

SAN DIEGO 2019

Community Health Needs Assessment



I. ACKNOWLEDGEMENTS

COMMUNITY HEALTH NEEDS ASSESSMENT COMMITTEE

This report is based on the collaboration of representatives from seven local San Diego hospitals called the Community Health Needs Assessment (CHNA) Committee. The CHNA Committee (listed below) actively participated in the HASD&IC 2019 Community Health Needs Assessment process which is described in detail in this report.

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SPECIAL THANKS

A heartfelt appreciation goes out to everyone involved in this collaborative process. The expertise and time were essential for accomplishing a comprehensive, collaborative assessment of the health and social needs of San Diego County. The CHNA Committee wishes to thank those who made contributions and were involved in the focus group participants, key informant interviews, and the San Diego County Health and Human Services Agency for their collaboration in the community survey. It is important to our committee that our Assessment report is valuable to our partners.

Alliance for Regional Solutions

Jewish Family Services

California State University of San Marcos,
School of Nursing, Student Healthcare Project

Monarch School

Casa Familiar

Mountain Health

Chaldean & Middle-Eastern Social Services

O'Farrell Charter School

Community Housing Works

Otay Elementary/Chula Vista School District

Dreams for Change

Partnership for the Advancement of New
Americans

Education Without Borders, San Diego State
University

Pillars of the Community

ElderHelp

Regional Task Force on the Homeless

Environmental Health Coalition

San Diego American Indian Health Center

Family Health Centers of San Diego

San Diego County Health and Human Services
Agency

Health Center Partners

San Diego Hunger Coalition

International Rescue Committee

San Diego Youth Services, Youth Action Board

San Ysidro Health Center

University of California San Diego School of
Medicine Center for Community Health

South Bay Community Center

Vista Community Clinic

Southwest High School – School Based Health
Center

Think Dignity

United Women of East Africa

EXECUTIVE SUMMARY



III. EXECUTIVE SUMMARY

INTRODUCTION AND BACKGROUND

Every three years, the Hospital Association of San Diego and Imperial Counties (HASD&IC) conducts a collaborative community health needs assessment (CHNA) to meet IRS regulatory requirements and to identify and prioritize the health needs of San Diego County residents, particularly those who experience health inequities. The CHNA is implemented and managed by a standing CHNA Committee comprised of representatives from seven hospitals and health systems. This committee reports to the HASD&IC Board of Directors who provide policy direction and ensure that the interests of all member hospitals and health systems are met. HASD&IC contracts with the Institute for Public Health (IPH) at San Diego State University (SDSU) to perform the needs assessment.

The 2019 CHNA built on the results of the 2016 CHNA and included three types of community engagement efforts: focus groups with residents, community-based organizations, service providers, and health care leaders; key informant interviews with health care experts; and an online survey for residents and stakeholders. In addition, the CHNA included extensive quantitative analysis of national and state-wide data sets, San Diego County emergency department and inpatient hospital discharge data, community clinic usage data, county mortality and morbidity data, and data related to social determinants of health. These two different approaches allowed the CHNA Committee to view community health needs from multiple perspectives.

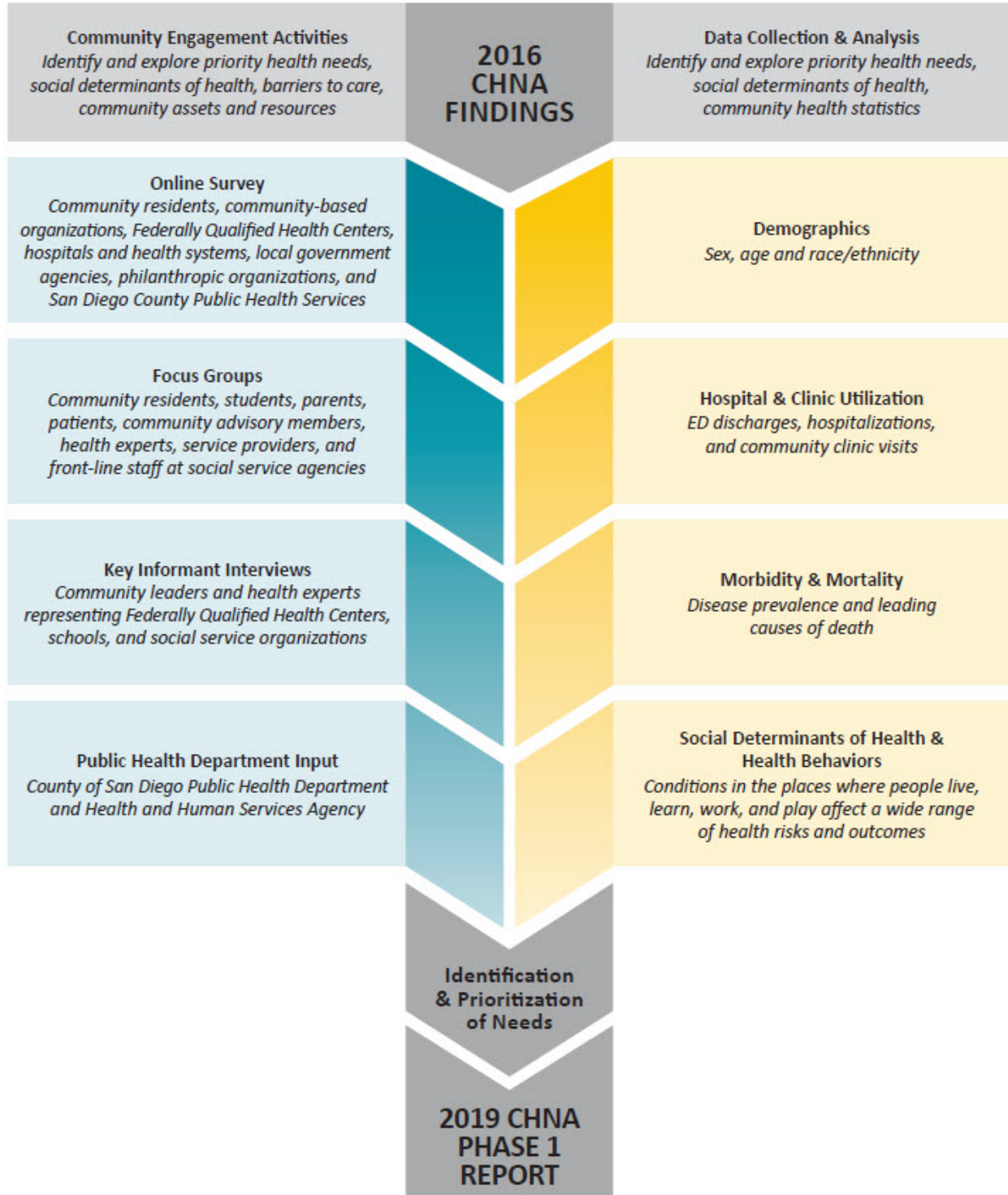
In addition to this collaborative CHNA process, Kaiser Foundation Hospital (KFH)-San Diego and Zion conducted a separate CHNA process; data were shared between the two groups. These simultaneous processes allowed for a more robust, comprehensive CHNA for all San Diego County hospitals and health care systems.

METHODOLOGY

For the 2019 CHNA quantitative analyses of publicly available data provided an overview of critical health issues across San Diego County, while qualitative analyses of feedback from the community provided an appreciation for the experiences and needs of San Diegans. The CHNA Committee reviewed these analyses and applied a pre-determined set of criteria to them to prioritize the top health needs in San Diego County. This process is represented in Figure 3.

Figure 3. 2019 Community Health Needs Assessment Process Map

2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS MAP



QUANTITATIVE

Quantitative data were drawn from several public sources. Data from Dignity Health/Truven Health **Community Needs Index (CNI)** and the Public Health Alliance of Southern California's **Healthy Places Index (HPI)** were used to identify geographic communities in San Diego County that were more likely to be experiencing health inequities, which guided the selection of communities for the engagement and the development of engagement questions.

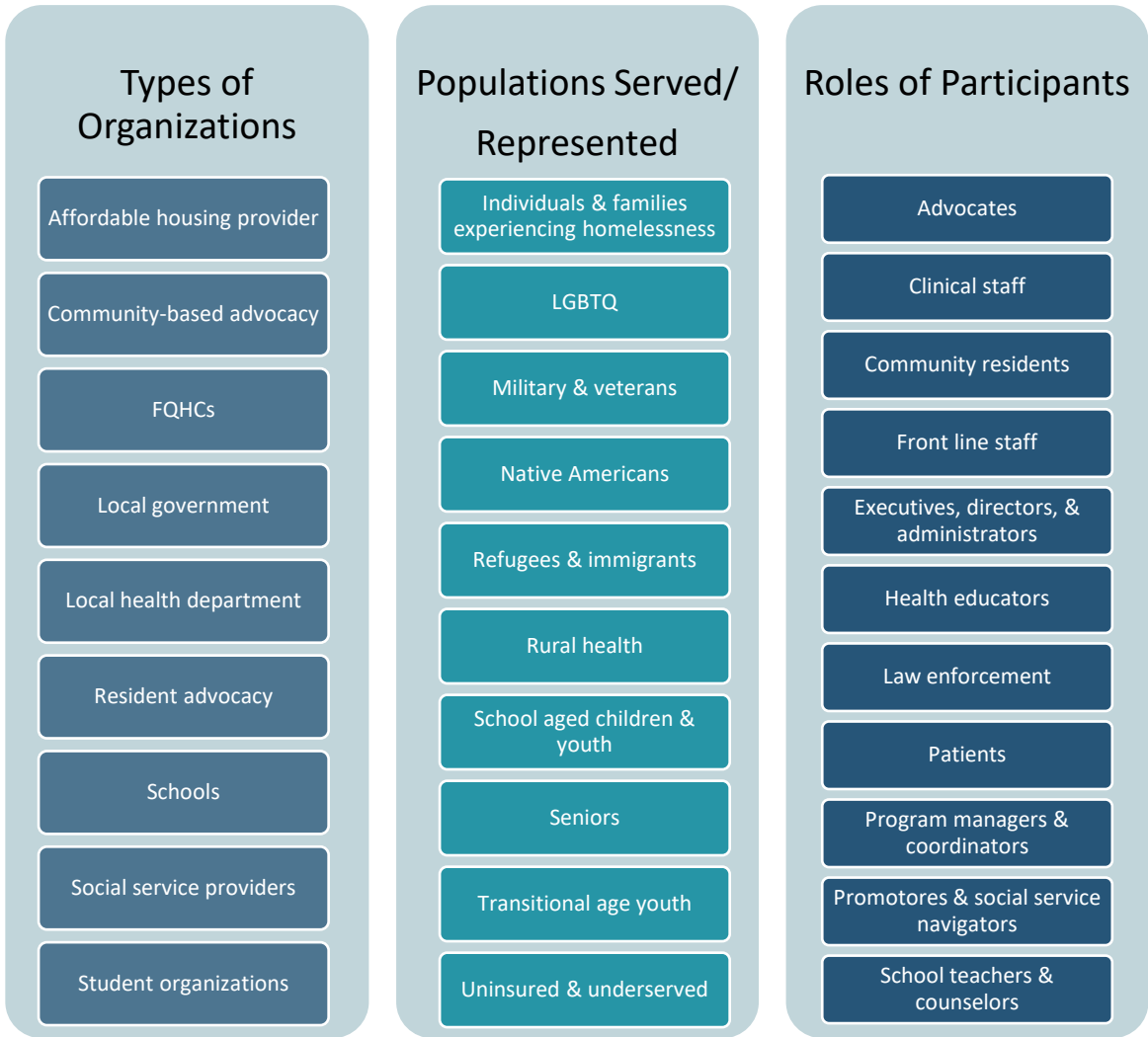
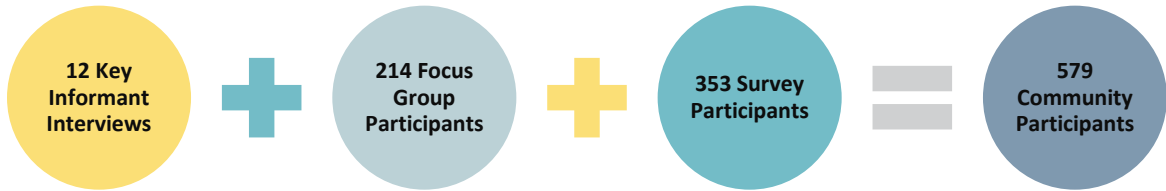
Hospital discharge data exported from **SpeedTrack's California Universal Patient Information Discovery, or CUPID application** were used to identify current and three year trends in primary diagnosis discharge categories and were stratified by age and race. This allowed for the identification of health disparities and the conditions having the greatest impact on hospitals and health systems in San Diego County.

Data from **national and state-wide data sets** were analyzed including San Diego County mortality and morbidity data, and data related to social determinants of health. In addition, Kaiser Permanente consolidated data from several national and state-wide data sets related to a variety of health conditions and social determinants of health in San Diego County and conducted a comprehensive statistical analysis to identify which social determinants of health were most predictive of negative health outcomes. Kaiser Permanente then created a web-based data platform (chna.org/kp) to post these analyses for use in the CHNA. These analyses guided the design of the online survey, interview, and focus group questions.

COMMUNITY ENGAGEMENT

Community engagement activities included focus groups, key informant interviews, and an online survey which targeted stakeholders from every region of San Diego County, all age groups, and numerous racial and ethnic groups. Collaboration with the County of San Diego Health & Human Services Agency, Public Health Services was vital to this process. A total of **579** individuals participated in the 2019 Community Health Needs Assessment: **138** community residents and **441** leaders and experts. Please see Figure 4 below for details on the types of participants engaged.

Figure 4. 2019 CHNA Community Engagement Participants



2019 CHNA PRIORITIZATION OF THE TOP HEALTH NEEDS

The CHNA Committee collectively reviewed the quantitative and qualitative data and findings. Several criteria were applied to the data to determine which health conditions were of the highest priority in San Diego County. These criteria included: the severity of the need, the magnitude/scale of the need; disparities or inequities, and change over time. Those health conditions and social determinants of health that met the largest number of criteria were then selected as top priority community health needs.

2019 FINDINGS: TOP 10 COMMUNITY HEALTH NEEDS

The CHNA Committee identified the following as the highest priority community health needs in San Diego County (in alphabetical order by SDOH or health condition).

Figure 5. 2019 Top 10 Community Health Needs

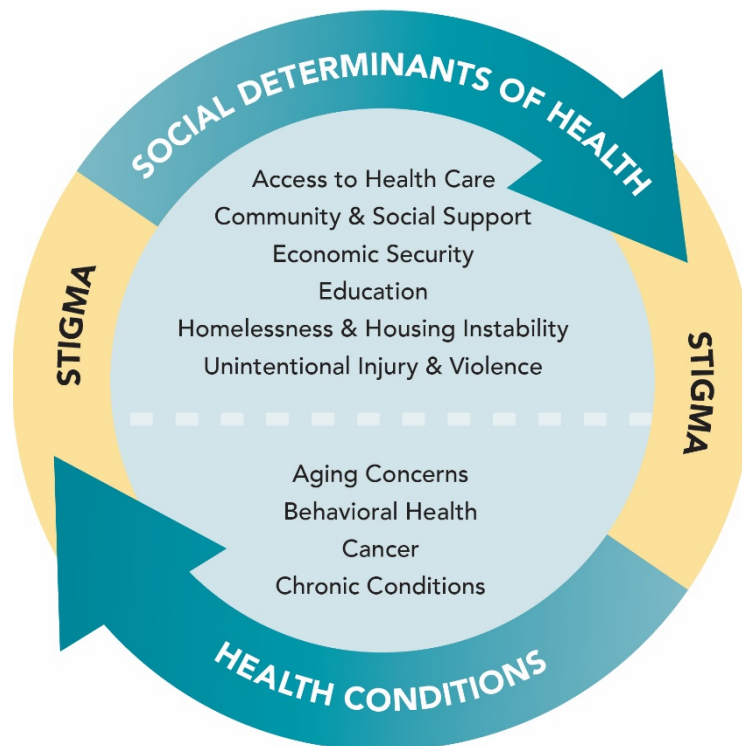


Figure 5 above illustrates the interactive nature of SDOH and health conditions - each impacting the other. In addition, an underlying theme of stigma and the barriers it creates arose across community engagement. For instance, stigma impacts the way in which people access needed services that address SDOH, which consequentially impacts their ability to maintain and manage health conditions. Due to the complexity of this underlying theme, the CHNA Committee plans to explore and understand ways in which hospitals and health systems could better address stigma in patient care during Phase 2 of the CHNA process.

Access to health care. Overcoming barriers to health care, such as lack of health insurance and insurance issues, economic insecurity, transportation, the shortage of culturally competent care, fears about immigration status, and the shortage of health care providers emerged as a high priority community need. In addition, specific services were identified as challenging to obtain, including behavioral health care, dental care, primary care, and specialty care.

Aging concerns. Conditions that predominantly affect people who are 65 and older -- such as Alzheimer's disease, Parkinson's, dementia, falls, and limited mobility - were identified as a high priority health need. Community engagement participants most often described aging concerns in relation to the social determinants of health, including: transportation, access to fresh food, social isolation and inadequate family support, and economic insecurity.

Behavioral health. Greater access to behavioral health care was cited as a priority health need. Three types of behavioral health care were identified as challenging to access: urgent care services for crisis situations; inpatient psychiatric beds and substance abuse facilities; and transitional programs and services for post-acute care. In addition, several barriers to behavioral health care were named as priorities to address, including a lack of availability of needed services and appointments, insurance issues, logistical issues, such as transportation and time off work, and the inability to pay co-pays and deductibles.

Cancer. Health needs related to cancer were described in relation to the effects on well-being beyond physical health. These include financial, practical, and emotional impacts on individuals and families; these effects are exacerbated by barriers to cancer care.

Chronic conditions. Three chronic conditions were identified as priorities: cardiovascular disease, diabetes, and obesity. Key factors that individuals struggle with to prevent chronic diseases include access to fresh, health foods and safe places to exercise and play. In addition, economic issues, transportation to medical care, fears about immigration status, and a lack of knowledge about chronic conditions were named as particular challenges related to the management of chronic conditions.

Community and social support. A high priority for the well-being of San Diego residents is ensuring that individuals have adequate resources and substantial support within their neighborhood. Valuable neighborhood resources include federally qualified health centers (FQHCs) and those that are culturally and linguistically competent. Without adequate support from others, community engagement and community spirit are affected.

Economic security. Economic security was named as vitally important to the well-being of San Diego residents and was described as impacting every aspect of residents' daily lives. The health of those who are economically insecure is negatively affected by food insecurity, chronic stress and anxiety, and the lack of time and money to take care of health needs. In San Diego County, 13.3% of residents have incomes below the federal poverty level and 15% experience food insecurity. Those who are economically insecure are at greater risk of poor mental health days, as well as, asthma, obesity, diabetes, stroke, cancer, smoking, pedestrian injury and visits to the emergency department for heart

attacks. Factors identified as contributing to economic insecurity include housing and child care costs as well as low wages.

Education. Receiving a high school diploma, having the opportunity to pursue higher or vocational education, being health literate, and having opportunities for non-academic continuing education were identified as important priorities for the health and well-being of San Diego residents. Family stress and a lack of school and community resources were identified as factors underlying low levels of educational attainment.

Homelessness and housing instability. Homelessness and housing instability were named as important factors affecting the health of San Diego County residents. They were described as having serious health impacts, such as increasing exposure to infectious disease, creating substantial challenges in the management of chronic diseases and wound care, and increasing stress and anxiety. Poor housing conditions were also cited as impactful of physical and mental health; crowded housing leads to the spread of illness, and environmental hazards can exacerbate conditions like asthma.

Unintentional injury and violence. Exposure to violence and neighborhood safety were cited as priority health needs for San Diegans. Neighborhood safety was discussed as influencing residents' ability to maintain good health, while exposure to violence was described as traumatic and impactful on mental health.

COMMUNITY RESOURCES

The 2019 CHNA identified many health resources in San Diego County, including those provided by community-based organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations engaged in addressing many of the health needs identified by this assessment. In addition, 2-1-1 San Diego is an important community resource and information hub that facilitates access to services. Through its 24/7 phone service and online database, 2-1-1 San Diego helps connect individuals with community, health, and disaster services.

In addition to community input on health conditions and social determinants of health, a wealth of ideas emerged from community engagement participants about how hospitals and health systems could support, expand, or create additional resources and partner with organizations to better meet San Diego's community health needs. Please see Figure 6 below for the types of resources that were identified by community engagement participants:

Figure 6. Resources & Opportunities to Address Priority Health Needs

RESOURCES & OPPORTUNITIES TO ADDRESS PRIORITY HEALTH NEEDS

Community engagement participants identified three means by which the identified health needs could be better addressed:

1. The implementation of overarching *strategies* to address the health needs,
2. The development or expansion of *resources* to meet the needs,
3. The creation of *systemic, policy, and environmental changes* to better support health outcomes.

All of these approaches, participants emphasized, would require *collaboration* between political, health care system, and community leaders, health care professionals, community organizations, and residents.

STRATEGIES	<ol style="list-style-type: none"> 1. Increase community knowledge with educational campaigns <i>that promote available services within the community, clinics, and hospitals</i> 2. Address potential barriers to care <i>such as insurance, translation, navigation services, transportation, and potential impacts on immigration status</i> 3. Improve patient experience <i>through culturally competent health navigators and case managers, care coordination, and community clinical linkages including language services</i>
RESOURCES	<ol style="list-style-type: none"> 1. Urgent care services <i>that include expanded hours, availability to all populations, and mental health and substance use services</i> 2. Preventative care programs <i>that offer services such as immunizations (including the flu vaccine), HIV testing, and exercise programs</i> 3. Dental services <i>for preventative care and to address oral health issues such as carries and gum disease</i> 4. Onsite programs and mobile units <i>that bring services to the community, including programs in senior housing complexes, school clinics, mobile screening, and mobile food distribution</i> 5. Culturally competent programs <i>for refugees, Native Americans, Latinos, Blacks, African Americans, LGBTQ individuals, non-citizens, and asylum seekers</i> 6. Programs for the youth, <i>especially community centers and programs for young men and for homeless youth</i> 7. Homeless services and discharge support, <i>including mobile showers, more shelters, and further options for post-acute recuperative care</i> 8. Food insecurity navigation <i>that includes reference guides for food system/service navigation of San Diego County, private, and non-profit organizations, and signage for healthy food options for CalFresh/ Supplemental Nutrition Assistance Program (SNAP) users at stores and restaurants</i>
SYSTEMIC CHANGE	<ol style="list-style-type: none"> 1. Create universal and/or affordable health care 2. Increase minimum wage 3. Fund policies: <i>increase applications for federal funding and allow more time to prove a return on investment (ROI) for funding</i>
COLLABORATION	<ol style="list-style-type: none"> 1. Form partnerships <i>with community residents by engaging residents in advocacy</i> 2. Share and disseminate information <i>and data back into the communities from where the data came from</i> 3. Work with communities <i>to adapt programs and interventions to the unique needs of minority groups (go beyond collective impact approach)</i> 4. More collaboration <i>between social workers, law enforcement, and attorneys</i> 5. Warm hand-offs <i>between agencies and organizations</i>

CONCLUSIONS AND NEXT STEPS

HASD&IC and the CHNA Committee are proud of their collaborative relationships with local community organizations and are committed to regularly seeking input from the community to inform community health strategies. The 2019 CHNA will be utilized by participating hospitals and health systems to evaluate opportunities for next steps to address the top identified health needs in their respective patient communities.

In addition, the CHNA report will be made available to the broader community and is intended to be a useful resource to both residents and health care providers to further communitywide health access and health improvement efforts.

The CHNA Committee is in the process of planning Phase 2 of the 2019 CHNA, which will include gathering community feedback on the 2019 CHNA process and strengthening partnerships around the identified priority health needs and social determinants of health.