Sharp Grossmont Hospital 2016 CHNA Executive Summary

Overview and Background

Sharp HealthCare (Sharp) has been a long-time partner in the process of identifying and responding to the health needs of the San Diego community. This partnership includes a broad range of hospitals, health care organizations, and community agencies that have worked together to conduct triennial community health needs assessments (CHNAs) over the past 20 years. Previous collaborations among not-for-profit hospitals and other community partners have resulted in numerous well-regarded CHNA reports. Sharp hospitals, including Sharp Grossmont Hospital (SGH), base their community benefit and community health programs on both the findings of these CHNAs and the combination of expertise in programs and services offered and the knowledge of the populations and communities served by each Sharp hospital.

The Sharp Grossmont Hospital 2016 Community Health Needs Assessment (CHNA) examines the health needs of the community members it serves in the east region of San Diego County (SDC). SGH'S 2016 CHNA process and findings are based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2016 Community Health Needs Assessment process and findings for SDC. This collaborative process was conducted under the auspices of HASD&IC, and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU).

The HASD&IC Board of Directors convened a CHNA Committee to plan and implement the collaborative 2016 CHNA process. The CHNA Committee is comprised of representatives from all seven participating hospitals and health care systems:

- Kaiser Foundation Hospital – San Diego
- Palomar Health
- Rady Children's Hospital – San Diego
- Scripps Health (Chair)
- Sharp HealthCare (Vice Chair)
- Tri-City Medical Center
- University of California San Diego Health

SGH prepared this CHNA for Fiscal Year 2016 (FY 2016) in accordance with the requirements of Section 501(r)(3) within Section 9007 of the Patient Protection and Affordable Care Act ("Affordable Care Act"), and IRS Form 990, Schedule H for not-for-profit hospitals.[1]

Under the Affordable Care Act enacted in March, 2010, IRS Code Section 501(r)(3) requires not-for-profit hospitals to conduct a triennial assessment of prioritized health

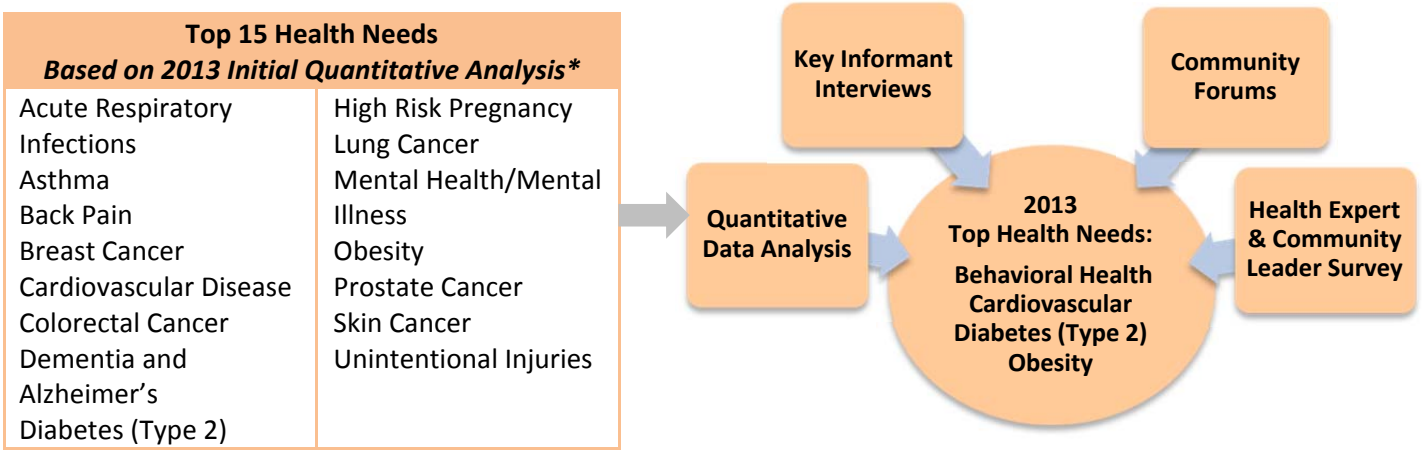
[1] See Section 9007(a) of the Patient Protection and Affordable Care Act ("Affordable Care Act"), Pub. L. No. 111-148, 124 Stat.119, enacted March 23, 2010. Notice 2011-52.

needs for the communities served by its hospital facilities, as well as adopt an implementation plan – a written strategy to address the health needs identified as a result of the CHNA. The CHNA is considered adopted once it has been made widely available to the public. In addition, the CHNA and the implementation plan must be approved by an authorized governing body of the hospital facility.

CHNA Objectives

In recognition of the challenges that health providers, community organizations and residents face in their efforts to prevent, diagnose and manage chronic conditions, the HASD&IC 2016 CHNA process focused on gaining deeper insight into the top health needs identified for SDC through the 2013 CHNA process. **Figure 1** below presents the 2013 CHNA methodology and findings.

Figure 1: 2013 CHNA Methodology



In 2013, Sharp HealthCare based its individual hospital CHNAs on this collaborative model, and through further outreach and analyses, identified additional health needs for its hospitals. For SGH, the additional identified need was senior health.

Following the collaborative, HASD&IC 2016 CHNA model, SGH's 2016 CHNA processes dove deeper into the priority health needs identified in 2013 (behavioral health, cardiovascular disease, diabetes, obesity and senior health). In addition, SGH included cancer in its CHNA analyses in 2016, given the significance of various forms of cancer identified in 2013 (see **Figure 1** above) as well as input from Sharp providers and patients.

Specific objectives of the 2016 CHNA process included:

- Gather in-depth feedback to aid in the understanding of the most significant health needs impacting community members in SDC, particularly Sharp patients.
- Connect the identified health needs with associated social determinants of health to further understand the challenges that community members and

Sharp patients – particularly those in communities of high need – face in their attempts to access health care and maintain health and well-being.

- Identify currently available community resources that support identified health conditions and health challenges.
- Provide a foundation of information to begin discussions of opportunities for programs, services and collaborations that could further address the identified health needs and challenges for the community.

Study Area Defined

For the purposes of the collaborative, HASD&IC 2016 CHNA, the study area is the entire County of San Diego due to a broad representation of hospitals in the area. More than three million people live in socially and ethnically diverse SDC. Information on key demographics, socioeconomic factors, access to care, health behaviors, and the physical environment can be found in the full HASD&IC 2016 CHNA report at: http://hasdic.org.

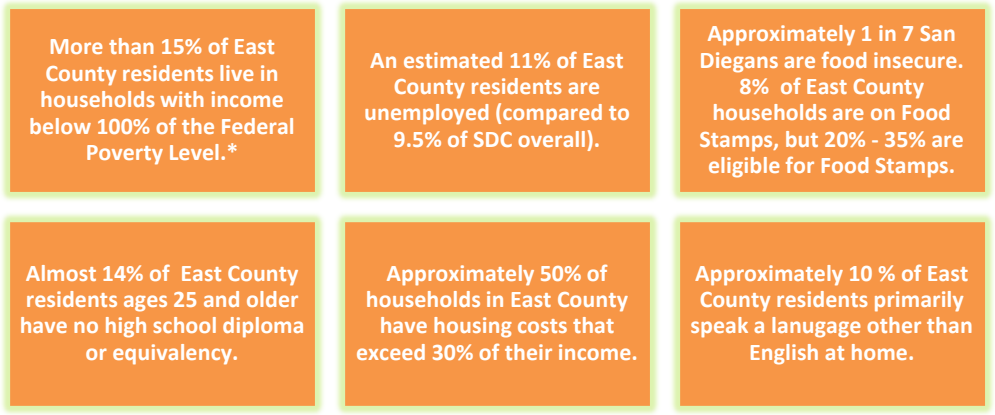
For the SGH 2016 CHNA, the community served includes the entire east region of SDC, including the sub-regional areas of Jamul, Spring Valley, Lemon Grove, La Mesa, El Cajon, Santee, Lakeside, Harbison Canyon, Crest, Alpine, Laguna-Pine Valley and Mountain Empire. Approximately five percent of the population lives in remote or rural areas of this region. **Table 1** below lists ZIP codes where the majority of SGH patients reside. **Figure 2** presents key demographics for SDC's east region served by SGH.

Table 1: Primary Communities Served by SGH

ZIP Code	Community
91941	La Mesa
91942	La Mesa
91945	Lemon Grove
91977	Spring Valley
92019	El Cajon
92020	El Cajon
92021	El Cajon
92040	Lakeside
92071	Santee

Source: IDX (internal) database, Sharp HealthCare. FY 2015.

Figure 2: Selected Community Health Statistics, SDC's East Region[2]



*Federal Poverty Level (FPL) is a measure of income issued every year by the Department of Health and Human Services. In 2016, the FPL for a family of four was $24,300.

Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, both HASD&IC's and SGH's 2016 CHNA processes utilized the Dignity Health Community Need Index (CNI) to identify communities with the highest level of health disparities and needs. **Table 2** below presents primary communities (by ZIP code) served by SGH that have especially high need based on their CNI score (> 4.2).

Table 2: High-Need Primary Communities Served by SGH, CNI Score > 4.2

ZIP Code	Community
92020,92021	El Cajon
91945	Lemon Grove
91977	Spring Valley

Source: Dignity Health Community Need Index. 2013.

Data Collection and Analysis

The HASD&IC 2016 CHNA process and findings significantly informed the SGH 2016 CHNA process and as such are described as applicable throughout this report. For complete details on the HASD&IC 2016 CHNA process, please visit the HASD&IC website at: www.hasdic.org or contact Lindsey Wade at lwade@hasdic.org.

For the collaborative HASD&IC 2016 CHNA process, the IPH employed a rigorous methodology using both community input and quantitative analysis to provide a deeper understanding of barriers to health improvement in SDC. **Figure 3** below provides an overview of the process used to identify and prioritize the health needs for the HASD&IC 2016 CHNA.

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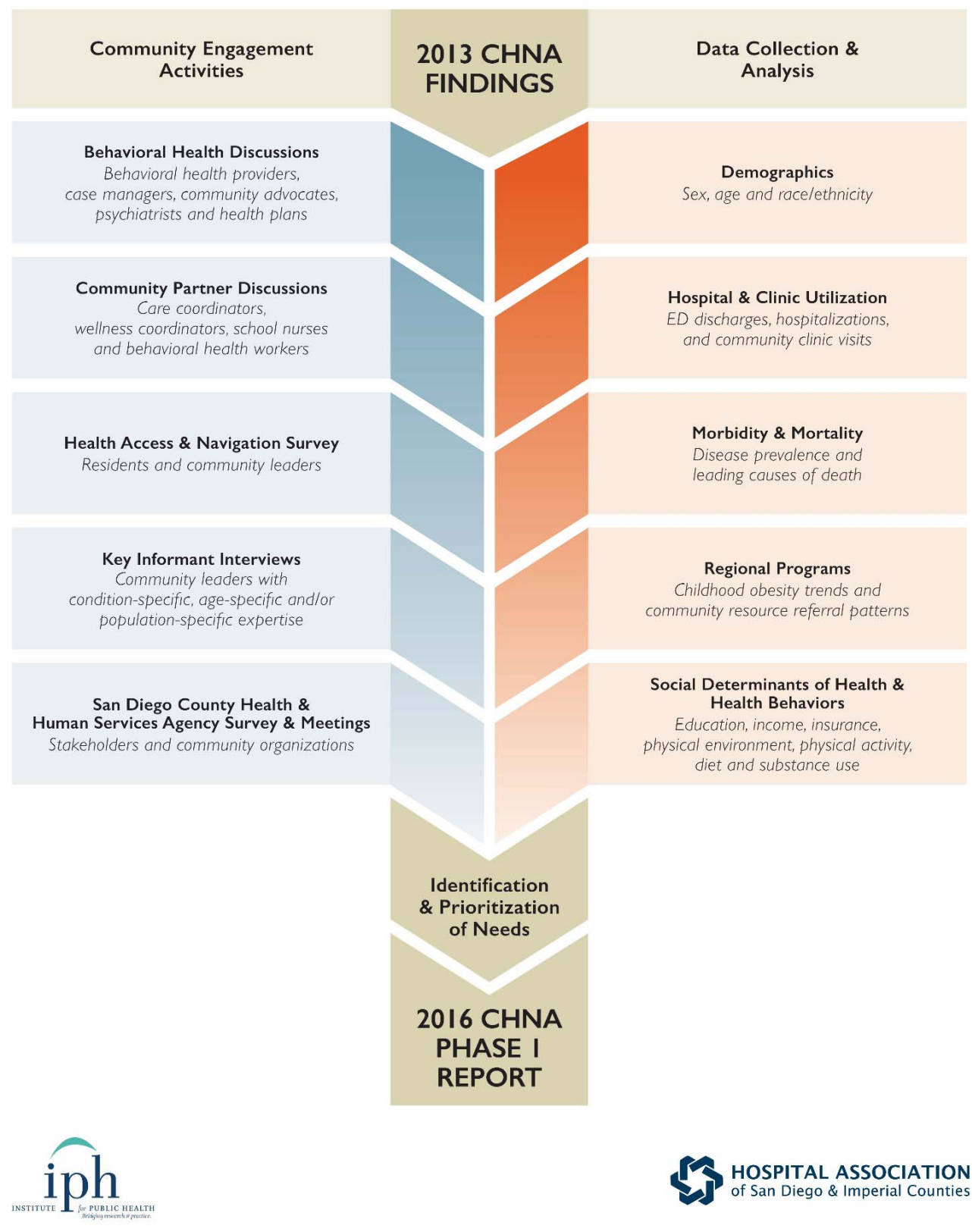
Figure 3: HASD&IC 2016 Community Health Needs Assessment Process Map



The 2016 CHNA process began with a comprehensive scan of recent community health statistics in order to validate the regional significance of the top four health needs originally identified in the HASD&IC 2013 CHNA. Quantitative data for both the HASD&IC 2016 CHNA and SGH 2016 CHNA included 2013 Office of Statewide Health Planning and Development (OSHPD) demographic data for hospital inpatient, emergency department, and ambulatory care encounters to understand the hospital patient population. Clinic data was also gathered from OSHPD's website and incorporated in order to provide a more holistic view of health care utilization in SDC. Additional variables analyzed in the 2016 CHNA processes are included in **Table 3** below and were analyzed at the ZIP code level wherever possible.

Table 3: Variables Analyzed in the HASD&IC and SGH 2016 CHNA

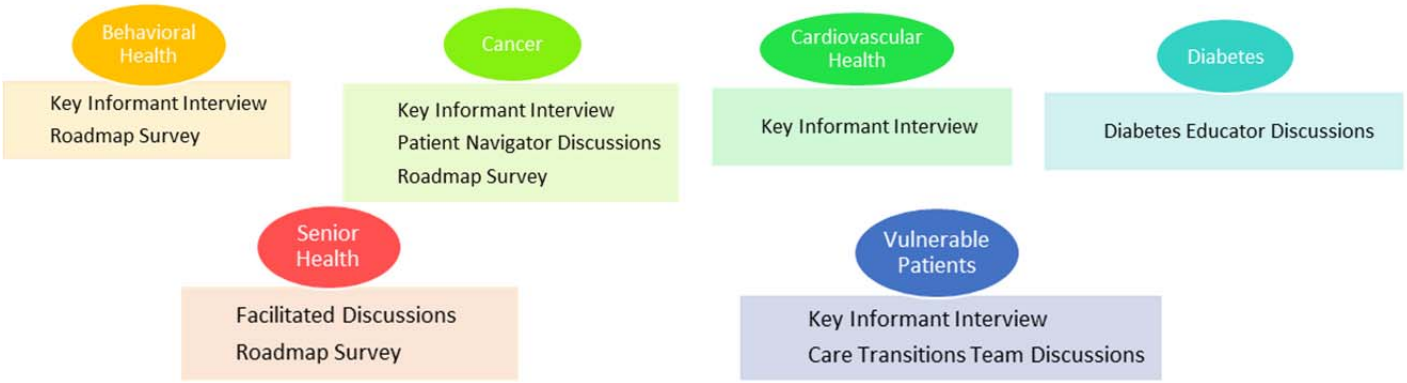
Secondary Data Variables
Hospital Utilization: Inpatient discharges, ED and ambulatory care encounters (both countywide and for SGH specifically)
Community Clinic Visits
Demographic Data (socio-economic indicators)
Mortality and Morbidity Data
Regional Program Data (childhood obesity trends and community resource referral patterns)
Social Determinants of Health and Health Behaviors (education, income, insurance, physical environment, physical activity, diet and substance abuse)

Based on the results of the community health statistics scan and feedback from community partners received during the 2016 CHNA planning process, a number of community engagement activities were conducted across SDC, as well as specific to SGH, in order to provide a more comprehensive understanding of the identified health needs, including their associated social determinants of health and potential system and policy changes that may positively impact them. In addition, a detailed analysis of how the top health needs impact the health of San Diego residents was conducted. **Figure 4** below outlines the number and type of community engagement activities conducted as part of the collaborative, HASD&IC 2016 CHNA, including: key informant interviews, facilitated discussions with care coordinators (community partnership discussions), and community resident input through a Health Access and Navigation ("Roadmap") Survey.

Figure 4: HASD&IC 2016 CHNA Community Engagement Activities

For the SGH 2016 CHNA, Sharp contracted with IPH to collect additional community input through three primary methods: facilitated discussions, key informant interviews, and the Health Access and Navigation Survey (or, "Roadmap") with patients and community members. This input focused on cardiovascular health, cancer, diabetes, senior health and the needs of highly vulnerable patients and community members. **Figure 5** below outlines the engagement activities specific to SGH's 2016 CHNA. More than 40 Sharp providers and more than 100 patients / community members were reached through these efforts.

Figure 5: SGH 2016 CHNA Community Engagement Activities



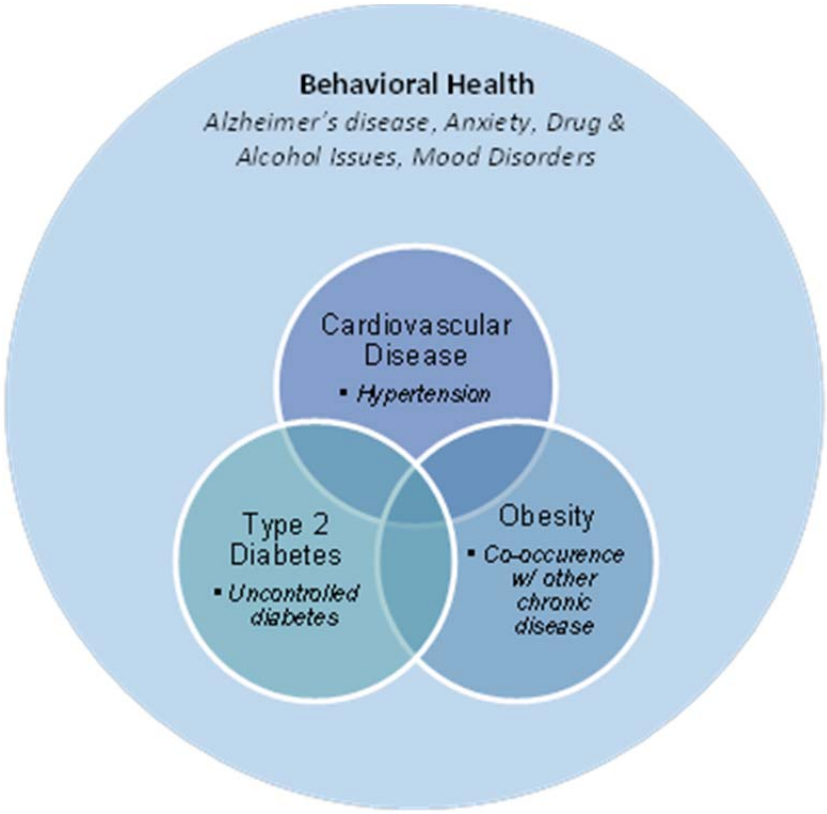
Findings

The collaborative, HASD&IC 2016 CHNA prioritized the top health needs for SDC through application of the following five criteria:

1. Magnitude or Prevalence
2. Severity
3. Health Disparities
4. Trends
5. Community Concern

Using these criteria, a summary matrix translating the 2016 CHNA findings was created for review by the CHNA Committee. As a result, the CHNA Committee identified behavioral health as the number one health need in SDC. In addition, cardiovascular disease, diabetes, and obesity were identified as having equal importance due to their interrelatedness. Health needs were further broken down into priority areas due to the overwhelming agreement among all data sources and in recognition of the complexities within each health need. **Figure 6** below illustrates the prioritization of the top health needs for SDC.

Figure 6: HASD&IC 2016 CHNA Top Health Needs



These findings were well-aligned with findings from both the quantitative analysis and community engagement activities conducted by SGH.

As the HASD&IC 2016 CHNA process included robust representation from the communities served by SGH, the findings of the prioritization process apply to the same four priority health needs identified for SGH (behavioral health, cardiovascular, diabetes, obesity). Findings from SGH's 2016 CHNA continued to prioritize senior health among the top health needs for the community members it serves, and, in recognition of the significance of various forms of cancer prioritized in the 2013 CHNA process (See **Figure 1**), as well as discussion with Sharp team members and the priorities they observe in their patient population, SGH also identified cancer as a priority health need to address in its community.

Further, the IPH conducted a content analysis of the input collected by the community engagement activities of the HASD&IC 2016 CHNA process, and found that social determinants of health were a key theme. Ten social determinants were consistently referenced across the different community engagement activities. The importance of these social determinants was also confirmed by quantitative data. Hospital programs and community collaborations have the potential to impact these social determinants, which **Figure 7** lists below in order of priority.

Feedback collected from SGH's community engagement activities also highlighted the inextricable connection of these social determinants to the health of SGH's patients and community members.

Figure 7: Social Determinants of Health, HASD&IC 2016 CHNA

Implementation Plan

SGH developed its FY17-FY20 implementation plan to address the needs identified through the 2016 CHNA process for the community it serves. Many of the programs included in the implementation plan have been in place at SGH for several years. In addition, SGH leadership, Sharp Community Benefit and team members across Sharp are committed to an ongoing evaluation of the programs provided to address the needs of SGH's community members. The FY17-FY20 SGH implementation plan is submitted along with the IRS Form 990, Schedule H, and will be publicly available on Guidestar (http://www.guidestar.org/) in the coming months. Categories of programs and activities included in the Sharp Grossmont Hospital FY17-FY20 implementation plan are summarized below:

- *Identified Community Need: Access to Care*
  - Patient Financial Services – PointCare assistance, Public Resource Specialist, CalFresh Enrollment
  - Care Transitions Intervention Program

- *Identified Community Need: Behavioral Health*
  - Clinical programs for adults, adolescents and older adults through Sharp Grossmont Behavioral Health
  - Psychiatric Evaluation Team (PET) evaluations in the SGH Emergency Department

- *Identified Community Need: Cancer*
  - Community education and screening programs
  - Analyze and refine patient navigation services
  - Collaboration with community organizations

- *Identified Community Need: Cardiovascular Disease*
  - Community education and screening programs
  - Community organization collaboration
  - Care Transitions Intervention Program

- *Identified Community Need: Diabetes*
  - Community education programs; food-insecure, vulnerable populations
  - Collaboration with community clinics
  - Care Transitions Intervention Program

- *Identified Community Need: Obesity*
  - Community education programs

- *Identified Community Need: Senior Health*
  - Community education, screenings and support for seniors and caregivers;
  - Support for older adults living alone in East County through telephone reassurance calls
  - Collaboration with community organizations

Conclusion / Next Steps

SGH is committed to the health and well-being of its community, and the findings of SGH's 2016 CHNA will help inform the activities and services provided by SGH to improve the health of its community members. These programs are detailed in SGH's FY17-FY 20 implementation plan, which will be made available online to the community at: http://www.sharp.com/about/community/health-needs-assessments.cfm.

The 2016 CHNA process generated a list of currently existing resources in SDC that address the health needs identified through the CHNA process. While not an exhaustive list of San Diego's available resources, this information serves as a resource for SGH to help continue, refine and create programs that meet the needs of its community.

Sharp will continue to work with HASD&IC and IPH as part of the CHNA Committee to develop and implement Phase 2 of the 2016 CHNA. Phase 2 will focus on continued engagement of community partners to analyze and improve the CHNA process, as well as the hospital programs provided to address the 2016 CHNA findings. In this way, our CHNA work will continue to evolve to meet the needs of our ever-changing community.

In addition, Phase 2 of the CHNA will focus on the development of a multi-hospital and health system collaborative effort to address priority health needs, including a policy agenda to focus and strengthen the role of hospitals as advocates for community health.

The health needs and social determinants of health identified in this CHNA will not be resolved with a "quick fix." Rather, these resolutions require time, persistence, collaboration and innovation. It is a journey that SGH and the entire Sharp system are committed to, and Sharp remains steadfastly dedicated to the care and improvement of health and well-being for all San Diegans.

The complete Sharp Grossmont Hospital 2016 Community Health Needs Assessment is available online at: http://www.sharp.com/about/community/health-needs-assessments.cfm or by contacting Sharp HealthCare Community Benefit at: communitybenefits@sharp.com.