316,902	104,801	2,980	101,821	0.1	0.1
Financial and In-Kind Contributions	2	71,251	0	71,251	0.0	0.0
Health Professions Education	64	647,933	0	647,933	0.4	0.4
Research	0	62,525	0	62,525	0.0	0.0
Totals for Community Services	317,054	1,441,632	2,980	1,438,652	0.9	0.8
Totals for Broader Community	317,054	1,441,632	2,980	1,438,652	0.9	0.8
Totals - Community Benefit	322,385	12,218,639	1,826,311	10,392,328	6.5	5.7
Unpaid Cost of Medicare	6,356	37,979,907	27,921,556	10,058,351	6.3	5.5
Totals with Medicare	328,741	50,198,546	29,747,867	20,450,679	12.7	11.3
Totals Including Medicare	328,741	50,198,546	29,747,867	20,450,679	12.7	11.3

Non-Quantifiable Benefit

St. Rose Dominican Hospitals provides many important contributions to our community that, while difficult or impossible to measure, are important contributions to the community, including:

- **Smoke-Free Campus Initiative.** All three St. Rose campuses are smoke free and have been recognized by the American Lung Association and the Nevada Cancer Coalition for these efforts.
- **Healthy Roads Employee Wellness Program.** St. Rose recently received a Silver Healthyroads Fit Company Award for efforts in creating and promoting a culture of wellness in the workplace.
- **Rebuilding Together Project.** St. Rose employees partnered with Rebuilding Together to make critical repairs to three homes in the Las Vegas Valley for low-income, disabled and/or aging residents. This project strives to preserve affordable home ownership and revitalize communities.
- **Community Events.** Many of our employees volunteer their time and money by participating in community events with their favorite charities. The hospital coordinates teams for the Susan G. Komen Race for the Cure, Arthritis Walk, American Heart Association Heart Walk and the American Lung Association Scale the Strat climb.
- **Ecology Initiatives.** All three St. Rose campuses were honored in 2010 with a “Partner Recognition Award” by Practice Greenhealth, a national membership organization for health care facilities committed to environmentally responsible operations. St. Rose has “Go Green” committees at all three campuses and a representative on the Las Vegas Chamber of Commerce’s Green Initiative Committee.
- **ECHO** (Employees Can Help Others) allows employees to donate spare change and other funds to help fellow employees who need financial assistance with rent/mortgage, utilities and other payments while they are going through family crisis. These funds are distributed through the ECHO committee which handles all requests.
- **Maternity Tours.** St. Rose offers hospital maternity tours three times per month for new parents so they can become familiar with the maternal child centers before they are in labor. We also offer prepared childbirth classes four times per week to help new parents learn what to expect.
- **Back-to-School Backpacks** were donated by employees to 80 low-income children. In addition, 100 Angel Tree Christmas gifts were donated by employees to low-income children.
- The **Breastfeeding Boutiques** at the Barbara Greenspun WomensCare Centers of Excellence offer new moms specialty breastfeeding products, bras and pumps. A Certified Lactation Counselor is available 5 days per week to help these moms with bra fitting and customized product selection.
- **My Healthy News.** This electronic newsletter provides current information on a variety of personalized, health-related topics and is distributed to its nearly 3,000 subscribers each month.

Telling the Story

St. Rose Dominican Hospitals promotes its various Community Benefit programs in a variety of ways, including:

1. **strosehospitals.org** – The St. Rose Dominican Hospitals website (www.strosehospitals.org) offers a large amount of health information for the Henderson and Las Vegas communities, including an extensive listing of Community Programs. Visitors to the website can learn about services and programs ranging from Baby Rose, Family to Family and WIC to Chronic Conditions, Diabetes Education and R.E.D. Rose.
2. **WomensCare Magazine** – This quarterly publication is distributed at no cost to nearly 400,000 homes (more than any other publication in southern Nevada) and contains health-related articles and information along with a six-page calendar listing of programs and classes offered through St. Rose, the Barbara Greenspun WomensCare Centers of Excellence, Family to Family, etc.
3. **My Healthy News** – A subscriber list of more than 3,000 receives this free monthly eNewsletter via email. The newsletter contains health articles from over 350 of the country's leading health publications and journals – on the topics subscribers choose when they sign up, such as arthritis, diabetes, cancer, men's health, seniors' health, women's health and more.
4. **GetWellNetwork®** – This interactive system is available in all patient rooms and is designed to inform and empower patients during their hospital stay. Through interactive education via in-room television monitors, patients can actively participate in their health care by learning about health conditions, procedures, medications, etc.
5. **Press Kit** – The St. Rose Dominican Hospitals press kit is distributed to media and other interested parties on a regular basis. The Community Benefit Programs offered through the hospitals are listed as an integral piece of the press kit. The press kit is also available in its entirety on the “Who We Are” section of the St. Rose Dominican Hospitals website.
6. **'StRoseHospitals' Facebook Page** – St. Rose began posting health-related information to its facebook page more than a year ago which now has nearly 600 followers. Posts include information on community benefit class schedules, health and wellness programs, exercise and fitness classes, nutrition, screenings, health conditions, community events, etc.
7. **St. Rose Blog** – The St. Rose blog was introduced in June 2010 and has had more than 4,100 unique page views to date. The blog features news stories relative to St. Rose, the Barbara Greenspun WomensCare Centers and the system's various community benefit offerings.
8. **The Rose Garden** – This newsletter, produced by the St. Rose Dominican Health Foundation, reaches 6,300 donors both electronically and by mail. It highlights new technology and services offered at the hospitals along with community benefit program spotlights and fundraising events.
9. Director of Advocacy distributes to legislators and public officials
10. Foundation Board Meeting Presentation
11. CHW Grantee Award Luncheon distribution
12. Community Health Advisory Council
13. Distribution to key community partners

Appendix A

Community Need Index

Community Need Index

Catholic Healthcare West (CHW) has developed the Community Need Index (CNI) in partnership with Thompson Reuters, to help health care organizations, non-profits, and policy makers identify and address barriers to health care access in their communities.

The CNI aggregates five socioeconomic indicators long known to contribute to health disparity and applies them to every zip code in the United States. Communities with the highest CNI scores were shown to be twice as likely to experience hospitalization for a preventable condition – such as ear infections, pneumonia and congestive heart failure – as communities with the lowest CNI scores.

CHW's CNI index is a tool used to measure community need in a specific geographic area through analyzing the degree to which a community has the following health care access barriers:

- Income Barriers
- Educational Barriers
- Cultural Barriers
- Insurance Barriers
- Housing Barriers

Analysis has indicated a significant correlation (96 percent) between the CNI and preventable hospital admissions.

Communities with scores of “5” are more than twice as likely to need inpatient care for preventable conditions (ear infections, etc.) than communities with a score of “1”.

The CNI provides compelling evidence for addressing socioeconomic barriers when considering health policy and local health planning. The tool clearly highlights health care disparities between geographic regions and illustrates the acute needs of several notable geographies, including inner city and rural areas. Further, it should enable health care providers, policy makers and others to allocate resources where they are most needed using a standardized, quantitative tool.

The CNI provides CHW with an important means to strategically allocate resources where they will be the most effective in maintaining a healthy community.

The CNI integrates five factors long known to contribute to health need. Specifically, CHW compiled data related to income, culture/language, education, housing status, and insurance coverage for every zip code in the United States. Each zip code is then given a score from 1.0 (low need) to 5.0 (high need).

“Accurate measurement of community need is challenging but crucial for ensuring that patients have appropriate access to quality health care,” said Rich Roth, director of strategy and business development for CHW and the principle investigator for the CNI. “We developed this tool to help us demonstrate and quantify the link between community need, access to care, and hospitalization.”

Total admissions per 1,000 population for communities in the 23 states that publicly report discharge data showed that hospitalization rates for the most highly needy communities (CNI=5.0) were 60 percent higher than communities with the lowest need (CNI=1.0).

When admission rates for conditions that could have been treated in an outpatient setting (such as, ear infections, pneumonia or asthma) were compared to CNI scores, the correlation was even stronger, with the most highly needy communities experiencing admission rates that were almost twice as high (97 percent) as rates for the lowest need communities.

“Accurate assessment of community need is the first step in addressing disparities in health care access,” said Paul Presken, Solucient’s vice president of product development. “Objective measurement of at-risk communities should lead to better allocation at a local level.” Healthcare resources frame successful health policy discussions at the state and national levels.

Appendix B

St. Rose Dominican Hospitals' Community Board Members

Community Board Members

July 1, 2010 – June 30, 2011

James A. Barrett, Jr.

CFO, Marnell Corrao Associates

Arthur M. Cambeiro, MD

Cosmetic and Plastic Surgeon

SurgiSpa Cosmetic and Plastic Surgery

MaryKaye Cashman

Chief Executive Officer

Cashman Equipment Company

Radha Chanderraj, MBA, JD

Attorney

Rod A. Davis

*President/CEO, Southern Nevada Market
Area*

Catholic Healthcare West

Derek Duke, MD, FACS

Neurosurgeon

*Western Regional Center for Brain and Spine
Surgery*

Daniel T. Foley, Esq.

Partner

Foley and Foley

Garry V. Goett

President & CEO

The Olympia Group

Herb Hunter

*Public Sector & General Business Sales Manager
Sprint/Nextel*

Maureen McGrath, OP

Adrian Dominican Sister

Sharon McGuire, OP, PhD

Adrian Dominican Sister

Donna M. Miller, MD, FACOG

OB/GYN Physician

Chief of Obstetrics, San Martín Campus

James J. Murren, CFA

*CEO and Chairman of the Board
MGM Mirage*

Victoria Napoles-Laza

Executive, Latin Chamber of Commerce

M. Helena Sanfilippo, RSM

Adjunct Faculty, Chabot College

Sharon K. Spanbauer, OP, APRN

Adrian Dominican Sister

Family Nurse Practitioner

Appendix C

CHW Summary of Patient Financial Assistance Policy

CATHOLIC HEALTHCARE WEST
SUMMARY OF PATIENT FINANCIAL ASSISTANCE POLICY
(June 2008)

Policy Overview:

Catholic Healthcare West (CHW) is committed to providing financial assistance to persons who have health care needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, CHW strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with CHW's procedures for obtaining financial 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 a means of assuring access to health care services.

Eligibility for Patient Financial Assistance:

- Eligibility for financial assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy.
- The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, or immigration status, sexual orientation or religious affiliation.

Determination of Financial Need:

- Financial need will be determined through an individual assessment that may include:
 - a. an application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need;
 - b. the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay;
 - c. a reasonable effort by the CHW facility to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs; and will take into account the patient's assets and other financial resources.
- It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of services. The need for financial assistance may be re-evaluated at each subsequent rendering of services, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.
- CHW's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance. Requests for financial assistance shall be processed promptly, and the CHW facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

Patient Financial Assistance Guidelines:

Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Level (FPL) in effect at the time of the determination as follows:

- Patients whose income is at or below 200 percent of the FPL are eligible to receive free care;
- Patients whose income is above 200 percent but not more than 350 percent of the FPL are eligible to receive services at the average rates of payment the CHW facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for

the same services;

- Patients whose income is above 350 percent but not more than 500 percent of the FPL are eligible to receive services at 135 percent of the average rates the CHW facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater for the same services;
- Patients whose income exceeds 500 percent of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the CHW facility.

CHW's administrative policy for Eligibility and Application for Payment Assistance shall define what qualifies as *income* for these purposes.

Communication of the Financial Assistance Program to Patients and the Public:

- Information about patient financial assistance available from CHW, including a contact number, shall be disseminated by the CHW facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments, and at other public places as the CHW facility may elect. Such information shall be provided in the primary languages spoken by the populations served by the CHW facility.
- Any member of the CHW facility staff or medical staff may make referral of patients for financial assistance. The patient or a family member, a close friend or associate of the patient may also make a request for financial assistance.

Budgeting and Reporting:

- Specific dollar amounts and annual plans for patient financial assistance will be included within the Social Accountability Budget of the CHW facility. CHW facilities will report patient financial assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate.
- Patient financial assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts.

Relationship to Collection Policies:

- CHW system management shall develop policies and procedures for internal and external collection practices by CHW facilities that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from CHW, and a patient's good faith effort to comply with his or her payment agreements with the CHW facility.
- For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, CHW facilities may offer interest-free extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences and will not send unpaid bills to outside collection agencies.

Regulatory Requirements:

In implementing this policy, CHW management and CHW facilities shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

Appendix D

Community Needs/Assets Assessment Sample Characteristics

Community Needs/Assets Assessment - Demographics

Demographic Characteristics of Clark County Residents

In general, the population of the St. Rose service area includes slightly fewer children under age 18 than in the overall Clark County population. About 23% of residents in the St. Rose area are under age 18, while 27% of residents in Clark County are children (see Table 1 in Appendix A). Conversely, the St. Rose service area includes slightly older residents; approximately 25% of the population in this area is 55 years of age or older, while 22% of the Clark County population is in this age bracket.

The table below displays population figures for residents of the St. Rose service area and Clark County as a whole, as well as the proportion of county residents who live in the St. Rose area, by age group. St. Rose area children under the age of 18 make up about 39% of all children in the county. In the 18-64 age range, St. Rose residents comprise about 48% of all county residents. About 50% of all county residents ages 65 and older live in the St. Rose area. With regard to occupied housing units in the county, about 49% are within the St. Rose service area.

Table 1: Residents and Housing Units Within the St. Rose Service Area and Clark County, by Age

	Residents of St. Rose Area Zip Codes			Residents of Clark County		
	Number	Percent of		Number	Clark County Population (Column Percent)	
		St. Rose Area Population (Column Percent)	Clark County Population (Row Percent)			
Residents by Age						
Under 18	205,247	22.6	38.8	528,315	26.6	
18-24	74,091	8.1	49.7	148,961	7.5	
25-34	133,039	14.6	45.3	293,950	14.8	
35-44	135,267	14.9	45.4	297,922	15.0	
45-54	134,130	14.7	49.3	272,102	13.7	
55-64	114,341	12.6	52.3	218,476	11.0	
18-64	590,869	165.0	48.0	1,231,411	167.3	
65+	113,709	12.5	50.2	226,421	11.4	
<i>Total</i>	909,825	100.0	45.8	1,986,146	100.0	
Occupied Housing						
Units	358,046	100.0	48.6	735,979	100.0	

"Residents by Age" Source: Applied Analysis. (2009). LV Perspective. Las Vegas, NV: Metropolitan Research Association.

"Occupied Housing Units" Source: Clark County Department of Comprehensive Planning. (2009). Southern Nevada Consensus Population Estimate, July 2009.

The St. Rose service area contains fewer individuals of Hispanic origin than in Clark County as a whole (22% versus 28%, respectively) (see Table 1 in Appendix A). The majority of the population in both the St. Rose service area and in Clark County are Caucasian (more than 71%), while Black/African American (more than 6%) and Filipino (more than 3%) race/ethnicity categories are the next highest sub-groups. However, 6% of St. Rose service area residents self-identify as an “other” race, as do 7% of Clark County residents. It is possible that these residents would classify themselves as Latino, which was a category not listed as an option to select within U.S. Census Bureau data.

More St. Rose service area residents have college degrees and advanced college degrees (15% and 5%, respectively) than Clark County residents (12% versus 4%, respectively), and the percent of individuals unemployed is smaller in the St. Rose area (13% versus 14% in Clark County) (see Table 1 in Appendix A). Approximately 11% of Clark County residents live below the Federal Poverty Level (FPL) (the FPL for a family of two living in Nevada in 2010 is \$14,570; for a family of four it is \$22,050). Twenty-nine percent of residents live below 200% of the FPL (\$29,140 for a family of two; \$44,100 for a family of four). Of the estimated 13,000 Clark County residents who are homeless, over half (53%) of these individuals live in emergency shelters and 23% live on the streets. About 25% of homeless individuals are considered to be “hidden” homeless, meaning that they are not officially identified as homeless but are presumed to be given local data trends.

Finally, the St. Rose service area has a similar rate of household linguistic isolation as Clark County. Approximately 8% of individuals residing in the St. Rose area and responding to the study’s phone survey indicated that a language other than English was the primary language spoken in their home (see Table 1 in Appendix A). Likewise, U.S. Census Bureau data also identify about 7-8% of households in the St. Rose service area and Clark County, respectively, as linguistically isolated.

Appendix
E
Community Benefit Programs
Activity Detail

Other Programs

Baby Rose

- Description:** The Baby Rose program encourages early, continuous prenatal care by offering free services such as physician referral, childbirth education, prenatal vitamins, and referral to Nevada Welfare and WIC programs. This program is administered through a Registered Nurse who also assists women in accessing prenatal care.
- Objective:** Prenatal care allows women and their health care providers to identify, and when possible, treat or correct health problems and health compromising behaviors that can be particularly damaging during the initial stages of fetal development. Increasing the number of women who receive prenatal care, and who do so early in their pregnancies, can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth.
- Partners:** Participating OB/GYN physicians, Nevada Welfare, Barbara Greenspun WomensCare Centers and WIC Nutrition Program.
- Baseline/Goal:** Assist 250 uninsured pregnant women in accessing affordable prenatal care and increase the number of pregnant women seeking and accessing prenatal care prior to third trimester. Improve knowledge of pregnancy health related issues and concerns and parenting skills through referral to community education and support resources, including Family to Family, Barbara Greenspun WomensCare Centers and WIC Program.
- Outcomes:** **248 uninsured pregnant women participated in Baby Rose and received prenatal care. 196 pregnant women who did not have the ability to obtain prenatal vitamins were provided prenatal vitamins.**

Family to Family Connection

- Description:** Family to Family Connection provides parenting education, safety education and support services to families with young children up to age four. Services include classes, developmental assessments and referrals, car seat safety checks, resource lending library and referrals for additional support resources as needed. Support and education services specifically for teen parents are also provided.
- Objective:** Provide families with classes, resources and activities to answer questions about new baby care, parenting and discipline, child development, health and safety. Through support and education, these services are designed to decrease child abuse and neglect, reduce childhood injuries, reduce health care costs, increase immunization rates and other objectives. Parent surveys are administered twice annually to gain feedback from participating families and assess effectiveness of the program. Program develops and implements an approved outreach services plan to better identify and serve the at risk population.
- Partners:** St. Rose Dominican Health Foundation, Barbara Greenspun WomensCare Centers of Excellence, SafeKids Coalition, WIC, HopeLink Family Resource Center, Henderson Libraries, Clark County Libraries, St. Judes Ranch, Living Grace Home for Pregnant Teens
- Baseline/Goal:** Address health promotion, disease prevention and health protection activities through parent education and car seat safety inspections. Increase access to affordable health insurance through referral and assistance with NV Check Up application process. Provide 335 classes, 300 car seat safety checks and assist

with the preparation and submission of NV Check Up applications for 36 uninsured children. Provide 3 teen childbirth classes and 4 teen parenting preparation classes.

Outcomes: **4,616 education encounters in 387 classes and 275 car seat safety checks. More than 66% of program participants were “at risk” families – such as teen parents, single parents, low-income households and/or uninsured. Approximately 90% of families surveyed reported that participation in the Family to Family program improved their skills as parents/caregivers to their children.**

Fertility Care

Description: The Fertility Care program teaches Fertility Care to married couples attempting to achieve or avoid pregnancy. The program also provides chastity education to youth and instructs pre-Cana classes for engaged couples.

Objective: Help women understand their fertility and assist infertile couples in achieving pregnancy. Provide infertility awareness and STD education to married couples and teens. Teach Fertility Care to married couples attempting to achieve or avoid pregnancy. Provide chastity education to youth. Instruct pre-Cana classes to engaged couples.

Partners: Diocese of Las Vegas, medical consultants, Spanish practitioners

Outcomes: **Reached 711 people with fertility education, consultations and follow-up.**

Fitness Programs

Description: Provide free and low cost fitness programs to the community. Incorporate mind, body and spirit into these programs and teach flowing body movements that create focus, balance, core strength, flexibility and emotional well being.

Objective: Encourage healthy lifestyles by staying active through every stage of life. Provide a core group of innovative programs that enhance various fitness levels.

Partners: St. Rose Cardiac Rehab and PT, City of Henderson Parks & Recreation, instructors

Baseline/Goal: Improve cardiovascular fitness, flexibility, strength and balance. Provide a supportive environment for women and men to engage in free/low-cost physical activity including walking club, Pilates, chair exercise, Ageless Woman Workout Osteoporosis Prevention, Healing Yoga, Beginner Yoga, Mixed Level Yoga, Vinyasa Flow Yoga, Beginner Tai Chi, Intermediate Tai Chi, Advanced Tai Chi, Zumba Latin Fitness, Belly Dancing, Prenatal Yoga, Mommy Baby Yoga, Toddler Zumba, Dancing with Miss Jenny, Dragon Boat Beginner Paddling Workshops, Pink Paddlers Breast Cancer Floating Support Group, Advanced Paddling Clinics, Kick off Your Shoes and Dance Day.

Outcomes: **Offered 24 different ongoing weekly exercise programs generating 17,543 encounters. Participants reported improvements in fitness level, balance, flexibility, strength, mood and state of mind as well as motivation to make healthy lifestyle choices.**

Health and Wellness Programs

Description: Enhance quality of life by providing programs that reduce stress, provide education and psychosocial support. People who move to Las Vegas often leave their support systems behind and suffer from isolation and loneliness, which can have a negative impact on physical and mental health.

Objective: Provide programs that increase health knowledge, reduce stress, enhance

socialization and reduce isolation. Meditation programs have demonstrated a reduction in blood pressure and an increase in mood and feelings of well being.

- Partners:** American Cancer Society, Center for Compassionate Care
- Baseline/Goal:** Offer a core of ongoing wellness programs designed to offer physical and emotional benefits including: Girl Talk, Meditation, Labyrinth Walks, The Art of Assertiveness, Drum Circle, Knit to Heal, Balancing Energy Fields, Medicare ABCD's, Tea & Talk Book Club, Nourish Your Soul, Music4Life, What to Expect When You Are Aging, Positive Self Talk, Intention Collage.
- Outcomes:** **Reached 2,625 participants with 177 classes. Ninety percent of participants reported an increase in knowledge and 92 percent of participants reported an increase in motivation to make a healthy lifestyle change. Eighty-eight percent of participants felt less isolated and more connected to others.**

Health Conditions/Disease Management

- Description:** Chronic illness accounts for 70 percent of all health care expenditures in the US. Most chronic illness can be prevented through lifestyle changes. There is strong evidence that programs focused on disease management have a beneficial effect on physical and emotional outcomes and health related quality of life. Research points to a reduction in health care expenditures - fewer emergency room visits, hospitalizations and length of stay. Outpatient visit reductions and more appropriate utilization of healthcare resources are strongly correlated.
- Objective:** To improve the effectiveness and efficiency of the health care partnership between the patient with a chronic condition and his/her health care team by motivating positive patient health behavior actions and changes. Provide educational resources and support to increase participant knowledge, confidence and skills. Emphasize the participant's role in managing illness.
- Partners:** American Cancer Society, Nevada Cancer Coalition, Southern NV Health District, American Stroke Association, Stanford, Arthritis Foundation, American Heart Association, City of Henderson Parks and Recreation and hospital physicians.
- Baseline/Goal:** Implement the Stanford "Living Healthy with Chronic Disease" Program. Provide a core curriculum of healthy lifestyle programs that impact all chronic disease – nutrition, exercise, stress reduction, smoking cessation, blood pressure management, cholesterol control and weight management. Provide monthly physician lectures on specific chronic diseases. Programs include: Arthritis, Alzheimer's, CHF, Smoking Cessation, Stroke, Hypertension, Diabetes Update, Vein Lecture, Colon Cancer, Cholesterol Control, Parkinson's Disease, Neuropathy, Eye Aging, Migraines, Heart Health, Uterine Bleeding, Back and Neck Pain, Food Allergies, Treatment Options for Prostate Conditions, Lupus, Cancer Quality of Life, Breast Cancer Prosthesis Program.
- Outcomes:** **A total of 1,346 encounters. Freedom from Smoking Program quit rate of 67%. Ninety-six percent of participants reported an increase in knowledge because of this program. Eighty-seven percent of participants reported they are motivated to make a healthy lifestyle change because of this program.**

Hispanic Outreach

- Description:** The Hispanic Outreach program is dedicated exclusively to the implementation

of the Hispanic Outreach initiative by developing a Hispanic-friendly health care culture on behalf of St. Rose Dominican Hospitals consisting of collaboration and referrals to hospital-sponsored outreach programs.

Objective: Provide program activities to address health-related concerns of the Hispanic population, including youth and family classes focused on nutrition, injury prevention and general health. Provide Love and Logic parenting program and the Stanford Chronic Disease Self Management program in Spanish. Participate in at least four outreach events such as health fairs and educational events. The Spanish Womens*Care* magazine will be provided to 45,000 people annually.

Partners: James I. Gibson Library in Henderson, Family to Family Connection, American Heart Association, Latin Chamber of Commerce, Caesars Foundation, Southern Nevada Health District, HopeLink

Baseline/Goal: Provide ongoing program activities targeted to Hispanic families, youth and adults coping with chronic health conditions. Participate in 12 health fairs, focusing on those aimed at reaching the Hispanic community; provide 52 Spanish health education classes, distribute 2,500 copies of the Spanish Womens*Care* Magazine to Spanish-speaking members of the community, focusing on places of employment and cultural community centers.

Outcomes: **2,752 total Hispanic encounters. Participation in 11 health fairs and the provision of 46 health education classes for the Hispanic community, including Tomando Control de Salud (Chronic Disease Self Management Program), AHA Together Against Stroke Latino Program, 7 Simple Steps to a Healthier Heart, Child Passenger Safety, Childhood Nutrition and Obesity Prevention and NV Check Up Insurance Application Assistance.**

Infants, Children & Parenting Programs

Description: Provide programs to enhance baby safety, early bonding, baby development and parenting.

Objective: Support mothers and fathers in their new roles by providing classes and support groups. Outreach to moms of babies in the NICU, WIC moms and mothers of multiples.

Partners: NICU, Baby Rose, Family to Family Connection, Safe Kids Coalition

Baseline/Goal: Provide 12 ongoing programs each year and annual Baby Bonanza event.

Outcomes: **8,404 Encounters in 523 classes and Two Baby Bonanza Events reaching 500 families at the Siena Campus and 200 families at the San Martín Campus.**

Integrative Medicine

Description: Provide high quality, research based, integrative modality lectures and services to the community. Identify special program areas in which we focus such as hypnosis, herbology, massage, aromatherapy, reflexology, craniosacral massage, healing touch, acupuncture.

Objective: Educate the community about integrative medicine. Provide alternative types of treatment.

Partners: Area physicians, massage therapists, hypnotherapy providers, Healing Touch Spiritual Ministry, Acupuncture Providers, Herbologists.

Baseline/Goal: To provide quality research-based, integrative lectures to those in need. Provide programs based on changing needs and requests of our Community. Research,

review and recruit appropriate providers in the areas of hypnosis, healing touch, etc.

Outcomes: A total of 386 encounters in 32 classes. Ninety-seven percent of participants reported an increase in knowledge and 87% reported that the program motivated them to make healthy lifestyle changes.

Nutrition

Description: Sixty-three percent of U.S. adults are overweight or obese. Reduce overweight and obesity through education on proper nutrition guidelines – US Dietary Guidelines for Healthy Americans, American Heart Association, Stanford University Wellness Center and USDA. Manage or prevent chronic disease, cardiovascular disease, stroke and diabetes.

Objective: Provide programs based on scientific dietary guidelines for heart health, weight loss and balanced nutrition.

Partners: St. Rose Nutrition Services, UNLV Nutrition Department, UNR Nutrition Department, St. Rose Physicians

Baseline/Goal: Educate and motivate community about proper nutrition for managing or preventing chronic disease, overweight and balanced eating for proper nutritional needs. Offer a core of nutrition programs aimed at chronic disease – DASH, Cardiovascular Nutrition, Cholesterol Control, Diabetes, Nutrition 101, Carbs the New Evil, Hormones and You, Emotional Eating, Fire Up Your Metabolism and National Nutrition Month Lecture Series. Demonstrate an increase in participant’s knowledge and motivation to make a positive behavior change.

Outcomes: A total of 276 encounters in nutrition programs. Pre- and post-test results demonstrated a 35.6% increase in knowledge for participants in the Lowering Cholesterol with TLC (Therapeutic Lifestyle Changes) program and a 30.1% increase in knowledge for participants in the DASH (Dietary Approach to Stop Hypertension) program.

Pregnancy and Childbirth Classes

Description: Provide programs to improve birth outcomes focusing on high-risk and teen pregnancies as well as enhancing baby bonding and dad support skills. Classes are provided for all family members.

Objective: Promote healthy pregnancy through prenatal education classes and support. Provide programs to enhance baby safety, early bonding and development. Outreach to teens and at-risk mothers by providing scholarship programs. Educate about the labor and birthing process, taking care of baby, shaken baby syndrome and coping mechanisms.

Partners: March of Dimes, Baby Rose Program, Clark County School District, Clark County Teen Pregnancy Prevention Coalition, Staff Pediatricians and OB/Gyn’s

Baseline/Goal: Reach high risk moms; reach pregnant women concerning drugs, smoking and alcohol.

Outcomes: A total of 3,940 expecting parents attended 246 classes. One hundred sixteen Baby Rose clients, 181 WIC clients, 34 pregnant teens and 266 at-risk mothers attended Prepared Childbirth classes. Ninety-nine percent of participants in childbirth classes reported that because of this program, they have more knowledge and feel more confident in their ability to

prepare for the birth of their baby. Ninety-four percent feel they are better able to communicate with their health care providers.

Positive Impact Program

Description: Provides urgent and emergent medical care to uninsured or underinsured children who attend one of over 170 schools in the south and southwest regions of Clark County School District. Families are referred to PIP by their school nurse and qualify for services upon completing the application and screening process. The program provides treatment and follow-up care of the presenting need.

Objective: Provide free urgent and emergent medical care to insured children who satisfy program requirements. Assist qualifying families in preparation and submission of NV Check Up applications in order that they may secure affordable health insurance for their children. Track number of referrals made for medical services, total number and types of free medical treatments provided and total number of NV Check Up applications submitted.

Partners: Participating physicians, Family to Family Connection, Clark County School District

Baseline/Goal: Assist 30 children in accessing needed medical treatment, provide 90 free medical services to uninsured children and complete 30 NV Check Up applications.

Outcomes: **Free medical treatment provided to 22 children and 28 Nevada Check-Up Applications submitted.**

Safety/Injury Prevention

Description: Based on community mortality reports, provide education, skills and services to the community on safety for the prevention of injury and death. Target specific groups and needs – teens, new parents, work sites, adults and seniors.

Objective: Reduce injury and accidental death rates in southern Nevada. Increase the number of properly installed car seats, number of people in the community who are able to provide CPR to those in need. Educate women about self defense and sexual assault. Implement fall prevention program. Improve senior driver safety.

Partners: American Heart Association, Safe Sitters, City of Henderson Police, Metro Police, AARP, Safe Kids coalition, Family to Family, Southern Nevada Health District, Southern Nevada Injury Prevention Partnership

Outcome: **Installed 572 Car Seats; 128 teens trained and certified in Safe Sitter (7 classes); 261 seniors graduated from the AARP Senior Driver Safety Program (18 classes); 1,072 new parents attended Baby Basics and Infant CPR (78 classes); 101 certifications in Heartsaver CPR (11 classes); 166 women trained in Sexual Assault Prevention (8 classes)**

Screenings

Description: Provide low or no cost medical and health screenings for the uninsured in our community to detect the early onset of illness and disease. Provide referrals to follow up care as needed.

Objective: Provide core groups of screenings through the WomensCare Centers and Community Outreach.

Partners: St. Rose Lab, Participating Physicians, St. Rose Radiology
Outcomes: Provided 2,232 screenings open to the community. Fifty-three PVD, 37 skin cancer, 65 CO, 24 memory, 76 eye, 30 vein, 30 hearing, 39 body fat, 224 blood pressure, 39 BMI, 38 stroke risk assessment, 518 labs (lipid panel, glucose, HbA1c, PSA, T3&T4/TSH, liver), 390 Colorectal FOBT Kits, 83 dental, 19 lead, 35 well-child check ups, 8 medication reviews, 149 vision screenings. 70% of participants in screenings were uninsured or underinsured.

Senior Peer Counseling

Description: Nevada has one of the highest senior suicide rates in the nation. In response to this crisis, St. Rose implemented a Peer Counseling program for seniors that utilizes the skills and life experiences of older adults in providing emotional support for people of similar ages and backgrounds. Carefully trained volunteers provide supportive counseling under the close supervision of mental health professionals.

Objective: To reduce the senior suicide rate in Nevada by providing a needed free/low-cost option for seniors facing loneliness, chronic conditions and aging.

Partners: Division of Aging Services, Nevada Suicide Prevention Coalition

Outcomes: 19 Trained Counselors provided 873 counseling sessions to 59 clients.

Support Groups

Description: Provide support to individuals working through the healing process. A study conducted by Spiegel, et al. determined that psychosocial intervention, in the form of support groups, has a positive effect on survival for patients.

Objective: Assist people suffering from various chronic diseases, addictions, illnesses, mental health issues and loss with support and a caring environment for sharing. Support groups are developed based on community needs.

Partners: Alcoholics Anonymous, Alzheimer's Association, St. Rose Hospice, St. Rose Palliative Care, CCFA, CODA, Komen Foundation, DBSA, Fibromyalgia Friends, American Cancer Society, Dr. Rutledge, MS Society, RESOLVE, State of Nevada Suicide Prevention, Nevada Tobacco Users Helpline, St. Rose Diabetes Education Department, St. Rose Nutrition Services, Gamblers Anonymous, Lymphoma Society, MS Society, St. Rose Maternal Child, Senior Peer Counselors

Baseline/Goal: Provide 27 different support groups, 39 different meetings for a total of 18,723 encounters in FY10.

Outcomes: Provided 25 different support groups, 36 different sessions/locations for a total of 17,603 encounters in FY11. These support groups include: AA, AA for Women, Alzheimer's, Aphasia Lunch Bunch, Bereavement, Breast Cancer, CODA, Daughters without Mothers, Diabetes, Eating Disorder Recovery, Fibromyalgia Friends, Gamblers Anonymous, Infertility, Interstitial Cystitis, Leukemia & Lymphoma, Mothers of Multiples, Multiple Sclerosis, Narcotics Anonymous, Pediatric Seizure and Epilepsy, Pregnancy Loss, Stroke Club, Surviving Suicide, Sweet Peas NICU Parent Support, Transitions, Widow Support

Transportation Assistance

Description: Transportation program for patients and families to enhance patient access to

care including cabs, bus tokens, gas vouchers and other transportation services with a specific focus on vulnerable populations.

Objective: Health care support services are provided by the hospital to increase access and quality of care in health services to individuals, especially persons living in poverty and those in other vulnerable populations.

Baseline/Goal: Assist the uninsured and underinsured with transportation service.

Outcomes: **Over the course of the year, St. Rose Dominican Hospitals assisted 240 individuals with both medical and residential transportation. In addition to assisting with medical transports and taxi transportation, over 750 24-hour bus passes were distributed to individuals in need.**