



2013 Community Health Needs Assessment Report



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SECTION

I

Introduction

About Scripps

Founded in 1924 by philanthropist Ellen Browning Scripps, Scripps Health is a \$2.6 billion nonprofit integrated health system based in San Diego, California. Scripps treats a half-million patients annually through the dedication of 2,600 affiliated physicians and 13,000 employees among its five acute-care hospital campuses, home health care services and an ambulatory care network of physician offices and 26 outpatient centers and clinics. In 2013, Scripps Hospice program was established and provides end of life care.

Recognized as a leader in the prevention, diagnosis and treatment of disease, Scripps is also at the forefront of clinical research, genomic medicine, wireless health and graduate medical education. With three highly respected graduate medical education programs, Scripps is a longstanding member of the Association of American Medical Colleges. More information can be found at www.scripps.org.

Today, the health system extends from Chula Vista to Oceanside, with 26 primary and specialty care outpatient centers. A leader in the prevention, diagnosis and treatment of disease, Scripps was named by Truven in 2013 as one of the Top 15 large health systems in the nation for providing high-quality, safe and efficient patient care. On the forefront of genomic medicine and wireless health technology, the organization is dedicated to improving community health while advancing medicine through clinical research and graduate medical education. Swcripps has also earned a National reputation as a premier employer, named by Fortune magazine as one of America's "100 Best Companies to Work For" every year since 2008.

Scripps Facilities/Divisions

Scripps Green Hospital	Scripps Home Health Care
Scripps Clinic (12 locations)	Scripps Whittier Diabetes Institute
Scripps Memorial Hospital Encinitas	Scripps Clinical Research Services
Scripps Coastal Medical Center (13 locations)	Scripps Mercy Hospital
Scripps Memorial Hospital La Jolla	<ul style="list-style-type: none">• San Diego Campus• Chula Vista Campus
Scripps Hospice Care	

Service Offerings

Scripps is an integrated health care delivery system consisting of four acute-care hospitals on five campuses, 26 outpatient centers and clinics, home health care, hospice care, clinical research, and ancillary services for the San Diego region and beyond. Scripps primary services include:

Cardiovascular Care

- Scripps treats 55,000 heart patients annually – more than any other provider in San Diego. With volume comes high quality, as evidenced by the program ranking 20th nationally by U.S. News & World Report in cardiology and heart surgery in 2013-2014. Scripps is the only San Diego heart program on the list that has received the coveted honor eight years in a row (2006-2013).
- Scripps has broken ground on the \$456-million Scripps Prebys Cardiovascular Institute, which will bring together expertise from across the system. Scheduled to open in 2015, it will be the largest heart hospital on the West Coast with 168 inpatient beds and will serve as a center of excellence for research and education.
- For more than 30 years, Scripps has been the exclusive provider of heart services to the more than 500,000 Kaiser Permanente patients in San Diego. A new 10-year contract was signed in 2011.

Cancer Care

- Scripps is committed to fighting cancer and mobilized the collective resources of its five hospital campuses, outpatient centers and research division to form the Scripps Cancer Center.
- In 2008, it became the first multihospital system in California to earn network accreditation from the American College of Surgeons Commission on Cancer. Scripps is building a new state-of-the-art regional radiation therapy center and in 2013 will open the region's first proton therapy center, which will be only the second in California.
- Women's Gynecology is ranked 37th in US news and World Report.

Diabetes

- The Scripps Whittier Diabetes Institute is dedicated to caring for and educating people with diabetes through diabetes management and support programs. The mission is to improve quality of life for people with diabetes through innovative education programs, clinical care, research and collaborations that pursue prevention and a cure

Behavioral Health and Drug and Alcohol Care

- The Scripps behavioral health and drug and alcohol care line offers a variety of services to adults with emotional, behavioral and or addictive disorders. Our goal is to assist patients in regaining control of their lives and reconnecting with their families and community. Scripps Behavioral health provides inpatient and outpatient mental health services. Psychiatric liaison services are provided at all 5 acute care Scripps hospitals and associated urgent cares. A supportive employment program is also offered to those seeking volunteer or employment opportunities.
- The Scripps drug and alcohol treatment program is nationally recognized for excellence in treatment of alcohol and drug abuse. The Division of Mental Health is a behavioral health, out-patient treatment facility for geriatric patients of the Scripps Clinic Medical Group.

Women's and Newborn Services

- Scripps delivers 10,000 babies and provides care to thousands of women needing obstetrical, routine and advanced gynecological care on an annual basis.
- Scripps offers a full spectrum of obstetrics and gynecology services throughout San Diego. The combined programs of Scripps Green Hospital and Scripps Memorial Hospital La Jolla – listed as “Scripps La Jolla Hospitals and Clinics” – are ranked among the nation's top hospitals in gynecology.
- The Women and Newborn Services Care Line creates a forum to foster development of an integrated women's clinical care line operated at multiple Scripps Health sites across the inpatient and ambulatory continuum of care. Scripps Health Prioritizes system efforts related to OB, Gynecology and NICU development.

Neurosciences

- Scripps has been recognized for high performance in Neurology & Neurosurgery by U.S. News & World Report (2013-2014)
- Scripps Memorial Hospital La Jolla was one of the first in the nation certified as a Comprehensive Stroke Center by the Joint Commission. Additionally, all four Scripps emergency rooms are certified Primary Stroke Centers.
- Our physicians lead research activities designed to find better treatments for conditions like Parkinson's, MS, and Alzheimer's.

Orthopedic/Spine

- Scripps Health Orthopedic and Spine care is committed to helping the greater San Diego community stay healthy and active. In addition to providing advanced diagnostic services, surgical and non-surgical treatments and rehabilitation care, Scripps' Physicians are also well-known leaders in the field of orthopedic surgery—locally and nationally.
- Dedicated to improving patient care and quality of life, Shiley Center for Orthopedic Research and Education (SCORE) at Scripps Clinic investigates the safety and efficacy of new technologies and therapies designed for the treatment of musculoskeletal diseases and disorders.
- Scripps Orthopedic Physicians serve as team physicians for the San Diego Padres in collaboration with internal medicine specialists at Scripps.
- Provide musculoskeletal trauma care at Scripps Mercy, a Level I trauma center, and Scripps La Jolla, a Level II trauma center.
- The combined programs of Scripps Green Hospital and Scripps Memorial Hospital La Jolla – listed as “Scripps La Jolla Hospitals and Clinics” – are ranked among the nation's top hospitals in orthopedics.

Primary Care

- Scripps Health offers a county-wide network of primary care physicians with expertise in family medicine, internal medicine and pediatrics to care for individuals at every stage of their lives.
- Full range of services includes prevention, wellness and early detection services to diagnosis and treatment of injuries, illnesses and management of chronic medical conditions.
- Scripps offers more than 2,600 primary care physicians and medical specialists in locations throughout San Diego County.

Hospice Care

- Scripps provides hospice services to the entire San Diego region.
- Hospice provides interventions that focus on comfort and quality of life and help patients to live comfortably as they approach the end of life. The care involves the patient and family and provides supportive services to meet physical, emotional and spiritual needs.
- The interdisciplinary team includes medical doctors board-certified in hospice and palliative care, nurses, social workers and a pastoral or spiritual counselor. Depending on patients' needs, they may also be assigned a home health aide, physical therapist, occupational therapist, nutritionist or volunteers.

Emergency and Trauma Medicine

- Scripps operates two of the region's five adult trauma centers, including a Level 1 trauma center at Scripps Mercy Hospital San Diego.
- Scripps recently redesigned how emergency care is delivered and became the first hospital in California to reduce the average wait time to see a physician to less than 30 minutes.
- All four Scripps Emergency Rooms are accredited stroke centers by The Joint Commission and are certified by the American Heart Association as STEMI (ST Elevation Myocardial Infarction – a severe heart attack caused by clotting of one or more arteries) receiving centers.

Governance

As a tax exempt health care system, Scripps takes pride in its service to the community. The Scripps system is governed by a 14-member, volunteer Board of Trustees. This single point of authority for organizational policy ensures a unified approach to serving patients across the region.

Organizational Foundation

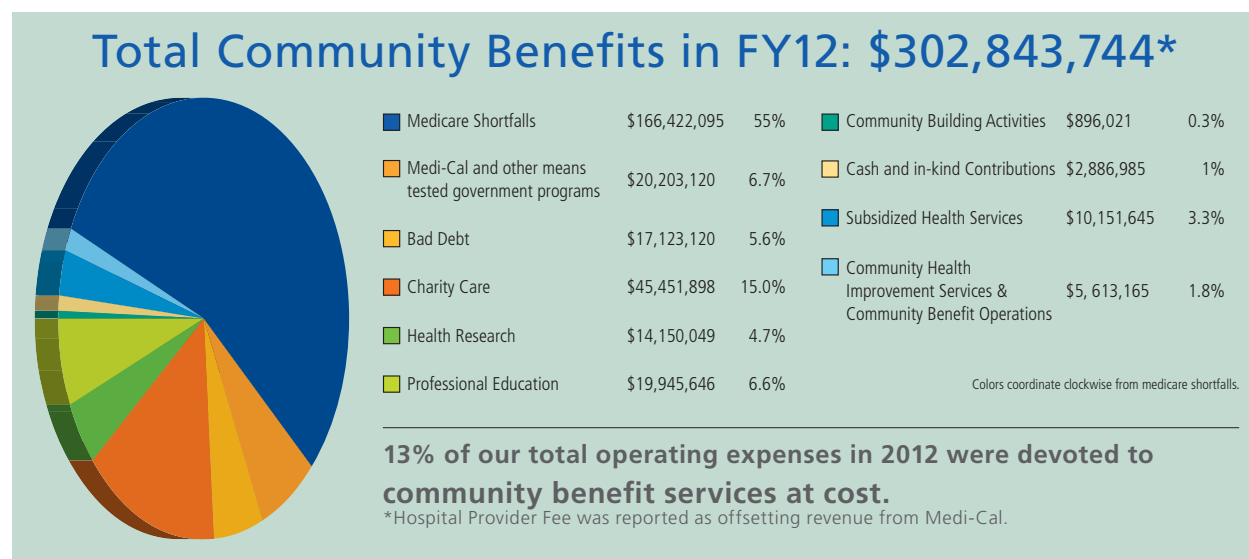
Scripps provides a comprehensive range of inpatient and ambulatory services through our system of hospitals and clinics. In addition, Scripps participates in dozens of partnerships with government and not-for-profit agencies across our region to improve our community's health. And our partnerships don't stop at our local borders. Our participation at the state, national and international levels includes work with government and private disaster preparedness and relief agencies, the State Commission on Emergency Medical Services, national health advocacy organizations and even international partnerships for physician education and training and direct patient care. In all that we do, we are committed to quality patient outcomes, service excellence, operating efficiency, caring for those who need us today and planning for those who may need us in the future.

Community Benefits

A major element of the Scripps mission is community benefit. The organization works to meet the needs of low-income uninsured and underinsured patients every day. Scripps offers community benefit services through our five acute-care hospitals, home health services, wellness centers and clinics.

Scripps Health documents and tracks its community benefit programs and activities on an annual basis. Scripps Health community benefit programs are commitments we make to improve the health of both our patients and the diverse San Diego communities. As a longstanding member of these communities, and as a not-for-profit community resource, our goal and responsibility are to assist all who come to us for care, and to reach out especially to those who find themselves vulnerable and without support. This responsibility is an intrinsic part of our mission. Through our continued actions and community partnerships, we strive to raise the quality of life in the community as a whole.

Scripps has a long-standing commitment to achieving our mission and values, with more than \$303 million devoted to local community benefit programs and services during fiscal year 2012. Community benefit is defined as programs or activities that provide treatment or promote health and healing in response to an identified community need.



Uncompensated care represented the largest portion of Scripps community benefit contributions in 2012, totaling more than \$249 million. Uncompensated care includes the following elements: under-reimbursed care by government agencies below cost, bad debt or unpaid costs for those not eligible for charity care or other third party coverage, charity care, and care for those who don't qualify for government payor programs and don't have commercial insurance.

Scripps also invested more than \$34 million in professional education and health research in fiscal year 2012, the majority of which went toward Scripps graduate medical education (GME) programs to develop and support graduate medical education. Scripps Mercy Hospital, San Diego, Scripps Green Hospital; and a family medicine program at Scripps Mercy Hospital, Chula Vista serves several hundred thousand San Diegans each year.

Last year, Scripps also supported more than \$18 million in community health services, including prevention, education and wellness programs, as well as screenings and support groups. Key activities included childhood obesity and diabetes prevention programs for underserved communities, reconstructive surgeries for children in need, cancer screenings and imaging services for low-income residents, health services for the homeless at St. Vincent de Paul Village, and a health and wellness program for seniors.

Scripps also participates in nearly 300 community events annually, offering health information, education and screenings. The Scripps Mobile Medical Unit is used at least 80 times a year to aid these efforts.

Mission, Vision and Values

Our Mission

Scripps strives to provide superior health services in a caring environment and to make a positive, measurable difference in the health of individuals in the communities we serve. We devote our resources to delivering quality, safe, cost-effective, socially responsible health care services. We advance clinical research, community health education, education of physicians and health care professionals and sponsor graduate medical education. We collaborate with others to deliver the continuum of care that improves the health of our community.

Our Values

We provide the highest quality of service.

Scripps is committed to putting the patient first, and quality is our passion. In the new world of health care, we want to anticipate the cause of illness and encourage healthy behavior for all that rely on us for service. We teach and encourage patients to participate in their care and to make well-informed decisions. We will be their advocates when they are most vulnerable. We measure our success by our patients' satisfaction, their return to health and well-being, and our compassionate care for dying patients, their families and friends.

We demonstrate complete respect for the rights of every individual.

Scripps honors the dignity of all persons. We show this by our actions toward one another and those we serve. We embrace the diversity that allows us to draw on the talents of one another. We respect and honor the cultural, ethnic and religious beliefs and practices of our patients in a manner consistent with the highest standard of care. All this is done in a compassionate setting. Our goal is to create a healing environment in partnership with all caregivers committed to serving our patients.

We care for our patients every day in a responsible and efficient manner.

Scripps serves as a major community health care resource for San Diego County and, as such, we are accountable for the human, financial and ecological resources entrusted to our care as we promote healing and wholeness. We begin from a base of excellence and collaborate with co-workers, physicians, patients, and other providers to find new and creative ways to improve the delivery of health care services. All members of our community will have access to timely, affordable and appropriate care.

Our Vision

Scripps strives to be the health care leader in San Diego and nationally by becoming:

The provider of choice for patients.

The employer of choice for the community.

The practice environment of choice for physicians, nurses and all health care professionals.

Community Health Needs Assessment

Community Health Needs Assessment (CHNA) originated from California statewide legislation in the early 1990s. SB 697 took effect in 1995, which required private non-profit hospitals to submit detailed information to the Office of Statewide Health Planning and Development (OSHPD) on their community benefit contributions. Annual hospital Community Benefit Reports are summarized by OSHPD in a Report to the Legislature, which provides valuable information for government officials to assess the care and services provided to their constituents.

As part of the community benefit reports filed, non-profit hospitals are required to conduct a CHNA every three years. This comprehensive account of health needs in the community is designed for hospitals to plan their community benefit programs together with other local health care institutions, community based organizations, and consumer groups.

In San Diego County, the long history of collaboration among hospitals, healthcare systems and community partners has resulted in successful partnership on past CHNAs. While public institutions and district hospitals do not have to report under SB 697, these institutions have become an integral part of the CHNA in San Diego County. Information is gathered through the CHNA for the purposes of reporting community benefit, developing strategic plans, creating annual reports, providing input on legislative decisions, and informing the general community of health issues and trends.

Scripps strives to improve community health through collaboration. Working with other health systems, community groups, government agencies, businesses and grassroots movements, Scripps is better able to build upon existing assets to achieve broad community health goals.

Background/Required Components of the Assessment

Scripps Health has a long history of responding to the health needs of the communities it serves, extending beyond traditional hospital care to address the health care needs of the region's most vulnerable populations. Since 1994, these programs have been created based on an assessment of needs identified through hospital data, community input, and major trends. Previous collaborations among non-profit hospitals, healthcare systems, and other community partners have resulted in numerous well regarded Community Health Needs Assessments (CHNA) reports. Click on [Charting the Course VI](#) for previous needs assessments.

The Patient Protection and Affordable Care Act ("Affordable Care Act" or "ACA") of 2010 is bringing about significant regulatory changes in the healthcare industry. Scripps Health was given the task of conducting an expanded Community Health Needs Assessment (CHNA) that met the new federal requirements.

Additional information on the ACA requirements for nonprofit hospitals can be found at www.irs.gov, keyword: "Charitable Organizations".

As a nonprofit hospital, Scripps Health is fulfilling this requirement through the development and distribution of this Assessment. While this is a federally mandated exercise, Scripps Health hopes to leverage the information collected for this report to benefit the community at-large in other future planning initiatives. The IRS also requires hospital organizations that conduct a CHNA to make the report widely available by posting it on a publicly accessible website.

Required Components of the Assessment

Per IRS requirements, there are five components the CHNA must include:

- A description of the community served by the health system and how it was determined.
- A description of the processes and methods used to conduct the assessment.
- A description of how the hospital organization took into account input from persons who represent the broad interests of the community served by the hospital facility.
- A prioritized description of all of the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs.
- A description of the existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.

Implementation Strategy

With the Assessment complete and health priority areas identified, Scripps Health will develop a corresponding Implementation Strategy—a multi-faceted, multi-stakeholder plan that addresses the community health needs identified in the CHNA. The Implementation Strategy translates the research and analysis presented in the Assessment into actual, measurable strategies and objectives that can be carried out to improve community health outcomes.

Implementation Workgroup

Scripps Health convened an internal workgroup comprised of Scripps executives, Community Benefit representatives and Clinical Care Line leaders to lead the development of the Scripps Health Implementation Plan. Those individuals are listed in [Appendix A](#).



SECTION

II

Executive Summary

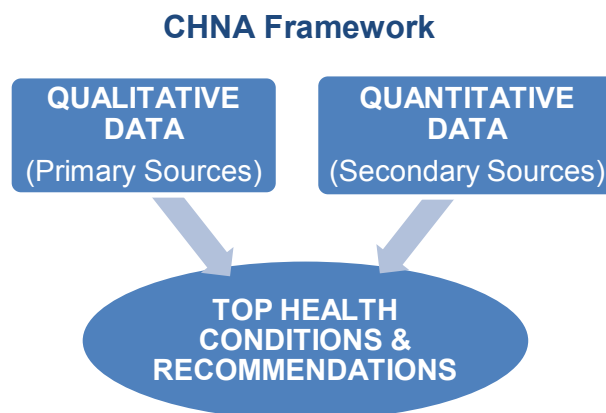
Grounded in a longstanding commitment to address community health needs in San Diego, seven hospitals and healthcare systems came together under the auspices of the Hospital Association of San Diego and Imperial Counties (HASD&IC) to conduct a triennial Community Health Needs Assessment (CHNA) that identifies and prioritizes the most critical health-related needs of San Diego County residents. Participating hospitals will use the findings to guide their community programs and to meet IRS regulatory requirements that not for profit (tax exempt) hospitals conduct a health needs assessment in the community once every three years.

Per guidance from an advisory group of hospital representatives, HASD&IC contracted with the Institute of Public Health (IPH) at San Diego State University to design and implement the CHNA. The IPH employed a rigorous methodology using both community input (primary data sources) and quantitative analysis (secondary data sources) to identify and prioritize the top health conditions in San Diego County.

San Diego County is a socially and ethnically diverse community with a population of 3.2 million people. Although the study area for this CHNA is the entire County, each hospital has the ability to use the county-wide findings or adapt the findings to reflect the communities they serve, as much of the data is available at zip code level.

In order to prioritize the community health needs, the IPH developed a methodology that included both qualitative and quantitative data sources. Quantitative data included hospital discharge data, statistics from the San Diego County Health and Human Services Agency, the US Census Bureau, the Centers for Disease Control, and others. The IPH also sought direct input from the community through an electronic survey to health experts and community leaders, key informant interviews, and community forums.

HASD&IC 2013 CHNA Framework



Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, the IPH used the Dignity Health Community Need Index (CNI) to identify communities with the highest level of health disparities and needs. These high need regions were selected as locations for the community forums.

San Diego County Community Health Needs

When the IPH combined the results of all the data and information gathered, four conditions emerged clearly as the top community health needs in San Diego County (in alphabetical order):

- Cardiovascular Disease
- Diabetes (type 2)
- Mental/Behavioral Health
- Obesity

The IPH then assimilated all the community input (survey respondents, key interviewees, community forum participants) into five broad categories of recommendations for hospitals to improve community health:

- Access to Care or Insurance
- Care Management
- Education
- Screening Services
- Collaboration

This document provides a high-level summary of the HASD&IC 2013 CHNA methodology and findings. Upon completion of the HASD&IC 2013 CHNA process, the IPH created a CHNA Toolkit with in-depth information and data that participating hospitals and healthcare systems could use to evaluate the health needs of their patients and determine, adapt, or create programs at their facilities. Links throughout this document allow interested parties, including participating hospitals and healthcare systems and members of the community, a mechanism to access the full spectrum of information relative to the development of the HASD&IC 2013 CHNA.



SECTION



Community Served

Scripps serves the entire San Diego county region with services concentrated in North Coastal, North Central, Central and Southern region of San Diego. Community outreach efforts are focused in those areas with proximity to a Scripps facility. Scripps hosts, sponsors and participates in many community-building events throughout the year.





SECTION
IV

Who Was Involved in the Assessment

Collaborators, Community Involvement and Consultants

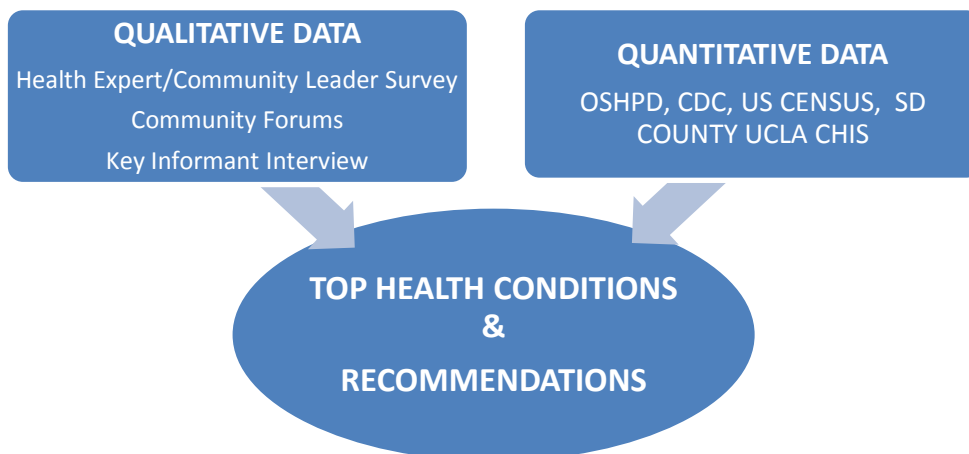
Hospitals and healthcare systems in San Diego County have a long history of responding to health needs in the communities they serve. This commitment extends beyond traditional hospital care to community health programs that provide services to the region's most vulnerable populations. Community health programs are created based on an assessment of needs identified through hospital data, community input, and major trends (national, state and local statistics). Previous collaborations among not for profit hospitals and other community partners have resulted in numerous well regarded Community Health Needs Assessment (CHNA) reports.



Beginning in late 2012, non-profit and district hospitals embarked on an 8 month process, facilitated by the Hospital Association of San Diego and Imperial Counties (HASD&IC), to complete a hospital focused CHNA with three main components:

1. County-wide data, including publicly available hospital discharge data, which can be broken down by zip code to allow for scalable measures and the development of customizable regional reports.
2. In depth community and health expert feedback collected through research proven strategies.
3. Guidance for hospital development of programs to meet the needs of patients and the community—both County wide and in targeted regions.

CHNA Framework



HASD&IC staff worked with a CHNA Advisory Workgroup comprised of representatives appointed by the seven participating hospitals and healthcare systems. A Request for Proposal process began in May 2012, and the CHNA Advisory Workgroup selected the Institute for Public Health (IPH) at San Diego State University (SDSU) to provide assistance in the implementation and interpretation of a community health needs assessment (CHNA).

Beginning in September 2012 with completion in April 2013, the IPH managed the design, implementation and interpretation of the CHNA process. Participating hospitals and healthcare systems were all represented in the CHNA Advisory Workgroup:

- Kaiser Permanente San Diego
- Palomar Health
- Rady Children's Hospital – San Diego
- Scripps Health
- Sharp HealthCare
- Tri-City Medical Center
- University of California San Diego Health System



Community Involvement: Summary of Survey Respondents

The CHNA survey collected data from health experts and leaders with a wide range of expertise and knowledge. There was a broad representation of several types of organizations including non-profits and community based organizations, health care providers, and community health centers. Participants reported extensive knowledge on the different vulnerable populations in San Diego as well as experience working in all six San Diego county regions. Please see [Table A](#) for a full list of the broad categories and the frequency with which the participants responded. Click [here](#) for the full list of survey respondents' names, organization, and titles.

Table A. Description of the Health Experts and Leaders Who Participated in the CHNA Survey

Type of Organization of Current Position	Frequency
Healthcare Consumer Advocate	17
Non-profit Organization	56
Academic Expert	13
Local Government Official	1
Community Based Organization Focused on Health Issues	28
Private Business	1
Health Insurance and Managed Care Organizations	2
Health Care Provider	33
Community Health Center	17
Provider Focused on Medically Underserved, Low-income, Minority Groups	22
Expert Knowledge on Vulnerable Populations	
Low-income	84
Medically Underserved	75
Minorities	76
People with Chronic disease	50
Others	23
Regions Participants have experience working in	
All Regions	26
North Coastal	40
North Inland	46
North Central	45
Central	63
South	54
East	46

Key Informant Interviews

Health experts who had a deep understanding of issues affecting San Diego as a region were identified by the CHNA Workgroup. Face-to-face or phone interviews were conducted with five key informants between January 11th and February 14th of this year. Please see [Table B](#), page 32 for a description of key informants. The top health concerns identified by the key informants were:

- | | |
|--------------------------|--------------|
| 1. Obesity | 5. Asthma |
| 2. Cardiovascular Health | 6. Cancer |
| 3. Diabetes | 7. Back Pain |
| 4. Mental Health | |

Community Forums

Community forums were conducted in El Cajon, Oceanside, Escondido, San Ysidro, regions identified as high risk in community needs index, between February 2nd and March 27th of this year. Participants for each forum were recruited by a regional workgroup comprised of HASD&IC staff and hospital representatives or by collaborating with a community organization or group. A total of 106 community residents participated in the forums. Please see [Table C](#), page 33 for details about participation in the forums.

Consultants

Per guidance from an advisory group of hospital representatives, HASD&IC contracted with the Institute of Public Health (IPH) at San Diego State University to design and implement the CHNA. The IPH was founded in 1992 and functions as an Institute of the Graduate School of Public Health in the College of Health and Human Services at SDSU. The biographies of the consultants involved are listed in [Appendix B](#).



SECTION

V

Approach, Methodology and Results

CHNA Objective

The objective of the Hospital Association of San Diego and Imperial Counties 2013 Community Health Needs Assessment (HASD&IC 2013 CHNA) was to identify and prioritize health issues and health needs in San Diego County. Participating hospitals and healthcare systems will use the CHNA information to guide and inform their community health programs; some will also use the CHNA to develop individual reports and community benefit implementation plans as required by state and federal law.

The HASD&IC 2013 CHNA responds to IRS regulatory requirements that not for profit (tax-exempt) hospitals conduct a health needs assessment in the community once every three years. Although only not for profit 501(c)(3) hospitals and health systems are subject to state and IRS regulatory requirements, the HASD&IC 2013 CHNA collaborative process also included district hospitals who are not subject to the federal requirement, but are deeply engaged in the communities they serve. The findings from this process are designed for hospitals and healthcare systems to plan community health programs internally, as well as together with other health providers, community based organizations, and consumer groups.

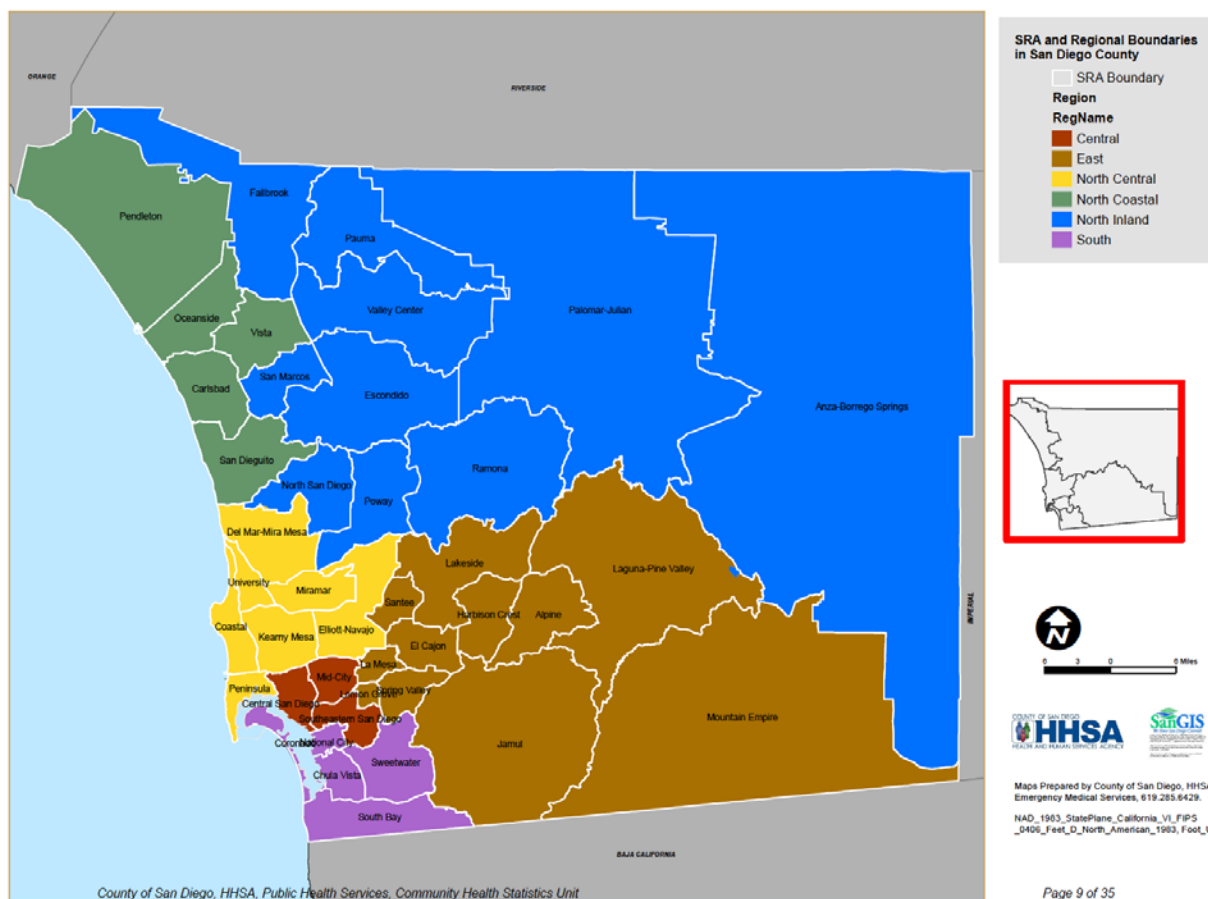
Purpose of this Document

This document provides a high-level summary of the HASD&IC 2013 CHNA methodology and findings. Upon completion of the HASD&IC 2013 CHNA process, the IPH created a CHNA Toolkit with in-depth information and data that participating hospitals and healthcare systems could use to evaluate the health needs of their patients and determine adapt or create programs at their facilities. Links throughout this document allow interested parties, including participating hospitals and healthcare systems and members of the community, a mechanism to access the full spectrum of information relative to the development of the HASD&IC 2013 CHNA.

The detailed IPH documents regarding the methodology, collected data, and findings are available in the CHNA Toolkit. Click [here](#) to review the full summary, including the CHNA Toolkit.

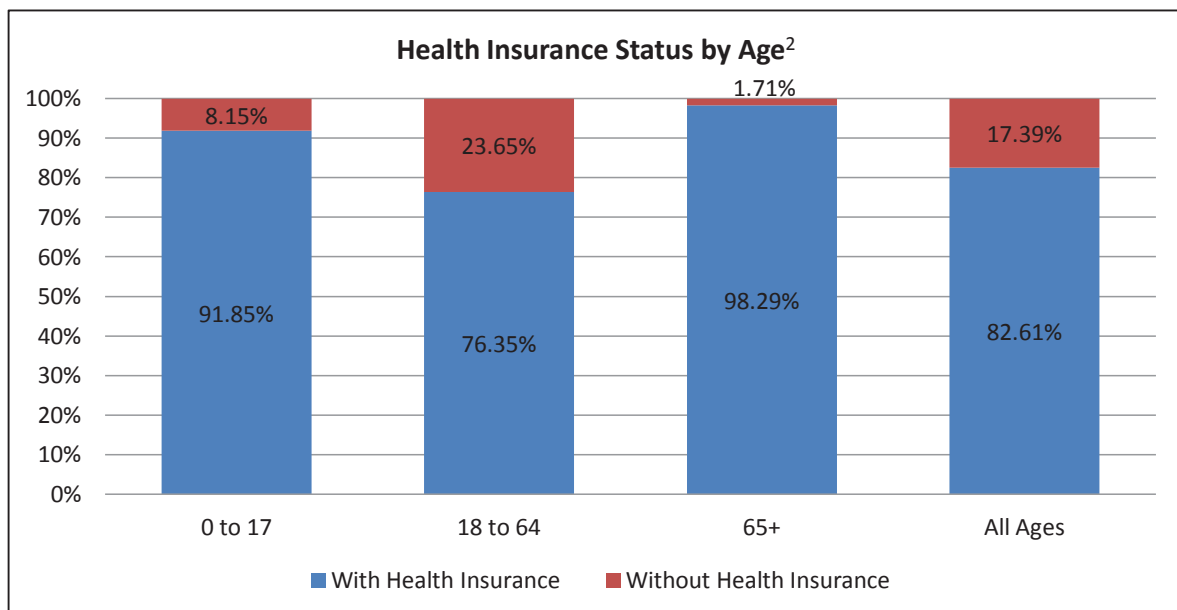
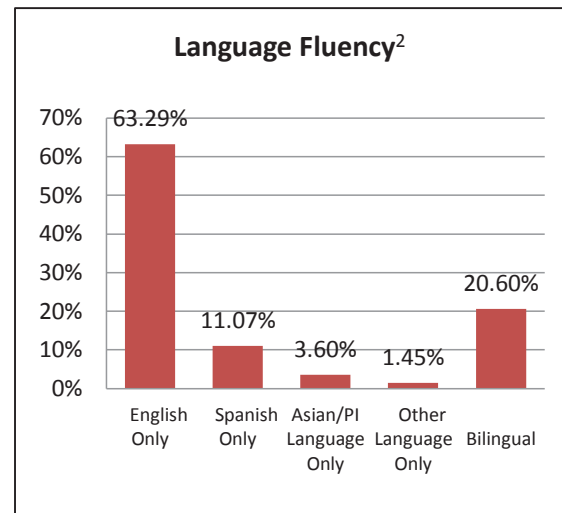
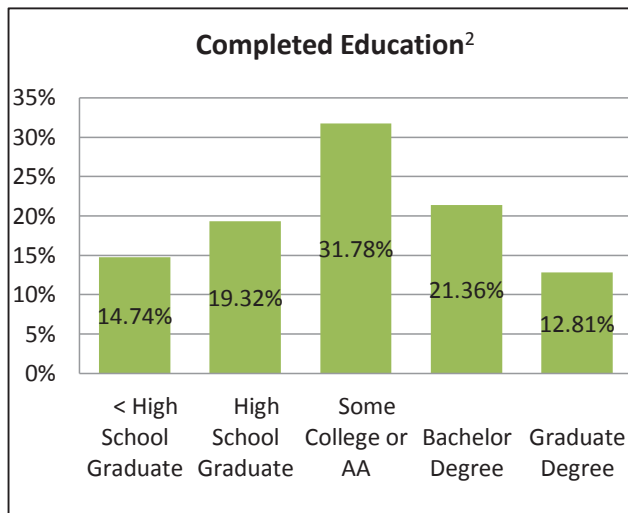
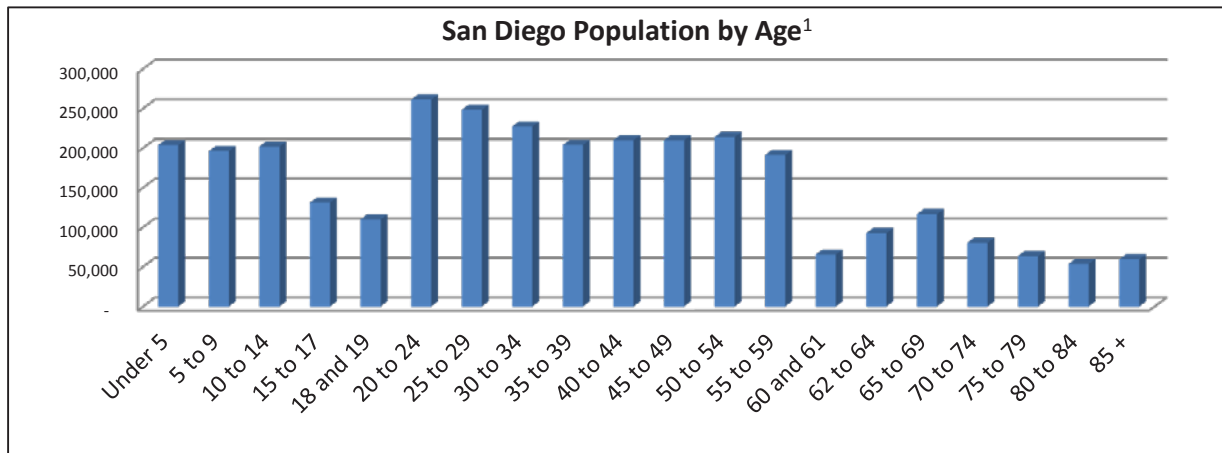
Study Area

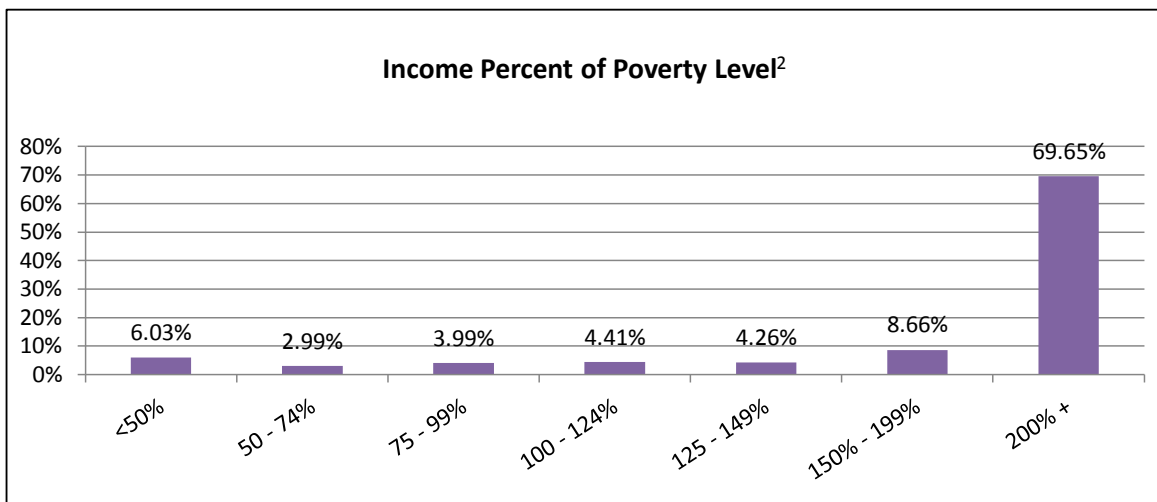
The study area for this collaborative Community Health Needs Assessment is the County of San Diego, which is an international border community, composed of 3.2 million people (50.16% female, 49.84% male), representing multiple ethnic groups. It is geographically dispersed across 4,207 square miles of land. San Diego County is included in its entirety in the U.S. Census San Diego-Carlsbad-San Marcos, CA Metropolitan Statistical Area.



A clearer image of this map can be viewed [here](#).

The following charts display demographic information of San Diego County residents:





As indicated in the charts, San Diego is both a socially and ethnically diverse population. In 2011, 22.76% of the population was foreign-born, 10.62% of which were considered Naturalized Citizens². While a majority of San Diego County residents' income is above the poverty level, in 2011, 5.27% of families with children and 3.97% households without children required assistance via food stamps (SNAP) benefits². In addition, 14.91% of families with children and 2.45% of households without children utilized the Cash Public Assistance program².

In order to provide community level data on the health needs across this large and diverse county, data was analyzed at the ZIP code level whenever possible.

References

1 SANDAG <http://profilewarehouse.sandag.org/profiles/est/reg999est.pdf>

2 San Diego County Health and Human Services Agency Community Health Statistics Unit, Demographics Profiles available at: http://www.sdcounty.ca.gov/hhsa/programs/phs/community_health_statistics/index.html#RegionalCommunityData

Community Prioritization Process (CHNA Methodology)

The IPH employed a six step methodology to assess community health needs in San Diego County. Click on each step for the detailed description. (Graphic adapted from [IPH document](#))

CHNA Methodology

Step 1:

Analyze Quantitative Data Sources

- Evaluated quantitative data using hospital discharge data from inpatient, emergency department, and ambulatory care; as well as other county, state and federal data sources..

Step 2:

Identify Health Conditions Affecting Hospital Patients

- Identified 15 health conditions that are measurable, prevalent, disproportionately impact vulnerable communities, reflect a Countywide need, and can be addressed by hospitals.

Step 3:

Identify Vulnerable Communities

- Determined the health vulnerability of every zip code in San Diego County through use of the Community Need Index (CNI) data.

Step 4:

Identify Health Drivers

- Developed list of 26 health drivers through a review of public health literature and other national CHNA resources.

Step 5:

Collect and Analyze Primary Data

- Gathered and analyzed Community Input (Qualitative & Primary Data) collected data through an Electronic Survey, Key Informant Interviews, and Community Forums.

Step 6:

Identify and Prioritize Health Conditions

- Combined results from all data collection methods to identify the top health conditions, as well as recommendations to address them.

Click [here](#) to read the IPH Methodology Summary

Findings from Analysis of Hospital Discharge Data & Other Health Data

Step 1 - Analyze Quantitative Data Sources (Secondary Data)

Step 2 - Identify Conditions Affecting Hospital Patients

The first step in the CHNA process was to analyze numerous sources of quantitative data. The IPH reviewed hospital discharge data by diagnosis, using data from inpatient, emergency department, and ambulatory care from all hospitals and healthcare systems within San Diego County. Because hospital data is not representative of all the health conditions present in the community, the IPH used additional data sources including the San Diego County Health and Human Services Agency Community Health Statistics Unit, the UCLA California Health Interview Survey (CHIS), Community Commons, County Health Rankings, Centers for Disease Control and Prevention (CDC), the Behavioral Risk Factor Surveillance System (BRFSS) and others.

In order to provide a similar base level of information on each of the health conditions, the IPH created detailed briefs on each of the health conditions. The briefs were later provided as background information to electronic survey participants (details in [Step 5](#)).

Click [here](#) to view the health condition briefs.

Primary Data vs. Secondary Data

Primary data is collected by the investigator during a study or project. In this CHNA, the information collected through the Electronic Survey, the Community Forums, and the Key Informant Interviews is considered primary data.

Secondary data is information collected by someone other than the user (data that is already available). Secondary Data is essential in most studies due to resource constraints and the need to have past information for comparison purposes. In this CHNA, the IPH used secondary quantitative data, including: OSHPD data, CDC data, County mortality data, etc.

Health Conditions	
1. Acute Respiratory Infections	9. High Risk Pregnancy
2. Asthma	10. Lung Cancer
3. Back Pain	11. Mental Health/Mental Illness
4. Breast Cancer	12. Obesity
5. Cardiovascular Disease	13. Prostate Cancer
6. Colorectal Cancer	14. Skin Cancer
7. Dementia and Alzheimer's	15. Unintentional Injuries
8. Diabetes (type 2)	

The Community Need Index

Step 3 – Identify Vulnerable Communities

The IPH used the Dignity Health/Truven Health Community Need Index (CNI) to identify vulnerable communities within San Diego County. The CNI identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable hospitalizations. Click [here](#) for detailed description of CNI.

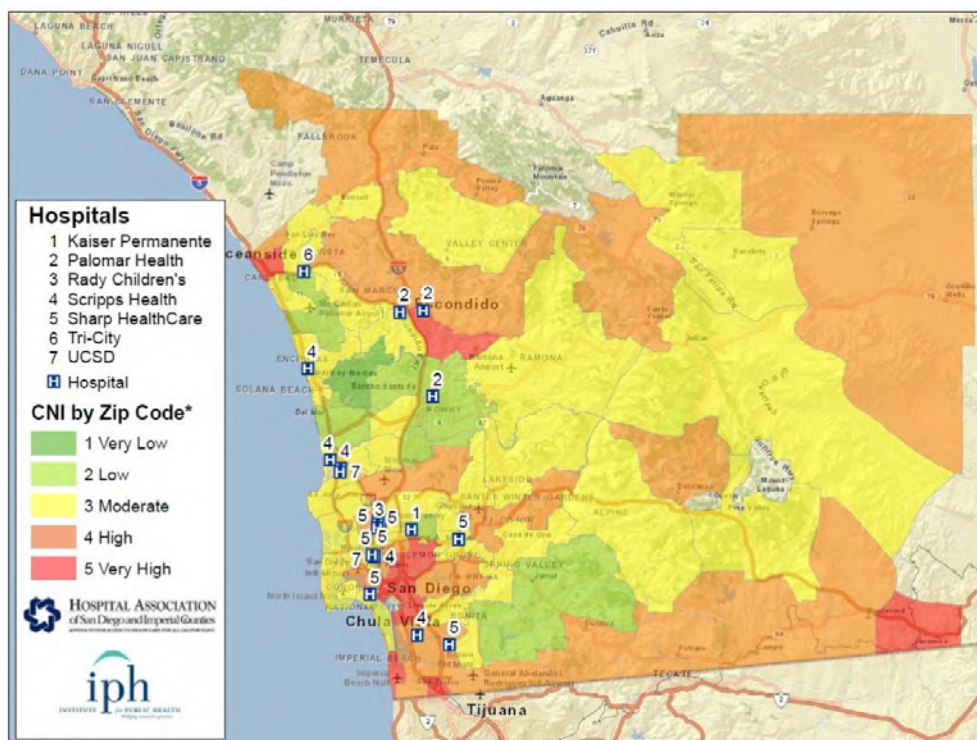
We want to acknowledge and thank Dignity Health/Truven Health for creating and sharing this tremendous resource and tool, which is now available to the public:

http://www.dignityhealth.org/Who_We_Are/Community_Health/STGSS044508

The IPH used Dignity Health's CNI to analyze and map all zip codes in San Diego County by their CNI score and to identify high-risk neighborhoods and communities. The IPH and CHNA Advisory Workgroup then identified five communities with the highest CNI scores (highest levels of health disparity and need) as target regions for community forums. (More details in [Step 5](#)) Click below for CNI maps of SD County or the six HHSA regions.

CNI Maps

- [San Diego County](#)
- [North Coastal Region](#)
- [North Inland Region](#)
- [East Region](#)
- [North Central Region](#)
- [Central Region](#)
- [South Region](#)



Incorporating Other Factors that Contribute to Poor Health Outcomes

Step 4 – Identify Health Drivers

Data on reported health conditions only represent the manifestation of poor health, and do not include the socioeconomic factors that often contribute to individual and community health. In order to broaden the analysis, the IPH and the CHNA Advisory Workgroup compiled a list of 26 commonly examined health drivers known to contribute to poor health outcomes. The list was developed based on information provided through two publicly available tools that were developed with extensive research:

- Community Commons - Community Health Needs Assessment (CHNA), <http://assessment.communitycommons.org/CHNA/>
- Kaiser Permanente's CHNA data platform, <http://www.chna.org/kp/>

The identified health drivers were categorized into four overarching categories. Click [here](#) for the full list. Electronic survey respondents were asked to associate these health drivers with the 15 health conditions. (See more in [Step 5](#))

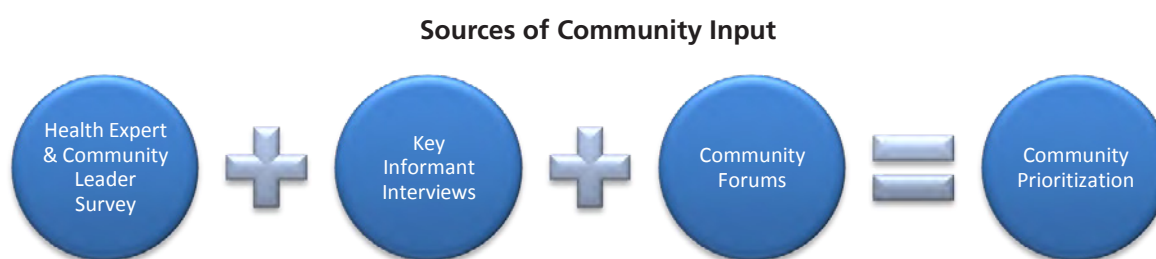
Modifiable Health Drivers Associated with Poor Health Outcomes



Health Expert, Community Leader and Resident Feedback

Step 5 – Collect and Analyze Primary Data Sources

The IPH and CHNA Advisory Workgroup sought feedback from community leaders, health experts, and residents in vulnerable communities. This was done through three methods: an electronic survey for community leaders and health experts, key informant interviews, and community forums for residents in vulnerable communities throughout San Diego County. Click [here](#) for the IPH complete summary on Primary Data.



Health Expert and Community Leader Electronic Survey

Using the list of 15 health conditions and 26 health drivers, the IPH and CHNA Advisory Workgroup developed an electronic survey that would ask community leaders and health experts to help prioritize health conditions that meet the following requirements:

- Can be measured with current, high quality data;
- Have a significant prevalence in the community;
- Disproportionately impact vulnerable communities;
- Reflect a need that exists throughout San Diego County and
- Can be addressed in some way by hospitals and healthcare systems and healthcare systems and health systems.

(Above list based on [IPH Prioritization Methodology](#))

The survey also provided respondents with the opportunity to identify additional health conditions or health drivers that may have been overlooked. Eighty-nine people completed the entire survey. The results are discussed in [Step 6](#).

Click [here](#) to see a non-electronic version of survey (includes questions used in electronic survey).

The survey generated a very large data set; please contact HASD&IC if you would like to see more detail.

Key Informant Interviews

The IPH completed five Key Informant Interviews (list of interviewees below). HASD&IC and the participating hospitals were very grateful that each of these experts agreed to share their perspectives. The purpose of the Key Informant Interviews was to:

- Gather more in-depth understanding of the health conditions most affecting San Diego.
- Aid in the process of prioritizing health conditions.
- Make connections between the health conditions and associated health drivers.
- Gain information about the system or policy changes that could potentially impact health conditions.
- Get health conditions specific recommendations as well as overall recommendations.

Key Informant Interviews (Table B)

Name	Description of Leadership	Description of Expertise	Groups they Represent	Date of Interview
Wood, Christine M.D.	Co-Chair of the Childhood Obesity Initiative, Advisory Committee for Local Chapter 3 American Academy of Pediatrics	Chronic Disease, Obesity	Population with chronic diseases	1/11/2013
Dunford, James, M.D.	Head of San Diego City Emergency Medical Services, Professor Emeritus, School Of Medicine, UC San Diego	Chronic Disease, Injury	Low income, medically underserved, minority population, population with chronic diseases	1/23/2013
Hanger, Philip, Ph.D.	Clinical Psychologist, Vice President of Clinical Services at Mental Health Services, Former Head of SD County Behavioral Health Department & Manager of Low Income Health Program	Mental/ Behavioral Health	Low income, medically underserved, minority population, population with chronic diseases	1/31/2013
Knoll, Greg, Esq.	Executive Director/Chief Counsel for Legal Aid Society of San Diego, Inc., Executive Director of Legal Aid Society's Consumer Center for Health Education and Advocacy, Chair, Healthy San Diego		Low income, medically underserved, minority population,	2/7/2013
Wooten, Wilma, M.D., M.P.H.	Public Health Officer for the County of San Diego Health and Human Services Agency	Chronic Disease	Low income, medically underserved, minority population, population with chronic diseases	2/14/2013

Community Forums

The IPH conducted five community forums with local residents who are not affiliated with hospitals. The purpose of the community forums was to gain resident's perspective on the own health needs of their communities, identify health conditions most affecting their communities, and identify community recommendations on how hospitals could help to meet their health needs. In order to ensure unbiased community feedback, neither HASD&IC nor the participating hospitals attended.

Community Forums (Table C)

City	Region	Date	Time	# of participants
El Cajon	East	2/2/2013	1:00-2:30 pm	58
Oceanside	North Coastal	2/8/2013	5:30-8:00 pm	8
Escondido	North Inland	2/12/2013	3:30-5:00 pm	11
Logan Heights	Central	2/26/2013	5:00-6:30 pm	12
San Ysidro	South	3/27/2013	5:30-7:00 pm	17

The results are discussed in [Step 6](#). Click [here](#) for the list of Questions Asked at Community Forums and the CNI Data that was provided to Community Forum participants.

Results

Step 6 – Identify & Prioritize 3-5 Health Conditions



When the results of all of the data and information gathered were combined, four conditions emerged clearly as the top community health needs in San Diego County (in alphabetical order):

1. Cardiovascular Disease
2. Diabetes (type 2)
3. Mental/Behavioral Health
4. Obesity

[Table D](#), [Table E](#), [Table F](#) and [Table G](#) below show in greater detail how the Health Expert and Community Leader Electronic Survey Respondents, Key Informant Interviewees and Community Forum participants prioritized the health conditions.

# Rank	Table D* Health Expert & Community Leader Survey Ranking of Health Conditions
1	Diabetes (type 2)
2	Obesity
3	Cardiovascular Disease
4	Mental/Behavioral Health
5	Unintentional Injury
6	High Risk Pregnancy
7	Asthma
8	Dementia & Alzheimer's Disease
9	Breast Cancer
10	Acute Respiratory Infections/Pneumonia
11	Back Pain
12	Colorectal Cancer
13	Lung Cancer
14	Prostate Cancer
15	Skin Cancer

# Rank	Table E* Key Informant Interviews Ranking of Health Conditions
1	Mental/Behavioral Health
1	Obesity
2	Cardiovascular Disease
2	Diabetes (type 2)
3	Acute Respiratory Disease
4	Asthma
4	Back
4	Cancer (general)

# Rank	Table F* Community Forums Ranking of <u>Adult</u> Health Conditions
1	Obesity
2	CVD, heart disease
2	Mental health
3	Alzheimer's/Dementia
3	Diabetes

# Rank	Table G* Community Forums Ranking of <u>Child</u> Health Conditions
1	Obesity
2	Asthma
2	Diabetes
2	Mental Health

*Explanation of Health Condition Prioritization Tables

Please see the [IPH Methodology](#) for a more in-depth description.

Table D Health Expert and Community Leader Electronic Survey Ranking

These rankings reflect scores from the matrix methodology used by IPH to analyze the electronic survey responses. The IPH found a very dramatic break in the data, with the top four conditions scoring significantly higher than the next highest health condition. (Full scores available [here](#).) Please contact HASD&IC if you would like to see the entire database of scoring calculations.

Table E Key Informant Interviews Ranking

The five interviewees were given the list of 15 health conditions, and asked the following question: "From your perspective, which of the following are the most pressing health

issues for San Diego?” The IPH calculated these rankings by reviewing the individual Key Informant Interview summaries (confidential documents) and noting which health conditions were identified in each interview. Health conditions that were mentioned in one interview were given one point, health conditions that were mentioned at two interviews were given two points, etc. The totals for each health condition were then ranked 1-5, with 1 being the highest priority (emphasized or addressed by the most interviewees).

Table F Community Forums ADULT Ranking & Table G Community Forums CHILDREN Ranking

Community Forum participants at each forum were not given the list of 15 health conditions, but were asked the following question: “What are the five most important health issues for adults and five most important health issues for children in your community?” These rankings were calculated by reviewing the community forum summaries (located in the CHNA Toolkit) and documenting which health conditions were mentioned at each forum. Health conditions that were mentioned at one forum were given one point, health conditions that were mentioned at two forums were given two points, etc. The totals for each health condition were then ranked 1-5, with 1 being the highest priority (mentioned at the most community forums).

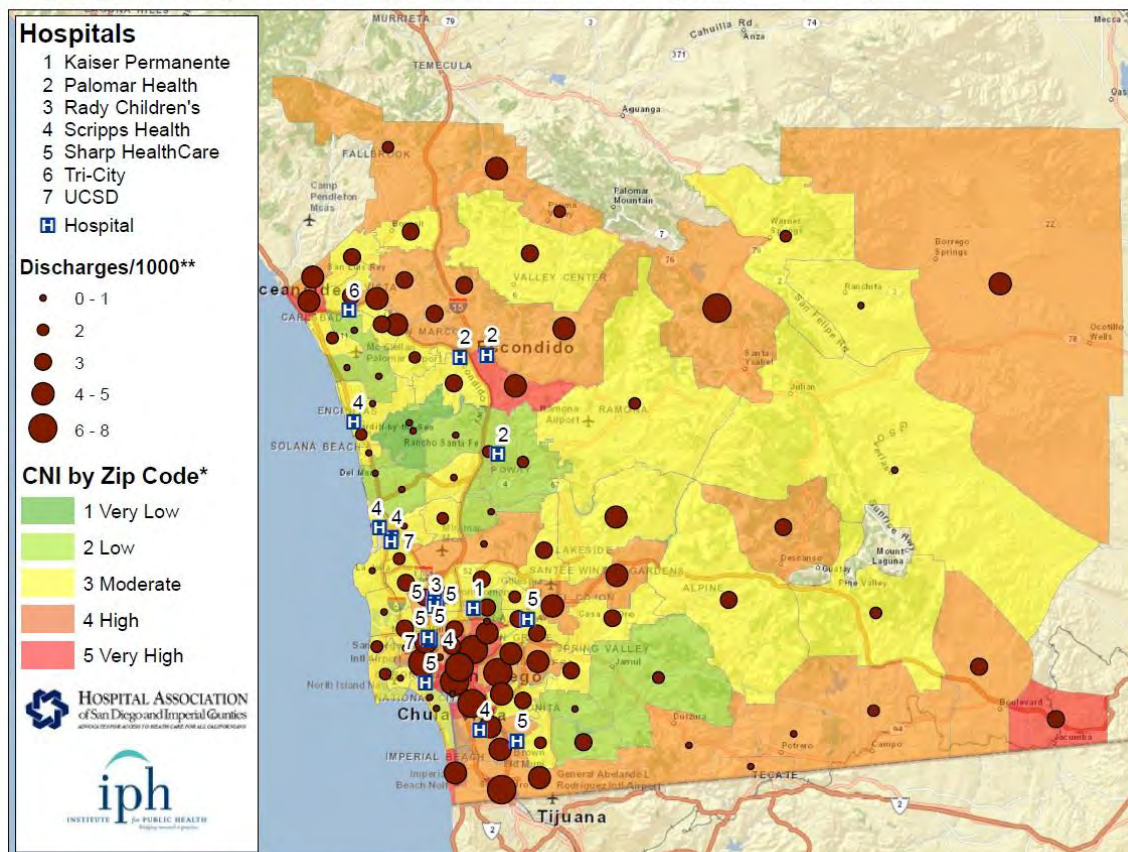
GIS Mapping – Overlaying Discharge Rates with Information about High Need Communities

The IPH created an array of maps that overlay the CNI zip code level data with hospital discharge data (when possible). The County level CNI maps are included in the CHNA Toolkit. In addition to these maps, the IPH generated regional maps with age adjusted discharge rates (overlaying the CNI data (both at zip code level) for the following health conditions:

- Cardiovascular Disease
- Diabetes (type 2)
- Mental/Behavioral Health
- Unintentional Injury

**note-there is no hospital discharge data available for obesity*

Community Need Index*, San Diego County, 2011, Type 2 Diabetes Discharge Rates Per 1,000 Population**



Data Source: *Dignity Health; **OSHPD, SpeedTrack, Inc. Basemap: © 2013 NAVTEQ. All rights reserved.

Community Recommendations to Address Health Conditions

The IPH assimilated all the community input (survey respondents, interviewees, community forums participants) regarding health drivers and ways hospitals could improve community health into five broad recommendation categories. Because each method of obtaining community input was different, the results cannot be combined numerically. However, the IPH did analyze the results in order to determine the following, separated by source of community input:

- The relative importance of each recommendation (shown by a numerical ranking), and
- The association/alignment of each recommendation with the top four health conditions.

Detailed results are available in the CHNA toolkit, but the highlights are summarized in the tables below.

1. Access to Care or Insurance

Most often this was described as access to primary care physicians and referral, and/or increased availability of insurance coverage.

“Continue to assist patients who qualify for health insurance. Advocate for improved coverage for patients. Connect patients to a medical home. Improve care transitions with medical home.” --electronic survey respondent

Table H [^] ACCESS TO CARE OR INSURANCE			
	Electronic Survey	Community Forum	Key Informant Interview
Rank* <i>Scale of 1- 5</i> <i>1 =- highest priority</i> <i>5 =- lowest priority</i>	2	3	4
Strength of Recommendation and/or Alignment with Health Conditions**	Respondents aligned Access to Care/ Insurance with each of the top 4 conditions. The strongest alignment was with Type II Diabetes and Mental Health/Mental Illness.	Community members at every forum made this recommendation. It was the strongest recommendation from Escondido participants.	Key Informants aligned Access to Care/ Insurance with Cardiovascular Disease and Mental Health/Mental Illness.

2. Care Management

This category included multiple types of programs that would ensure better care management and communication between healthcare providers and patients including outreach workers, promotoras, navigators, translators, culturally competent advocates, etc. This type of care management was described as being needed for both prevention and treatment services.

“Align with primary care providers to provide care coordination on related health issues”

“Patient navigators to follow up with patients after hospital visits”
— electronic survey respondents

Table 1^ CARE MANAGEMENT			
	Electronic Survey	Community Forum	Key Informant Interview
Rank* Scale of 1- 5 1 =- highest priority 5 =- lowest priority	1	2	1
Strength of Recommendation and/or Alignment with Health Conditions**	Respondents aligned Care Management with each of the top 4 conditions. The strongest alignment was with Mental Health/Mental Illness and Type II Diabetes.	Community members at every forum emphasized this recommendation.	Every Key Informant emphasized Care Management and there was strong alignment with Mental Health/Mental Illness in particular. Care Management was the strongest overall recommendation.

3. Education

Under this broad category were suggestions that related to how best to educate patients about prevention or about their health condition, e.g. items were mentioned such as literature written in their language in a culturally competent way, small educational classes, health fairs, etc.

“Health information and authorization materials available at low literacy levels”

“Improved health literacy strategies; i.e., stronger methods of communication to patients about how to best care for themselves upon discharge.”

— electronic survey respondents

Table J [^] EDUCATION			
	Electronic Survey	Community Forum	Key Informant Interview
Rank* Scale of 1- 5 1 =- highest priority 5 =- lowest priority	3	1	3
Strength of Recommendation and/or Alignment with Health Conditions**	Respondents aligned Education with each of the top 4 health conditions. The strongest alignment was with Type II Diabetes.	This was the strongest recommendation from the Community Forums. There was a particular emphasis on the need for Education at the El Cajon and San Ysidro Forums. In both cases that was the strongest recommendation.	Every Key Informant mentioned Education. The strongest alignment was with Obesity. Education was also emphasized as an overall recommendation.

4. Screening Services

The need for additional screening was expressed for a number of different conditions including cancer and heart disease.

“Hospitals are not primary care providers, however, they are often accessed as such by a particular section of our population. Screening for cancer would help prevent the patient from presenting only when there are symptoms.”

— electronic survey respondent

Table K ^ SCREENING SERVICES			
	Electronic Survey	Community Forum	Key Informant Interview
Rank* Scale of 1- 5 1 =- highest priority 5 =- lowest priority	5	5	5
Strength of Recommendation and/or Alignment with Health Conditions**	Respondents aligned Screening Services with Type II Diabetes and Mental Health/Mental Illness.	This recommendation was raised at two Community Forums: Escondido and Oceanside.	Not all of the Key Informants mentioned Screening Services; and it was not an overall recommendation.

5. Collaboration

Collaboration to prevent fragmented health-care was a frequently mentioned need throughout all documented responses. The theme of collaboration was noted across several levels, including collaboration between hospitals and health-care systems, clinics, community members, and advocacy groups, in order to enhance opportunities for education and care management activities.

Table L^ COLLABORATION			
	Electronic Survey	Community Forum	Key Informant Interview
Rank* <i>Scale of 1- 5</i> <i>1 =- highest priority</i> <i>5 =- lowest priority</i>	4	4	2
Strength of Recommendation and/or Alignment with Health Conditions**	Many respondents mentioned the need for collaboration in their open responses.	Community members at the Logan Heights and Oceanside Community Forums emphasized Collaboration.	Key Informants most strongly aligned Collaboration with Mental Health/Mental Illness and Obesity. It was also strongly emphasized as an overall recommendation.

“Work with community partners to establish standardized protocols for at risk and individuals with chronic conditions.”

— electronic survey participant

^Explanation of Community Recommendation Tables (Tables H, I, J, K & L)

Detailed results are in the [IPH Primary Data Summary Results](#) and in the [IPH Individual Community Forum Results](#)

Electronic Survey: This column provides information on the responses collected through the Community Leader and Health Expert electronic survey. The rankings were calculated by the IPH using a matrix methodology. Respondents entering the survey based on the selection of health drivers were able to associate each driver with a specific health conditions. Respondents entering based on the selection of health conditions provided feedback on health drivers and recommendations through open responses. The IPH categorized all the feedback in the five categories of recommendations.

Community Forum: This column provides information on the input given at the five regional community forums. Totals were calculated by placing key concepts/statements from forum participants into one of the five categories. For example, statements such as “more informational pamphlets” or “classes on how to read nutritional labels” were placed under “Education.”

Key Informant Interview: This column provides information on the responses from the five key informant interviewees. Totals were calculated by placing key concepts/statements from key informant interviews into one of the five categories. For example, statements such as “training for community initiatives” were placed under “Education”, while “partnerships between funding agencies and community resources” were placed under “Collaboration.”



SECTION
VI

Community Assets and Resources

Kaiser Permanente San Diego, in partnership with the CHNA Advisory Workgroup and the IPH, developed a comprehensive list of community assets on the 15 prioritized health conditions and is generously making the list available to other hospitals and community partners. Click [here](#) for the full list.

Note: Please note this is a survey of local assets and is not an exhaustive list of those resources available in San Diego County. The resources were gathered based on responses to a question in the electronic survey asking the health experts and community leaders to provide information on assets for each condition they addressed in their response.

Additionally, the IPH conducted a review of sites including:

- 2-1-1 San Diego - <http://www.211sandiego.org>
- Military One Source - <http://www.militaryonesource.mil>
- Scripps Health - <http://www.scripps.org>
- UC San Diego Health System - <http://www.health.ucsd.edu>
- Sharp HealthCare - <http://www.sharp.com>

The health-care safety net in San Diego County is highly dependent upon hospitals and community health clinics to care for the uninsured and medically underserved communities. Finding more effective ways to coordinate and enhance the safety net is a critical policy challenge. Hospitals and their community partners will use this list to identify gaps in regions and neighborhoods.



SECTION
VII

Next Steps and Implementation Plans

Scripps Health has a long history of responding to the health needs of the communities they serve, extending beyond traditional hospital care to provide community benefit programs that address the health care needs of the region's most vulnerable populations.

HASD&IC member hospitals and health-care systems that participated in the HASD&IC 2013 CHNA process have varying requirements on next steps. Private, not for profit (tax exempt) hospitals and healthcare systems are required to develop hospital or healthcare system community health needs assessment reports and implementation strategy plans to address selected identified needs.

Every participating hospitals and health-care system will review the data in accordance with their own patient communities and principal functions, and evaluate opportunities for next steps to address the top identified health conditions in their respective patient communities.

Scripps Health will create a systemwide implementation plan to address selected identified needs. While Scripps Health cannot realistically address every issue, Scripps Health will endeavor to resolve those that most heavily affect our patient populations, service area and are consistent with our strategy and resource availability. In addition, Scripps Health will continue to meet community needs by providing charity care and uncompensated care, professional education and community benefit programs.

This complete Scripps Health 2013 Community Health Needs Assessment is available online at: http://www.scripps.org/about-us_scripps-in-the-community

Paper copies or electronic files are available upon request.



SECTION
VIII

Appendix

Appendix A: Scripps Implementation Workgroup

Scripps Executives

- Robin Brown, SVP, Chief Executive, SMH La Jolla
- Chris Brown, Sr. Director, Health Systems Development, Administration
- Tom Gammieri, SVP Chief Executive, Scripps Mercy
- Carl Etter, SVP, Chief Executive, SMH Encinitas
- Gary Fybel, SVP, Chief Executive, SMH La Jolla
- June Komar. EVP Strategy and Administration

Clinical Care Line Leaders

- Jerry Gold, Administrative Director, Behavioral Health
- Debra McQuillen, Assistant VP, SPCI/Cardiovascular Svc, Project Manager
- Athena Philis-Tsimikas, Corp VP, Scripps Whittier Institute, Administration
- Barbara Price, Corporate Sr. Vice President, Business and Clinical Line Development, Project Management
- Chris Walker, Administrative Director, SW Diabetes Services, Whittier Institute

Community Benefit Representatives

- Anette Blatt, Director, Community Benefits, Administration
- Kendra Brandstein, Director, Community Benefit Services, Scripps Mercy Chula Vista
- Marivic Clark, Business & Finance Analyst, Scripps Green
- Lora Davis, Supervisor, Community Benefits, Scripps La Jolla
- Sheila Kadian, Executive Assistant, Scripps Encinitas
- Karen McCabe, Director, Community Benefit Services, Scripps Mercy San Diego
- Mary Parra, Dir., Oncology Services, Green Cancer Center
- Lorena Quiroz, Manager, Chula Vista Wellness Center
- Helene Raymond, Director, Patient Care Services, Nursing, Scripps Encinitas
- Kimberley Roberts, Director, Clinical Services, Community Health & Advocacy, Scripps La Jolla
- Monica Ruiz, Project Manager, CTSA- CMNTY Engagement, TWI - Clinical Studies.
- Lisa Vandervort, Manager, Wellness Center, City Heights Wellness Center

Appendix B: IPH Consultant Biographies

Suzanne Lindsay, PhD, MSW, MPH

Dr. Lindsay is an Associate Professor of Epidemiology in the Graduate School of Public Health at San Diego State University and the Executive Director of the Institute for Public Health (iph.sdsu.edu). The mission of the IPH is to bridge the academic resources of SDSU with the considerable resources of the public health practice community to improve the health of our communities. Dr. Lindsay's expertise is the application of the results of scientific research into practice based settings with a focus on health equity and the elimination of health disparities. As such, she has been responsible for dissemination and implementation research, translational research, community-based participatory research, and applied research and evaluation with the goal of adapting and adopting evidence based strategies into diverse community settings in full partnership with community practitioners and community members. She has particular expertise in the development of web-based information systems used to collect research and evaluation data across diverse and geographically distributed sites, and the development of web-based training for health and social service professionals to improve their understanding of evidence based practice. For the last six years Dr. Lindsay has taught a graduate course in health disparities and has mentored numerous internship and field placement opportunities for students interested in health disparities.

Amy Pan, PhD, Senior Research Scientist

Dr. Amy Pan is a research associate at the Institute for Public Health (IPH) at San Diego State University. Dr. Pan provides program evaluation and grant writing support for the IPH. Her primary research interests include violence prevention and other preventative health issues in immigrant and refugee communities. Prior to working at the IPH, Amy worked at the Center for Community Solutions, the Tahirih Justice Center, and the Center for Child Welfare at George Mason University.

Tanya Penn, MPH, CPH

Tanya Penn is an Epidemiologist for the Institute for Public Health in the Graduate School of Public Health, at San Diego State University. Trained in public health with an emphasis in Epidemiology, Ms. Penn also holds a nationally recognized Certification in Public Health. Ms. Penn was the project lead on the 2013 HASD&IC Community Health Needs Assessment working collaboratively with the Hospital Association of San Diego and Imperial Counties (HASD&IC) and the CHNA Advisory Workgroup. She was also an Epidemiologist on the Communities Putting Prevention to Work (CPPW) project that was funded by the Center for Disease Control and Prevention providing evaluations of population based interventions. Her expertise includes: statistical analysis, data management and manipulation, and utilizing large public-use data sets. Her primary research interests include health disparities in underserved populations, health education

and community based participatory research. Before joining the IPH, Ms. Penn was part of a team that helped start one of the first free Diabetic Clinics for indigent patients in Wilmington, North Carolina. The process of opening the Clinic involved many components; performing a needs assessment, gaining buy-in from the community, collaborating with doctors and health professionals, and ultimately running the operations of the Clinic in which Ms. Penn was the Clinic Director.

Kristine Ortwine, MPH

Kristine Ortwine holds a BS in Chemistry from Old Dominion University, as well as an MPH, in Epidemiology from San Diego State University. She has served as an Epidemiology Research Assistant at the IPH since 2011, and has provided literary and data research support on projects such as Communities Putting Prevention to Work (CPPW) and the 2013 HASD&IC Community Needs Assessment. Her research interests include, border health and zoonotic disease surveillance, health disparities, issues surrounding social determinants of health, as well as establishing best-practices for community-based participatory research methods. She is an active member of both the Latino Caucus of the American Public Health Association, as well as the local San Diego Collaborative, One Border One Health. She was a 2012 APHA Latino Caucus Helen Rodriguez Scholarship recipient and is a UCSD Hispanic Center of Excellence Scholar, 2012-2013.

Debra A. Loomis, MA

Debra Loomis is an independent consultant and holds a Masters of Arts in Sociology from San Diego State University. She has facilitated over 300 community coalition members throughout San Diego County through consensus organizing efforts. Ms. Loomis consulted with several of the member hospitals regarding the Community Health Needs Assessment (CHNA). Informational interviews were conducted with community benefit and government affairs staff members from Sharp HealthCare, Kaiser Permanente, Scripps Health, UC San Diego, and Rady Children's Hospital. The goal of these meetings were to identify hospital priorities for the upcoming CHNA, and define roles and expectations of HASD&IC and member hospitals in the needs assessment process.



HASD&IC 2013 COMMUNITY HEALTH NEEDS ASSESSMENT TOOLKIT

The detailed IPH documents regarding the methodology, collected data, and findings are available in the CHNA Toolkit. Click [here](#) to review the full summary, including the CHNA Toolkit.



Improving the Health of Our Community

At Scripps, we put the patient at the center of all we do. We have joined with our partners throughout the San Diego community with a goal to ensure that everyone has access to lifesaving care. Whether it's a physician visit, a class or a prevention program, Scripps is committed to enhancing access to care and improving our community's health.

For more information about the programs and services offered by Scripps Health, visit http://www.scripps.org/about-us_scripps-in-the-community or contact the Office of Community Benefit Services at 858-678-7095.