San Diego Community Health Needs Assessment

Opportunities for Engagement & Collaboration
OUTLINE

- 2019 Community Health Needs Assessment Findings
- 2022 CHNA Methodology
- Group Discussion
- CHNA Implementation
  - UC San Diego Health - Community Benefit and Implementation Strategy
  - HASD&IC Policy Advocacy
Founded in 1956 the Hospital Association of San Diego and Imperial Counties (HASD&IC) is a non-profit organization representing 38 hospitals and integrated health systems in the two-county region.

HASD&IC’s board of directors represents all member sectors and provides policy direction to ensure the interests of member hospitals and health systems are preserved and promoted.

VISION: To create an optimally healthy society that serves the needs of the San Diego and Imperial County communities.

www.hasdic.org
Polling Question

How familiar are you with the HASD&IC 2019 San Diego Community Health Needs Assessment (CHNA)?

A. Never heard of it
B. Somewhat aware of the report
C. Have read or skimmed the report
D. Have used the report for research or grant writing
Quick 2019 refresher . . .

https://hasdic.org/2019-chna/
Community Engagement
- Online Survey
- Focus Groups
- Key Informant Interviews
- Public Health Department Input

Data Collection & Analysis
- Demographics
- Hospital and Clinic Utilization
- Morbidity & Mortality
- Social Determinants of Health & Health Behaviors
# Summary of Focus Group and Key Informant Input Related to Behavioral Health

## Associated Health Conditions and Needs

<table>
<thead>
<tr>
<th>All Age Groups</th>
<th>Children/Youth</th>
<th>Senior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood disorders including anxiety, depression, and stress</td>
<td>Mood disorders: anxiety</td>
<td>Alzheimer's</td>
</tr>
<tr>
<td>PTSD and trauma: Including generational trauma</td>
<td>Substance abuse: alcohol, drugs</td>
<td>Dementia</td>
</tr>
<tr>
<td>Substance use disorder</td>
<td>Suicide and self-harm</td>
<td>Mood disorders: anxiety, depression</td>
</tr>
<tr>
<td>Suicide and self-harm</td>
<td>Trauma</td>
<td>Schizophrenia</td>
</tr>
</tbody>
</table>

## Associated Social Determinants of Health

<table>
<thead>
<tr>
<th>All Age Groups</th>
<th>Children/Youth</th>
<th>Senior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic security: cost of mental health services</td>
<td>Bullying</td>
<td>Limited mental health insurance coverage</td>
</tr>
<tr>
<td>Education: Lack of community resident awareness of services (unaware of detox requirements)</td>
<td>Lack of school-based services</td>
<td>Social isolation and loneliness</td>
</tr>
<tr>
<td>Lack of services: mental health services, psychiatrists, mental health workforce including PERT</td>
<td>Stigma</td>
<td>Stigma</td>
</tr>
<tr>
<td>Stigma</td>
<td>Violence: fear, homelessness</td>
<td></td>
</tr>
</tbody>
</table>

## Associated Barriers and Challenges

<table>
<thead>
<tr>
<th>All Age Groups</th>
<th>Children/Youth</th>
<th>Senior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long wait times for mental health services</td>
<td>Lack of follow-up care post referral</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parental consent to access services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of parental involvement due to cultural differences</td>
<td></td>
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</tbody>
</table>
Behavioral Health

Nearly 1 in 5 U.S. adults live with a mental illness

Behavioral health problems include serious psychological distress, mental and substance use disorders, suicide, and alcohol and drug addiction. If left untreated, these issues can have a devastating impact. They are a leading cause of disability, are associated with chronic disease, and may lead to premature mortality.\(^2\)^\(^3\)^\(^4\)

Mood Disorder and Anxiety in San Diego County

Mood Disorders

- From 2014-2016, inpatient discharge rates for mood disorders decreased by 2.9%.
- From 2014-2016, rates of emergency department (ED) discharge for mood disorders increased by 5.9%.

Anxiety

- From 2014-2016, inpatient discharge rates for anxiety decreased by 7.9%.
- From 2014-2016, rates of ED discharge for anxiety increased by 4.3%.

Severity of need: how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against the relevant benchmark.

Magnitude/scale of the need: the number of people affected by the health need.

Disparities or inequities: differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.

Change over time: whether or not the need has improved, stayed the same, or worsened.
2019 CHNA Findings

https://hasdic.org/2019-chna/
Access to Health Care

Question: Please identify changes you have observed in community members’ ability to access health care.  (n=102)

- Unable to access health care: 56%
- Reluctant or refusing to apply for medical coverage: 45%
- Unable to follow care plan: 43%
- Avoiding or refusing to access health care: 42%
- Withdrawing from health care coverage: 28%
- I have not seen any changes: 11%
Observation of Stigma in Health Care Settings

Question: In what ways do you see stigma appear in health care settings? (n=61)

- **Individual**
  - Avoidance, concealment, internalization

- **Interpersonal**
  - Health care discrimination, rejection

- **Structural**
  - Access to care, lack of provider education & training, language & cultural barriers

Respondents’ feedback to this open-ended question was evaluated using the *Modified Social-Ecological Model of Transgender Stigma & Stigma* to categorize and elucidate the themes of stigma.
2020 HASD&IC Regional Priorities
Starting this year, every private hospital, health system, health district and behavioral health hospital in San Diego is now part of our collective effort to better understand the health and social needs of San Diego communities.

2022 CHNA Participating Hospitals & Health Systems

- Alvarado Hospital Medical Center
- Alvarado Parkway Institute
- Aurora Behavioral Health Care San Diego
- Grossmont Healthcare District
- Kaiser Permanente San Diego
- Palomar Health
- Paradise Valley Hospital/Bayview Behavioral Health Campus
- Psychiatric Hospital of San Diego County
- Rady Children's Hospital - San Diego
- Scripps Health
- Sharp HealthCare
- Tri-City Medical Center
- UC San Diego Health
- VA San Diego Healthcare System
Goals and Strategies

2022 CHNA

Facilitate a more inclusive approach.
- Broaden hospital and health system participation
- Develop a Health Equity Framework

Engage consistently and respectfully with community partners.
- Focus Groups & Key Informant Interviews
- Survey
- Consistent presence in community meetings

Utilize data that includes the impact of COVID-19 and health disparities.
- National, state and local data
- Data and reports from community partners
Key Informant Interviews (Fall 2021)

Focus Groups (Fall 2021)

Data Analysis (Summer 2021 / January 2022)

Community Survey (January 2022)

Preliminary Findings (February 2022)

2022 CHNA plans . . .
Community Engagement

- Community Based Organizations – Key Informant Interviews & Focus Groups
- Hospital Key Informant Interviews
- Community Survey
New analytics tools for 2022 CHNA report
Community Need Index (CNI)

**Barriers to Health**

1. Income
2. Cultural
3. Education
4. Insurance
5. Housing

Source: Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and Community Need Index, 2018
HHSA East Region of San Diego County, Community Need Index, Inpatient Discharge Rate Per 1,000 Population for Asthma, San Diego County Residents, 2019
Partnership with HQI: Analyze Hospital Discharge Data

Current reporting on ED and Inpatient data - HQI receives a large volume of discharge records from hospitals every quarter.

New Signal Detection System automatically detects abnormal changes in the incidence of diagnosis codes and terms’ document frequencies.

User friendly platform and program that does not require a connection to an EHR.

The Platform is web-based, completely free, and uses data already reported to OSHPD and NHSN.
Total hospital discharges per month 2016-June 2020 among Hospital Quality Improvement Platform participants

COVID-19 diagnosis, treatment, testing, risk factors, and concerns about further patient/staff exposures and mask/PPE use/availability

Glucose management events for COVID-19 patients

Less-severe mental health treatment, but stable severe mental health & alcohol/drug treatment

In-hospital births, cancer screenings, immunizations, and elective procedures
ACCESS TO HEALTH CARE

STIGMA

What are the current challenges and barriers individuals and communities face when trying to access health care services?

How has COVID-19 impacted these challenges and barriers?

How does stigma limit access to health care?
What long term challenges do you foresee in health care providers’ capacity to provide care as a result of the pandemic?

What are the biggest remaining barriers in the community’s pathway for healing, recovery, and resilience as a result of the pandemic?
What factors present a challenge to reduce healthcare inequities and disparities in San Diego County?

What factors present an opportunity to provide consistent high-quality care regardless of an individual’s ethnic or socioeconomic background, or gender identity?
Is there anything else that you think would be critical for us to consider as we move forward with the CHNA?
CHNA Findings – Now What?

Implementation & Advocacy Strategies
2020 Community Benefit
2019-2022 Implementation Strategy
Overview: Benefits to the Community

The UC Medical Centers prepares an annual system wide Community Benefit Report in accordance with the IRS instructions for Form 990 Schedule H and nationally accepted guidelines in order to provide transparency regarding the significant community benefits they provide and to facilitate benchmarking.

• The information in the UC Health report is for the activities and programs accounted for within the UC Medical Centers and Faculty Practice Groups.

• 20 health professional schools also provide many substantive benefits to communities throughout the state.

• In the future, the UCH plans to include data regarding the community benefits provided through the health professional schools in the annual Community Benefits Report.
Achievements – Charity Care and Other Benefits to the Community

### COMMUNITY BENEFIT

<table>
<thead>
<tr>
<th>Benefit</th>
<th>FY2019</th>
<th>FY2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charity care and other community benefits</td>
<td>$476M</td>
<td>$605M</td>
</tr>
<tr>
<td>Uncompensated care</td>
<td>$23 million</td>
<td>$28 million</td>
</tr>
<tr>
<td>Government-sponsored care shortfalls</td>
<td>$409 million</td>
<td>$526 million</td>
</tr>
<tr>
<td>Education of health professionals</td>
<td>$42 million</td>
<td>$48 million</td>
</tr>
<tr>
<td>Subsidized health services</td>
<td>$1.9 million</td>
<td>$1.2 million</td>
</tr>
<tr>
<td>Financial and In-Kind Contributions</td>
<td>$178,000</td>
<td>$224,000</td>
</tr>
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UC San Diego Health
## Achievements - Charity Care and Other Benefits to the Community

### COMMUNITY BENEFIT EXPENSES

How Amounts Are Determined

<table>
<thead>
<tr>
<th>Description</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uncompensated care</td>
<td>Absence of payments due to the medical center from patients who are unable to pay copayments and deductibles incurred when they received care from the medical center in 2016 (from Annual FY 2017 Audit Report )</td>
<td>$28M</td>
</tr>
<tr>
<td>Government-sponsored care</td>
<td>Net loss incurred by the medical center when Medicare, Medical and County indigent patients are treated at UC San Diego Health (from Annual FY 2017 Audit Report )</td>
<td>$526M</td>
</tr>
<tr>
<td>Education of health professionals</td>
<td>Costs for house staff, Pharmacy residents and SOM resident salaries and benefits including support to the VA and other affiliates and the Skaggs School of Pharmacy</td>
<td>$48M</td>
</tr>
<tr>
<td>Subsidized health services</td>
<td>UC San Diego Medical Center’s financial support of Children's/ Adolescent Psych Service in conjunction with Rady Children’s Hospital-San Diego, and Health Services Systems Insurance Plan shortfalls and the expense of the palliative care program at UC San Diego Medical Center</td>
<td>$1.2M</td>
</tr>
<tr>
<td>Community health services and financial and in-kind contributions</td>
<td>Direct cost for medical translation services for patients and their families and direct cost of the student-run clinic (free services). Support for sponsored community events promoting health and welfare of San Diegans is also included.</td>
<td>$224,000</td>
</tr>
<tr>
<td><strong>Total FY2020</strong></td>
<td></td>
<td><strong>$605M</strong></td>
</tr>
</tbody>
</table>
Overview

UC San Diego Health CHNA & Implementation Strategy

• Each licensed tax-exempt 501(c)(3) hospital must:
  • Conduct a community health needs assessment (CHNA) that takes into account input from a broad range of interests in the community every 3 years
  • Adopt an implementation strategy to address significant health needs identified through CHNA

• UC hospitals are developing implementation strategies to address highest priority health needs identified in 2019 CHNAs

• Top health needs and each UC hospital’s programs, resources and collaborations committed to address those needs are tracked at health system level.
# 2019 - 2022 Implementation Strategy

## Priority Needs

<table>
<thead>
<tr>
<th>Objective</th>
<th>Access</th>
<th>Aging Concerns</th>
<th>Behavioral Health</th>
<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase access to care &amp; reduce impact of chronic disease</td>
<td>Address conditions that predominantly affect seniors</td>
<td>Reduce barriers to care and underlying social determinants</td>
<td>Drive insight on care disparities &amp; supportive services; broaden communities served</td>
<td></td>
</tr>
</tbody>
</table>

## Strategies & Implementation Capabilities

- Partnerships with FQHCs
- Integrate student access & needs (EMR & campus sites)
- Student-run community free clinics
- Financial assistance / uncompensated care
- Community organization sponsorships
- Telemedicine
- Clinical Network Expansion
- Expanded access to clinical trials and research studies
- Geriatric Emergency Department
- Memory Disorders Clinic
- Alzheimer’s Disease Research Center
- Senior Behavioral Health Program
- Progress towards achieving IHI’s Age Friendly Health System status
- Potential partnership with SD County on new care models, inpatient services & workforce training
- Psych. Emergency Response Team & Crises Service Support
- Partnerships with Substance Abuse Facilities (McAlister Institute)
- Continue Hillcrest cancer service expansion & broaden geographic network
- Cancer Disparities Research Ctr.
- Patient & Family Resource Ctr.
- Cancer Patient Nutrition Courses
- Cancer Patient Navigation
- Underserved Community Cancer Prevention & Screening Programs
UC San Diego Health Anti-Racism Taskforce Structure

**Executive Sponsors**
- Cheryl Anderson
- David Brenner
- Steven Garfin
- Patty Maysen
- James McKerrow
- Becky Petitt

**Steering Committee**
- [co-Chairs]

**Academics and Research**
- Pharmacy
- Medicine
- Public Health
  - GME
  - UGME

**Organizational Training/Enrichment**

**Recruitment, Retention and Representation**
- Professional Schools/HS
- Health System

**Healthcare Policies**

**Health Disparities and Inequities**
- COVID 19

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*Taskforce addressing respect, language and professionalism in the healthcare setting*
The work stream emphasizes structure and accountability within domains while promoting fluidity of information and communication across domains. The RDEI task force will evolve to add support, advisement, and capacity in the areas of language, education, and analytics.
CHNA Policy Advocacy Strategy
**CHNA Policy Advocacy**

**Disseminate**
Share CHNA findings broadly with communities and policy makers

**Collaborate**
Partner with community-based organizations who are leading advocacy efforts to identify policy solutions

**Advocate**
Support policies to address the CHNA findings
Survey for anyone interested in partnering on the Community Health Needs Assessment

https://hasdic.org/chna-assessment/
Questions?

Please contact us!

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