Sharp Mesa Vista 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 Mesa Vista Hospital (SMV), 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 their hospitals.

SMV 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]

The Sharp Mesa Vista Hospital 2016 Community Health Needs Assessment (CHNA) examines the health needs of the community members it serves in San Diego County (SDC). SMV's 2016 CHNA process and findings are based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) CHNA 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

[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.

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 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 and Findings

Top 15 Health Needs *Based on 2013 Initial Quantitative Analysis**	
Acute Respiratory Infections	High Risk Pregnancy
Asthma	Lung Cancer
Back Pain	Mental Health/Mental Illness
Breast Cancer	Obesity
Cardiovascular Disease	Prostate Cancer
Colorectal Cancer	Skin Cancer
Dementia and Alzheimer's	Unintentional Injuries
Diabetes (Type 2)	

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 acute care hospitals. As a specialty behavioral health hospital, SMV focused on the health need of behavioral health identified in 2013. Modeling the collaborative, 2016 HASD&IC CHNA process, SMV's 2016 CHNA process dove deeper into the priority health need of behavioral health.

Specific objectives of the 2016 CHNA process included:

- Gather in-depth feedback to aid in the understanding of behavioral health's specific impacts on community members in SDC, particularly Sharp patients.
- Connect behavioral health 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 behavioral health and help address challenges.
- Provide a foundation of information to begin discussions of opportunities for programs, services and collaborations that could further address behavioral health 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.

SMV is the largest privately operated psychiatric hospital and provider of mental health, chemical dependency and substance abuse treatment in SDC. As such, the community served by SMV includes SDC as a whole, including all six regions: central, east, north central, north coastal, north inland and south. **Table 1** below presents the ZIP codes where the majority of SMV patients reside. **Figure 2** presents key demographics for SDC.

Table 1: SMV 2016 CHNA Primary Communities Served

ZIP Code	Community	ZIP Code	Community
91910	Chula Vista	92105	City Heights
91911	Chula Vista	92109	Pacific Beach
91913	Chula Vista - Eastlake	92110	Old Town
91941	La Mesa	92111	Linda Vista
91942	La Mesa	92113	Southeast San Diego
91950	National City	92114	Encanto
91977	Spring Valley	92115	College Area
92019	El Cajon	92116	Normal Heights
92020	El Cajon	92117	Clairemont Mesa
92021	El Cajon	92119	San Carlos
92027	Escondido	92120	Grantville
92040	Lakeside	92122	University City
92064	Poway	92123	Serra Mesa
92071	Santee	92124	Tierrasanta
92101	Downtown	92126	Mira Mesa
92102	East San Diego	92129	Rancho Penasquitos
92103	Hillcrest	92131	Scripps Ranch
92104	North Park	92154	Otay Mesa

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

Figure 2: Selected Community Health Statistics, SDC[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.

[2]Source: County of San Diego, HHSA, Community Health Statistics Unit, September 2015

Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, both HASD&IC's and SMV'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 SMV that have especially high need based on their CNI score.

Table 2: SMV 2016 CHNA High-Need Communities, CNI Score > 4.0

ZIP Code	Community
91910, 91911	Chula Vista
91950	National City
91977	Spring Valley
92020	El Cajon
92021	El Cajon
92027	Escondido
92040	Lakeside
92101	Downtown
92102	East San Diego
92104	North Park
92105	City Heights
92111	Linda Vista
92114	Encanto
92115	College Area
92154	Otay Mesa

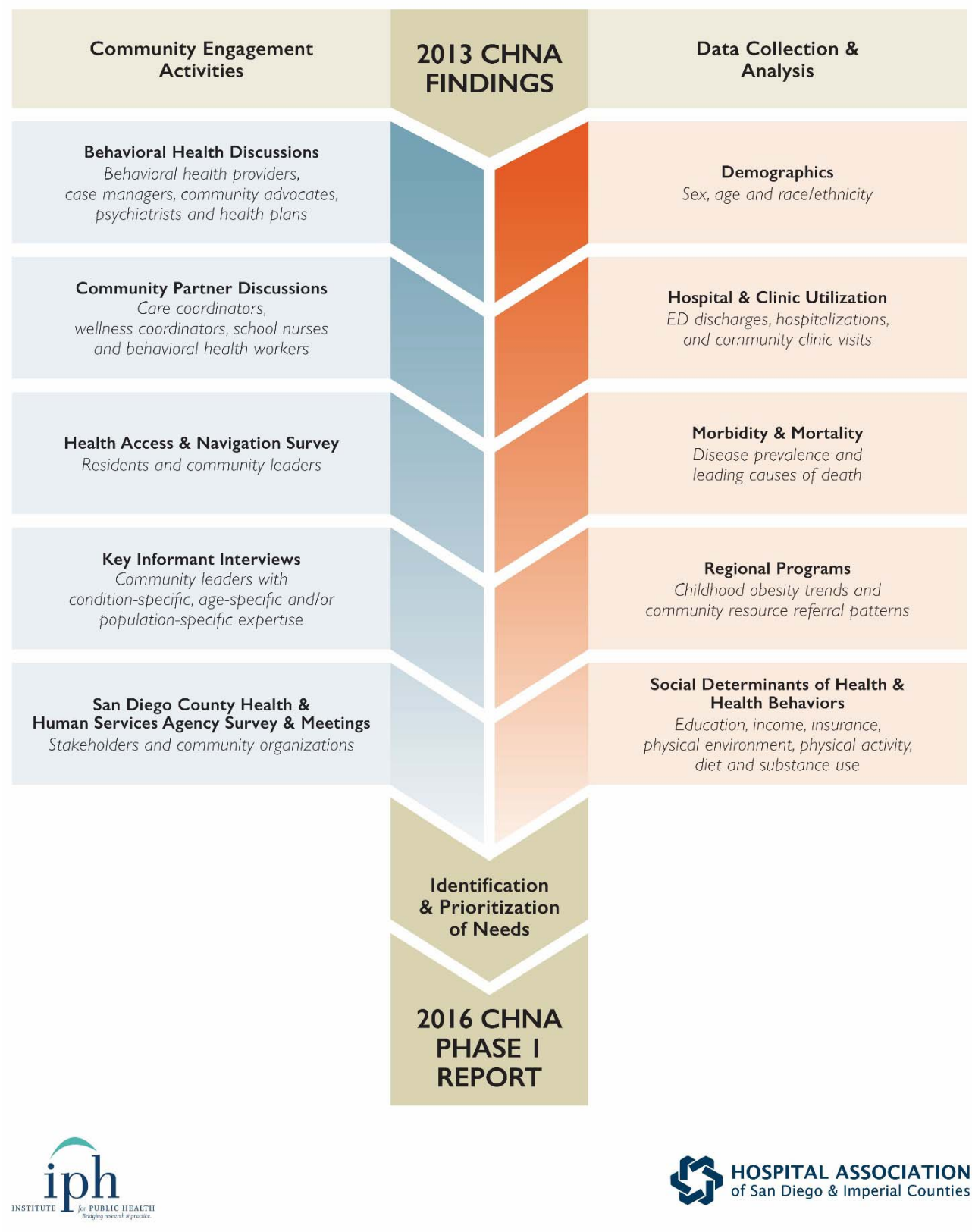
Source: Dignity Health Community Need Index. 2013.

Data Collection and Analysis

The HASD&IC 2016 CHNA process and findings significantly informed the SMV 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.

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 identified in the HASD&IC 2013 CHNA. Quantitative data for both the HASD&IC 2016 CHNA and SMV 2016 CHNA included 2013 Office of Statewide Health Planning and Development (OSHPD) demographic data for hospital inpatient, emergency department (as applicable), 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 SMV 2016 CHNA

Secondary Data Variables
Hospital Utilization: Inpatient discharges, ED and ambulatory care encounters (both countywide and for SMV, as applicable)
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 SMV, 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 partner discussions), and community resident input through a Health Access and Navigation Survey.

Figure 4: HASD&IC 2016 CHNA Community Engagement Activities

Sharp also contracted with IPH to collect additional community input through three primary methods: facilitated discussions, key informant interviews, and the Health Access and Navigation Survey (the "Roadmap" in **Figure 5** below) with patients and community members. For SMV, input focused on behavioral health with key informant interviews and completion of the Health Access and Navigation Survey by patients and community members that participate in Sharp McDonald Center's Aftercare program. The Aftercare program helps substance abuse/behavioral health patients maintain a sober lifestyle with support through the necessary transitions at home, work and in the community. **Figure 5** below outlines the engagement activities specific to the SMV 2016 CHNA.

Figure 5: SMV 2016 CHNA Community Engagement Activities

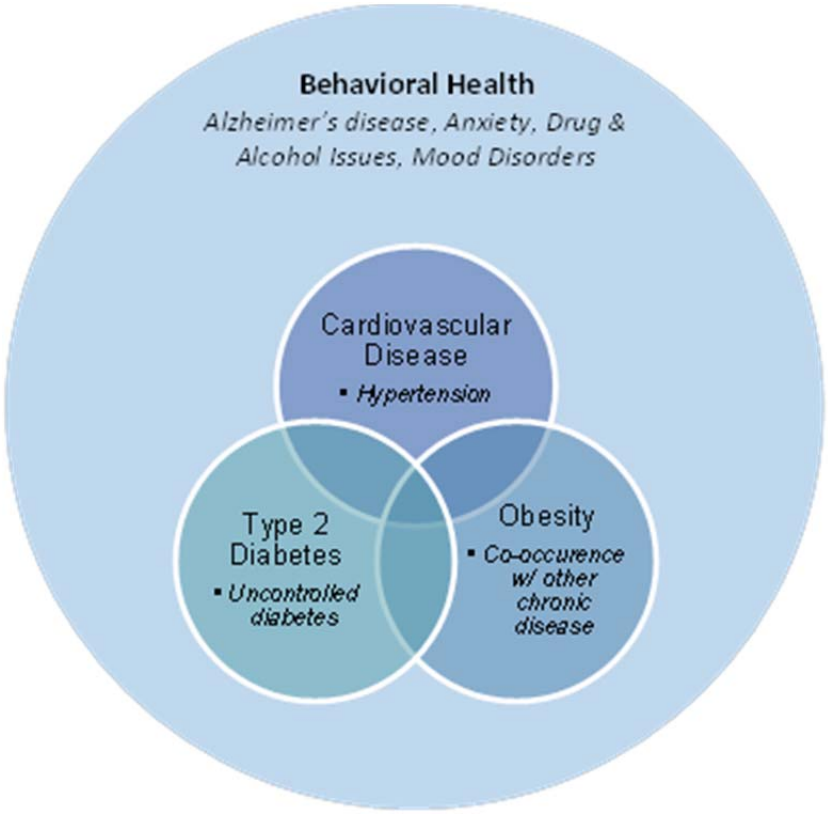
Findings

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



As the HASD&IC 2016 CHNA process included robust representation from the communities served by SMV, the findings of the prioritization process also apply to the identified health need of behavioral health for SMV. Although additional priority health needs were prioritized and analyzed for SDC through the collaborative HASD&IC 2016 CHNA process, as a specialty hospital providing behavioral health programs and services, these identified priority health needs – cardiovascular disease, diabetes and obesity – fall outside the scope of services provided by SMV, and thus are not addressed through SMV's programs or activities. However, in light of these findings, SMV is currently exploring partnerships and programs that address the connection between behavioral health and physical health conditions.

Further, the IPH conducted a content analysis of the input collected through 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 community engagement activities in SMV's 2016 CHNA process also highlighted the inextricable connection of these social determinants to the health of SMV's patients and community members.

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

Implementation Plan

SMV 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 for several years. In addition, SMV leadership, Sharp Community Benefit and team members across Sharp are committed to an ongoing evaluation of the programs provided to address the needs of its community members. The FY17-FY20 SMV 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 SMV FY17-FY20 implementation plan are summarized below:

- *Identified Community Need: Behavioral Health*
    - Continue to conduct Psychiatric Evaluation Team (PET) evaluations in Sharp hospital Emergency Departments
    - Free community education, screening programs, and referrals to the general community
    - Education, screening and support programs specifically serving veterans, seniors and transition-age youth (TAY)
    - Collaborate with community organizations to raise awareness of behavioral health issue and improve housing options for community members with behavioral health issues
    - Provide programs that support community integration and reduce for individuals with behavioral health issues
    - Explore community collaborations to address and support the connection between behavioral and physical health

Conclusion / Next Steps

SMV is committed to the health and well-being of its community, and the findings of the SMV 2016 CHNA will help inform the activities and services provided by SMV to improve the health of its community members. These programs are detailed in SMV's FY17-FY 20 implementation plan, which will be publicly available online 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 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 the entire Sharp system is committed to, and remains steadfastly dedicated to the care and improvement of health and well-being for all San Diegans.

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