Scripps

Update
September 2017

Scripps Health FY 2014–2016 Implementation Plan

In Support of the 2013 San Diego Community Health Needs Assessment

Scripps Health
10140 Campus Point Court
San Diego, CA 92121

scripps.org

Scripps Health 2016 Implementation Plan

Background

In 2010, Congress added several new requirements for hospital organizations to maintain federal income tax exempt status under Section 501(r) of the Internal Revenue Code (the "Code") as part of the Affordable Care Act. One of the requirements set forth in Section 501(r) of the Code is for each hospital organization to conduct a Community Health Needs Assessment (CHNA) at least once every three tax years. The requirement to conduct a CHNA applies to Scripps Health, which is a health system that operates four hospital facilities. In addition, Scripps Health was required to adopt a triennial Implementation Plan to address certain community health needs identified in the CHNA by September 30, 2013.

Implementation Plan

With the 2013 CHNA complete and health priority areas identified, Scripps Health developed 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.

Provisions in the Affordable Care Act require a tax-exempt hospital to:

- Adopt an implementation strategy to meet community health needs identified in the CHNA
- Describe how it is addressing needs identified in the CHNA
- Describe any needs identified in the CHNA that are not being addressed and the reasons for not addressing them

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, 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.

Approval from Governing Body

As a tax exempt health care system, Scripps takes pride in its service to the community. The Scripps system is governed by a 16-member, volunteer Board of Trustees. This single point of authority for organizational policy ensures a unified approach to serving patients across the region. The Scripps Health Board of Trustees Strategic Planning Committee approved both the triennial 2013 CHNA report and corresponding Implementation Plan during its 2013 tax year. The 2016 Implementation Plan is outlined in the remainder of this document; the CHNA written report is posted separately on the Scripps Health website,

http://www.scripps.org/about-us__scripps-in-the-community.

Scripps Facilities

Scripps Green Hospital

Scripps Memorial Hospital Encinitas

Scripps Mercy Hospital

* San Diego Campus

* Chula Vista Campus

Scripps Memorial Hospital La Jolla

Community Health Needs Assessment: Grounded in a longstanding commitment to address community health needs in San Diego, seven hospitals and health care 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 identified and prioritized the most critical health-related needs of San Diego County residents. As a participating health system, Scripps used the CHNA findings to guide the development of its three year FY2014–FY2016 Implementation Plan and to meet IRS regulatory requirements previously stated.

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.

Prioritized San Diego County Community Health Needs: The health needs were prioritized based on the following criteria:

- Have a significant prevalence in the community;
- Contribute significantly to the morbidity and mortality in San Diego County;
- Disproportionately impact vulnerable communities;
- Reflect a need that exists throughout San Diego County; and
- Can be addressed through evidence-based practices by hospitals and health care systems.

Four conditions clearly emerged from the CHNA as the top community health needs in San Diego County (in alphabetical order):

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

Health Themes Identified in the Community Health Needs Assessment

Once all the community input was integrated (survey respondents, key interviewees and community forum participants), the following five broad categories emerged as recommendations for hospitals to organize community health programs:

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

This report contains the results of Scripps progress and efforts for fiscal year 2016.

Implementation Plan

Scripps Health has a long history of responding to the health needs of the communities it serves, extending beyond traditional hospital care to provide community benefit programs that address the health care needs of the region's most vulnerable populations. With the CHNA completed in 2013, Scripps Health developed a system- wide corresponding three-year Implementation Plan to address the health priority areas identified. The Implementation Plan translates the research and analysis presented in the Assessment into specific actionable strategies and initiatives to be carried out to measurably improve community health outcomes. In response to identified unmet health needs in the community needs assessment, during FY2014–FY2016 Scripps Health focused on the strategies and initiatives, their measures of implementation and the metrics used to evaluate their effectiveness described below.

Scripps Health anticipates the implementation strategies may evolve due to the fast pace at which the community and health care industry changes. Therefore, a flexible approach is best suited for the development of its response to the Scripps Health Community Health Needs Assessment (CHNA). On an annual basis Scripps Health evaluates the Implementation Strategy and its resources and interventions; and makes adjustments as needed to achieve its stated goals and outcome measures, as well as to adapt to the changes and resources available. Scripps describes any challenges encountered to achieve the outcomes described and makes modifications as needed.

Cardiovascular Disease

1. Eric Paredes Save A Life Foundation

Heart disease is the leading cause of death for people of most racial/ethnic groups in the United States, including African Americans, Hispanics and Caucasians. Between 70 percent and 89 percent of sudden cardiac events occur in men. About two-thirds (64 percent) of women who die suddenly of coronary heart disease have no previous symptoms.

As a sponsor of the Eric Paredes Save A Life Foundation, Scripps has held more than 10,000 free cardiac screenings for local teens, including the homeless and the underinsured. Scripps provides financial contribution annually to help pay for the screenings. In 2016, Scripps supported screening events at high schools throughout the county and screened more than 3,869 teens, identifying 41 with abnormalities and 16 who were at risk.

The goal of the Eric Paredes Save A Life Foundation screenings is to prevent sudden cardiac arrest and death in middle and high school aged children, including underserved communities in San Diego County, through awareness, education and action. Its most

common in student athletes. Each year 7,000 teens in the United States lose their lives due to sudden cardiac arrest (SCA). SCA is not a heart attack — it is caused by an abnormality in the heart's electrical system that can be easily detected with a simple EKG. If abnormalities are detected, a second test called an echocardiogram, an ultrasound for the heart, is administered. Unfortunately, heart screenings are not part of a regular, well child exam or pre-participation sports physical. The first symptom of SCA could be death. San Diego alone annually loses three to five teens from SCA. Screenings are non-invasive and include a health history and EKG. Since 2010, nearly 21,522 youth have been screened. Of those, about 408 had heart abnormalities, and 171 were found to be at risk for Sudden Cardiac arrest In addition, half of screened youth represent diverse ethnicities and 40 percent of youth are from moderate to extremely low-income households. Hundreds are without regular doctors and dozens without health insurance. Thirty-six percent of the schools represented are Title I schools, in which the majority of the students at the schools meet poverty guidelines. The schools qualify for federal government assistance funding such as free or reduced fee lunch programs. When findings are positive, Scripps takes the following steps:

- Checks for an abnormal heartbeat that could signal an underlying heart condition using an echocardiogram.
- Notifies parents of the results for follow up with their family physicians.

Policy Implications:

Governor Brown signed the Eric Paredes Sudden Cardiac Arrest Prevention Act into law on September 29, 2016 which expands student athlete safety standards to include Sudden Cardiac Arrest protocol. The legislation, which was sponsored by Assemblyman Brian Maienschein, requires student athletes to acknowledge annually that they received a fact sheet on cardiac arrest warning signs starting July 1, 2017. It will also require a coach or someone in a similar position to remove a student who passes out or faints during athletic activity.

Table - 1 Results: Eric Paredes Save A Life Foundation

Objective(s)	Performance Measures	2014	2015	2016
To prevent sudden cardiac arrest and death in middle high school aged children, including underserved areas in San Diego county through awareness, education and action.	In the total number of Adolescent Screenings, 9.4% of the 3,869 were uninsured adolescents.	4,188	4,138	3,869
	Total Number of Adolescents With Positive Findings of Heart Abnormalities	85	61	41
	Total Number of High Risk Adolescents Identified	38	26	16

Scripps Health
Community Health Needs Assessment – Implementation Plan
Fiscal Year 2016 (October 2015 – September 2016)

Identified Community Need: Cardiovascular Disease

Program Name	Objective	Hospital Sites	Action Items	Evaluation Methods and Measurable Targets
Eric Paredes Save A Life Foundation (Screenings)	To prevent sudden cardiac arrest and death in high school aged children, including underserved areas in San Diego County through awareness, education and action.	Scripps Encinitas	Partner with local San Diego high schools to administer and read electrocardiograms and if warranted an echocardiogram screening by a Scripps physician (cardiologist) before high school students participate in organized sports and activities.	• Track number of teens screened- 1/31/16, El Camino High School, 563 students screened. • Track number of teens with heart abnormalities – 10 • Track number of teens found at risk – 3 • Track number of uninsured – 8% (according to survey of onsite parents) • Number who do not have a pediatrician – 57 • Number who check they use a community clinic – 57 • [1]Families that surveyed as extremely low to moderate income – 46% (According to survey of onsite parents) Scripps provided Lipid panel/glucose screenings for adults in conjunction with EP Save A Life "Screen Your Teen" event. Promoted Heart Care. Body analysis screenings to participating attending population. Provide health information. People served – 22

[1] Based on FY14 HUD Metropolitan FMR Area 36% of the schools represented are Title I schools, the majority of students at the school meet poverty guidelines.

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Community Health Needs Assessment – Implementation Plan
Fiscal Year 2016 (October 2015 – September 2016)

Identified Community Need: Cardiovascular Disease

Program Name	Objective	Hospital Sites	Action Items	Evaluation Methods and Measurable Targets
Eric Paredes Save A Life Foundation (Screenings)	To prevent sudden cardiac arrest and death in high school aged children, including underserved areas in San Diego County through awareness, education and action.	Scripps Green	Partner with local San Diego high schools to administer and read electrocardiograms and if warranted an echocardiogram screening by a Scripps physician (cardiologist) before high school students participate in organized sports and activities.	• Track number of teens screened- 11/18/15, Francis Parker High School, 670 students screened. • Track number of teens with heart abnormalities – 9 • Track number of teens found at risk – 2 • Track number of uninsured – 3% (according to survey of onsite parents) • Number who do not have a pediatrician – 34 • Number who check they use a community clinic – 34 • [2]Families that surveyed as extremely low to moderate income – 27% (According to survey of onsite parents) Scripps provided Lipid panel/glucose screenings for adults in conjunction with EP Save A Life "Screen Your Teen" event. Promoted Heart Care. Body analysis screenings to participating attending population. Provide health information. People served – 36

[2] Based on FY14 HUD Metropolitan FMR Area 36% of the schools represented are Title I schools, the majority of students at the school meet poverty guidelines.

Scripps Health
Community Health Needs Assessment – Implementation Plan
Fiscal Year 2016 (October 2015 – September 2016)

Identified Community Need: Cardiovascular Disease

Program Name	Objective	Hospital Sites	Action Items	Evaluation Methods and Measurable Targets
Eric Paredes Save A Life Foundation (Screenings)	To prevent sudden cardiac arrest and death in high school aged children, including underserved areas in San Diego County through awareness, education and action.	Scripps La Jolla	Partner with local San Diego high schools to administer and read electrocardiograms and if warranted an echocardiogram screening by a Scripps physician (cardiologist) before high school students participate in organized sports and activities.	• Track number of teens screened- 4/3/16, Westview High School, 965 students screened. • Track number of teens with heart abnormalities – 4 • Track number of teens found at risk – 4 • Track number of uninsured – 29% (according to survey of onsite parents) • Number who do not have a pediatrician – 35 • Number who check they use a community clinic – 47 • [3]Families that surveyed as extremely low to moderate income – 12% (According to survey of onsite parents) Scripps provided Lipid panel/glucose screenings for adults in conjunction with EP Save A Life "Screen Your Teen" event. Promoted Heart Care. Body analysis screenings to participating attending population. Provide health information. People served – 36

[3] Based on FY14 HUD Metropolitan FMR Area 36% of the schools represented are Title I schools, the majority of students at the school meet poverty guidelines.

Scripps Health
Community Health Needs Assessment – Implementation Plan
Fiscal Year 2016 (October 2015 – September 2016)

Identified Community Need: Cardiovascular Disease

Program Name	Objective	Hospital Sites	Action Items	Evaluation Methods and Measurable Targets
Eric Paredes Save A Life Foundation (Screenings)	To prevent sudden cardiac arrest and death in high school aged children, including underserved areas in San Diego County through awareness, education and action.	Scripps Mercy	Partner with local San Diego high schools to administer and read electrocardiograms and if warranted an echocardiogram screening by a Scripps physician (cardiologist) before high school students participate in organized sports and activities.	• Track number of teens screened- 5/22/16, University High School, 578 students screened. 716/16, Carlsbad Football Club, 295 students screened. 8/28/16, Bonita Vista, 798 students screened. • Track number of teens with heart abnormalities – 5/22/16 – 4 7/16/16 – 6 8/28/16 – 8 • Track number of teens found at risk – 5/22/16 – 3 7/16/16 – 3 8/28/16 – 1 • Track number of uninsured (according to survey of onsite parents) 5/22/16 – 5% 7/16/16 – 0 8/28/16 – 2% • Number who do not have a pediatrician – 5/22/16 – 48 7/16/16 – 0 8/28/16 – 59 • Number who check they use a community clinic – 5/22/16 – 22 7/16/16 – 0 8/28/16 – 35 • [4]Families that surveyed as extremely low to moderate income (according to survey of onsite parents) 5/22/16 – 33% 7/16/16 – 20% 8/28/16 – 64%

[4] Based on FY14 HUD Metropolitan FMR Area 36% of the schools represented are Title I schools, the majority of students at the school meet poverty guidelines.

Diabetes

There are 29 million people with diabetes in the United States and 382 million worldwide, and the rates are highest in diverse racial and ethnic communities and low-income populations. Type 2 diabetes has reached epidemic proportions, and people of Hispanic origin have dramatically higher rates of the disease and the complications that go along with its poor management, including cardiovascular disease, eye disease and limb amputation. In fact, it is estimated that one out of every two Hispanic children born in 2000 will develop diabetes in adulthood. This is especially true in the South Bay communities in San Diego. Specifically, the city of Chula Vista is home to 26,000 Latinos with diagnosed diabetes and tens of thousands more who are undiagnosed, have pre-diabetes and are at high risk of developing diabetes.

1. Diabetes Community Health Education and Outreach Program

The Scripps Whittier Diabetes Institute collaborates with community clinics and organizations to provide much needed services and solutions. The Diabetes Community Health Education and Outreach Program implements outreach and educational programs that increase knowledge about diabetes and provide access for the community and underserved populations. For those that have positive screenings at outreach events, a member of the Scripps Whitter Diabetes team follows up with individuals within one week or sooner if the findings are dangerously out of range. The follow-up ensures that the individuals are connected to a provider if they do not have one at the time, and that they schedule an appointment with their existing provider (if they have one) or register to attend a Project Dulce class. At selected Federal Qualified Health Centers (FQHCs) Whittier staff have direct access to scheduling an appointment in real-time for these individuals via an electronic scheduling system called ECIN.

Table 2 - Results: Community Health Fairs

Objective(s)	Community Health Fairs	2014	2015	2016
Implement outreach and educational programs that increase knowledge about diabetes and provide access for the community and underserved populations.	Total Events/Classes	15	17	18
	Total Patients Participating	858	1,221	1,315
	Total Patients Screened	126*	61*	0**
	Positive Screenings	47 (38%)	17 (28%)	0**
	PCP Referrals	45	17	0**

*Individuals who agree to be screened for diabetes management (DM) risk: diabetes risk-paper screen, blood pressure screenings or finger sticks. Blood pressure is a strong indicator of DM risk or pre-DM.
**There was no funding available to conduct screenings in 2016.

Table 3 – Outreach and Education

Objective(s)	Peer-Led Health Education Classes	2014	2015	2016
Implement outreach and educational programs that increase knowledge about diabetes and provide access for the community and underserved populations.	Total Events/Classes	151	125	250
	Total Patients Participating	1,111	994	2,215

Retinal Screenings

It is estimated that every 24 hours, 55 people will lose their vision as a direct result of diabetic retinopathy. With early diagnosis and appropriate treatment, 95 percent of diabetic blindness could be prevented. For the past decade, the Scripps Diabetes Care Retinal Screening Program has provided low-cost or free screenings to the community. Retinal Screenings are important for the prevention and early treatment of diabetic retinopathy. Patients are screened aboard the Scripps mobile medical unit, where retinal photographs are taken. After the screenings are interpreted, follow-up care is arranged if needed. More than 100 patients, many suffering from vision complications as a result of their diabetes, receive retinal screenings each month.

Table 4 - Results: Retinal Screenings

Objective(s)	Retinal Screenings	2014	2015	2016
Identify those at high risk for retinal damage because of diabetes and provide access to education, treatment and referrals.	Total Screening Events	11	17	21
	Total Patients Screened	282	508	607
	Percentage of Positives	36% (103)	21% (110)	29% (176)
	Retinal Specialist Referrals	12% (38)	9% (50)	15% (94)
	Percentage of PCP Referrals	98% (276)	100%(508)	100% (607)

Benefits:

- Prevention or diagnosis of vision problems, including blindness.
- A reduction in visits to the emergency department for uncontrolled complications of diabetes.
- Medical costs by Disorder. Retinal disorders total $8.7bn. Due to limitations in diagnosis codes, the MEPS data cannot distinguish major retinal disorders including age related macular degeneration and diabetic retinopathy. We can however approximate these diagnoses by separately estimating the costs of any retinal disorder among persons with and without diabetes. Doing so reveals that the cost of retinal disorders among persons without diabetes is $4.6bn while the cost of retinal disorders for persons with diabetes are nearly as high at $4.1bn.[5]

[5] Cost of Vision Problems: The Economic Burden of Vision Loss and Eye Disorders in the United States. Presented by John Wittenborn and David Rein, NORC at University of Chicago. June 2013.

Challenges:

- One of the successes of the retinal screening program is having a solid relationship with a clinic partner for follow up and referral for individuals that have a positive screening. This year there were limited clinic partners and we were only able to conduct screenings in the North County region.
- Staffing resources were also a barrier. There is one program manager who oversees the retinal screening program. His main role is market outreach and he allocates 16 hours a month to the retinal program. In addition, he was out on medical leave for some time this year.

2. *Project Dulce Care Management*

The Project Dulce program has been fighting the diabetes epidemic for more than 19 years by providing diabetes care, self-management education and continuous support to low-income and uninsured populations throughout San Diego County. Recognized for its impact, the comprehensive program serves as an international model of patient care and advocacy, helping individuals with the disease learn to improve their health. One of the primary components of the program is recruiting peer educators from the community to work directly with patients. These educators reflect the diverse population affected by diabetes and help teach others about changing eating habits, adopting exercise routines and other ways to help manage this chronic disease.

Table 5 - Results: Project Dulce Care Management

Objective(s)	Project Dulce	2014	2015	2016
Improve Self-Management Education for underserved population living with diabetes.	Total Number of Intake Forms	5,990	6,169	5,970
	Total of New Patients Entering the Program	1,049*	1,284*	1,327*

*The new patients that enter the program each year are newly diagnosed with diabetes and the other are returning patients.

Benefits:

- Higher quality of care.
- Reduced hospital and emergency department care costs.
- Decreased incidence of diabetes-related complications and hospitalizations.
- Improvements in health status and quality of life.

Scripps Health
Community Health Needs Assessment – Implementation Plan
Fiscal Year 2016 (October 2015 – September 2016)

Identified Community Need: DIABETES

Program Name	Objective	Hospital Sites	Action Items	Evaluation Methods and Measurable Targets
Diabetes Community Health Education & Outreach	Implement outreach and educational programs that increase knowledge about diabetes and provide access for the community and underserved populations.	Scripps Encinitas	Community Health Fairs Implement one educational forum for underserved populations per year to expand public awareness about diabetes. Peer-Led Health Education Provide 165 classes of health education. Retinal Screenings In addition to North County screenings, provide screenings at three South Bay and Central community locations.	• Total number of events – 3 • Total number of people served – 304 • Total number of people screened annually for diabetes management – 0 • Total number of positive screenings – 0 • Total number of PCP referrals – 0 • Total number of people taught Neighborhood Health Care – 1341 • Number of classes taught – 143 • Number of Retinal Screening events & patients seen – 21 events & 607 patients • Percentage of patients that screen positive - 29% (176) • Percentage of patient referrals to Primary Care Physician – 100% (607) • Retinal Specialist referrals – 15% (94)

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Identified Community Need: DIABETES

Program Name	Objective	Hospital Sites	Action Items	Evaluation Methods and Measurable Targets
Diabetes Community Health Education & Outreach	Implement outreach and educational programs that increase knowledge about diabetes and provide access for the community and underserved populations.	Scripps Green	Community Health Fairs Implement one educational forum for underserved populations per year to expand public awareness about diabetes. Peer-Led Health Education Provide 165 classes of health education.	• Total number of events – 2 • Total number of people served – 110 • Total number of people screened annually for diabetes management – 0 • Total number of positive screenings – 0 • Total number of PCP referrals – 0 • Total number of people taught - 45 • Number of classes taught – 9

Scripps Health
Community Health Needs Assessment – Implementation Plan
Fiscal Year 2016 (October 2015 – September 2016)

Identified Community Need: DIABETES

Program Name	Objective	Hospital Sites	Action Items	Evaluation Methods and Measurable Targets
Diabetes Community Health Education & Outreach	Implement outreach and educational programs that increase knowledge about diabetes and provide access for the community and underserved populations.	Scripps La Jolla	Community Health Fairs Implement one educational forum for underserved populations per year to expand public awareness about diabetes. Peer-Led Health Education Provide 165 classes of health education.	• Total number of events – 5 • Total number of people served – 128 • Total number of people screened annually for diabetes management – 0 • Total number of positive screenings – 0 • Total number of PCP referrals – 0 • Total number of people taught - 63 • Number of classes taught -11

Scripps Health
Community Health Needs Assessment – Implementation Plan
Fiscal Year 2016 (October 2015 – September 2016)

Identified Community Need: DIABETES

Program Name	Objective	Hospital Sites	Action Items	Evaluation Methods and Measurable Targets
Diabetes Community Health Education & Outreach	Implement outreach and educational programs that increase knowledge about diabetes and provide access for the community and underserved populations.	Scripps Mercy	Community Health Fairs Implement one educational forum for underserved populations per year to expand public awareness about diabetes. Peer-Led Health Education Provide 165 classes of health education.	• Total number of events – 8 • Total number of people served – 773 • Total number of people screened annually for diabetes management – 0 • Total number of positive screenings – 0 • Total number of PCP referrals – 0 • Total number of people taught - 766 • Number of classes taught – 91

Scripps Health
Community Health Needs Assessment – Implementation Plan
Fiscal Year 2016 (October 2015 – September 2016)

Identified Community Need: DIABETES

Program Name	Objective	Hospital Sites	Action Items	Evaluation Methods and Measurable Targets
Project Dulce Care Management	Improve Self-Management Education for underserved population living with diabetes.	Scripps Encinitas	Offer a comprehensive, culturally sensitive diabetes self-management program for underserved and uninsured populations at Neighborhood Healthcare.	• Total number of intake forms completed - 3,319 • Total number of new patients cared for by clinical team. Does not include retinal screenings - 647
		Scripps Green	Offer a comprehensive, culturally sensitive diabetes self-management program for underserved and uninsured populations at Operation Samahan (North County).	• Total number of intake forms completed - 61 • Total number of new patients cared for by clinical team. Does not include retinal screenings - 20
		Scripps La Jolla	Offer a comprehensive, culturally sensitive diabetes self-management program for underserved and uninsured populations at Operation Samahan (North County).	• Total number of intake forms completed - 0 • Total number of new patients cared for by clinical team. Does not include retinal screenings - 0
		Scripps Mercy	Offer a comprehensive, culturally sensitive diabetes self-management program for underserved and uninsured populations at Operation Samahan (South County).	• Total number of intake forms completed – 2,590 • Total number of new patients cared for by clinical team. Does not include retinal screenings - 660

Mental and Behavioral Health

1. *National Depression Screening Day*

Depression is the most common type of mental illness, affecting more than 26 percent of the U.S. adult population. It has been estimated that by the year 2020, depression will be the second leading cause of disability throughout the world, trailing only ischemic heart disease. Adults with the lowest income or education report more unhealthy days than those with higher income or education.

Scripps participated for many years in the National Depression Screening Day, an annual event in October aimed at helping people identify the signs of depression and providing resources to assist those at risk. Scripps expanded the availability of free depression screenings by making them available in the community. The screenings were open to adults of all ages on a walk-in basis, and were informational, not diagnostic in nature, simply indicating whether questionnaire responses are consistent with symptoms of depression. Referrals to mental health professionals were provided if screening scores suggest this would be beneficial, and participants were also provided with literature that could be shared with friends and family members. Below are the depression screening results for 2013 through 2015.

Table 6 - Results: National Depression Screening Day

Objective(s)	Depression Screenings	2013	2014	2015
Implement mental health screenings and provide resources to raise awareness of mental health disease and its symptoms as well as provide referrals for those at risk for having mental health problems.	Total Number of Visitors	134	151	114
	Total Number of People Screened	22	99	72
	Total Number of People Referred to Emergency Department	0	1	0
	Total Number of People Referred to Outpatient Services (Psychiatric Referrals by Zip Code)	9	0	14
	Total Number of People Tracked as Uninsured	14*	12+**	10 +***
	Total Number of People Tracked as Insured	60	67+**	83 +***

*2013: Scripps Green Hospital and Scripps Mercy Hospital, Chula Vista, did not collect information to record whether or not information was given, and whether or not referrals were given

**2014: Scripps Green did not collect information about insurance; Scripps Mercy Chula Vista insurance information collection was incomplete

***2015 Scripps Memorial Hospital Encinitas' election of demographic information was incomplete on individuals who took information but did not participate in screening.

New Approach: Behavioral Health Partnerships

In 2016, Scripps decided not to conduct depression screenings. Scripps re-evaluated its resources and strategy this year and determined that other organizations in the community are already conducting specialized/enhanced depression screening in high need communities such as community clinics and the county of San Diego. Community Clinics have become better prepared to treat the traditional pre-expansion Medi-Cal population. Thanks to a longstanding focus on behavioral health into primary care, community clinics have developed considerable in-house resources and expertise to deal with mild to moderate behavioral health issues. In addition, the Scripps workforce in the behavioral health department at Scripps was reduced which became a resource challenge for this initiative.

Scripps is focusing its behavioral health efforts on integration of care with Family Health Centers of San Diego (FHCSD) to prevent hospitalization and ensure ongoing care upon discharge. The goal is to strengthen behavioral health services in the community and ensure patients are seen in a timely access to medically necessary care at community clinics and through hospital outpatient services before their behavioral health issues become acute and that they do not return to the Emergency Department. More information on the initiative can be found in the Scripps FY17-FY19 Implementation Plan.

Obesity

1. *Dulce Mothers*

Between 2007 and 2010, one out of three American adults was considered obese. Obese individuals have a 50–100 percent increased risk of premature death from all causes compared to individuals at a healthy weight. Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, which are some of the leading causes of preventable death. Scripps began a pilot program, Dulce Mothers, with the goal of decreasing the incidence of type 2 diabetes by managing a major risk factor — obesity — in underserved, ethnically diverse populations through testing the effectiveness of a weight management curriculum designed for Latino women with gestational diabetes (GDM). Women with a history of GDM and who meet the criteria for being overweight (BMI above 25) are referred to the Dulce Mothers program.

Challenges:

There was no data captured in FY2014, as Dulce Mothers had some challenges in initiating the pilot program. These included securing community clinic partnerships that would generate participants for the program in a timely manner. As a result, Dulce Mothers added a second arm of the study-program, Nuestra Vida, aimed at 40 middle-aged women who are at high-risk for cardio metabolic conditions. This part of the program is being administered in Chula Vista. See the Identified Community Need Obesity chart breakdown on page 21.

The objective of the program was to provide these mothers with tools to empower them to take ownership of their well-being by ultimately preventing the development of Type 2 diabetes for them and their children. (Both mother and baby are at great risk of developing this chronic condition in their lifetime). Some of the lessons learned from this program are that this population is difficult to recruit for the following reasons:

- Many of these women do not have transportation.
- Their health care coverage stops after their baby is born, making it difficult for them to obtain follow-up care or reach them.
- Most do not show up for care until they are pregnant again and at that point do not meet the inclusion criteria to participate in the program.

The Dulce Mothers/Nuestra Vida diabetes community prevention program was able to recruit a total of 66 participants. A total of 28 participants were recruited for the Dulce Mothers arm in 2016 (see Table 7) and 38 from Nuestra Vida arm (see Table 8 below). The Dulce Mothers group begun the 6 month program in Q4 (late September 2015) and completed the program in early 2016 Q1). Scripps Whittier team was able to recruit 38 women who started late in Q4 of this fiscal year. The program is a six-month intervention, therefore most of all Nuestra Vida participants were recruited in 2016.

Table 7 - Results: Dulce Mothers

Objective(s)	Dulce Mothers	2014*	2015	2016
Decrease the incidence of Type II diabetes by managing a major diabetes risk factor, obesity in underserved, ethnically diverse populations by testing the effectiveness of a weight management curriculum designed for Latino women.	Total # of participants that attended the Dulce Mothers program per cohort	0	27	28
	Average BMI at Pre-Baseline	0	32.5	33%
	Average BMI at Post-6 Months	0	0	32%
	Number of Surveys Completed at Pre-Baseline	0	28	0
	Number of Surveys Completed at Post-6 Months	0	0	15

* There was no data captured in FY2014, as Dulce Mothers had some challenges in initiating the pilot program. These included securing community clinic partnerships that would generate participants for the program in a timely manner.

Table 8 - Results: Nuestra Vida

Objective(s)	Nuestra Vida Program (2016)	2016
Test the acceptability, feasibility, and effectiveness of a culturally-tailored, peer-led Diabetes Prevention Program based on 12-week lifestyle intervention in Hispanic women who are at a high- risk age for Type 2 diabetes management	Total number of participants that attended the Nuestra Vida (NV) program per cohort in 2016.	NV Cohort 1 = 10 NV Cohort 2 = 11 NV Cohort 3 = 10 NV Cohort 4 = 7 Total = 38
	Average BMI at Pre-Baseline	31.72
	Average BMI at Post-6 Months	30.68
	Number of Surveys Completed at Pre-Baseline	38
	Number of Surveys Completed at Post-6 Months	25

Scripps Health
Community Health Needs Assessment – Implementation Plan
Fiscal Year 2016 (October 2015 – September 2016)

Identified Community Need: OBESITY

Program Name	Objective	Hospital Sites	Action Items	Evaluation Methods and Measurable Targets
Dulce Mothers	Objective: Decrease the incidence of Type 2 diabetes by managing a major diabetes risk factor, obesity in underserved, ethnically diverse populations by testing the effectiveness of a weight management curriculum designed for Latino women diagnosed with Gestational Diabetes (GDM)	Scripps Encinitas	Conduct two 12 week weight reduction classes in the San Diego South Bay Region designed to meet the culturally appropriate needs of high-risk Latino women in underserved communities. Women with a history of GDM who meet the criteria for being overweight (BMI above 25) will be referred into Scripps Dulce Mothers class by San Diego South Bay region Community Clinics and Scripps Obstetricians. Aim 1 – Examine the effectiveness of the enhanced Dulce Mothers program in reducing BMI and weight. Aim 2 – Examine the effectiveness of the Dulce Mothers program in improving behavioral & psychological risk profiles.	Number of participants that attended the Dulce Mothers Program – 28 Average BMI at Pre-Baseline – 33% Average BMI at Post 6 months – 32% Number of Surveys Completed at Pre-Baseline -0 Number of Surveys Completed at Post six months - 15 *The assessment is a battery of validated questions that measures behavior change.
		Scripps Green	Did not participate in FY16 but will be a source of referral to Dulce Mothers when obstetrics patients meet participation criteria. *Scripps Green does not have an obstetric department.	
		Scripps La Jolla	Did not participate in FY16 but will be a source of referral to Dulce Mothers when obstetric patients meet participation criteria.	

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<table>
<tr><th>Program Name</th><th>Objective</th><th>Hospital Sites</th><th>Action Items</th><th>Evaluation Methods and Measurable Targets</th></tr>
<tr><td>Nuestra Vida</td><td>Test the acceptability, feasibility, and effectiveness of a culturally-tailored, peer-led Diabetes Prevention Program based on 12 week lifestyle intervention in Hispanic women who are at a high-risk age for Type 2 diabetes management</td><td>Scripps Mercy</td><td>Dulce Mothers added a second arm of the study-program, Nuestra Vida, geared toward 40 middle aged women who are at high-risk for cardio metabolic conditions. This part of the program was administered at Scripps Mercy Chula Vista.</td><td>
<table>
<tr><th>Objective(s)</th><th>Nuestra Vida Program (2016)</th><th>2016</th></tr>
<tr><td rowspan="5">Test the acceptability, feasibility, and effectiveness of a culturally-tailored, peer-led Diabetes Prevention Program based on 12-week lifestyle intervention in Hispanic women who are at a high- risk age for Type 2 diabetes management</td><td>Total number of participants that attended the Nuestra Vida (NV) program per cohort in 2016.</td><td>NV Cohort 1 = 10
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</table>
<u>Further Analysis</u>
Method
• Females aged 45 – 65
• Self-identify as Mexican American
• Reside in South San Diego
• Overweight or obese (BMI > 25)
• No diagnosis of Type 2 diabetes
</td></tr>
</table>

				Results • Mean age was 55.7 (SD=4.9) • 86.8% were born in Mexico • 73.7% preferred Spanish language • 63.1% were married or partnered • 65.8% had household incomes under $40,000/year • Mean time in the U.S. was 32.88 years (SD = 10.69) 6 Month Change in Clinical Outcomes: • Mean weight lost: 2.07 kg (SD = 4.08) • 28% (n=7) lost at least 5% of their body weight • Mean change in HbA1c: .07% (SD = 0.35, NS) Acceptability/Feasibility: • Of 49 eligible women screened, 38 (78%) enrolled & completed the baseline assessment • Low attrition (8%, 3 women) • High attendance (80%, 30) women attended at least eight sessions.

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<table>
<tr><th>Program Name</th><th>Objective</th><th>Hospital Sites</th><th>Action Items</th><th>Evaluation Methods and Measurable Targets</th></tr>
<tr><td>Nuestra Vida</td><td></td><td>Scripps Mercy</td><td></td><td>• In focus groups, women:
o Expressed enthusiasm and a desire to continue meeting in monthly maintenance groups
o Reported increased knowledge of risk and prevention strategies
o Stated they would recommend the program to others

<table><tr><th>Varibles[2]</th><th>Baseline</th><th>3 Months</th><th>6 Months</th></tr><tr><td>Weight (kg)</td><td>76.99 (SD=10.49)</td><td>75.17 (SD=10.19)</td><td>74.92 (SD=10.16)</td></tr><tr><td>BMI (kg/m^2)</td><td>31.52 (SD=4.03)</td><td>30.77 (SD=3.92)</td><td>30.68 (SD=3.99)</td></tr><tr><td>HbA1c (%)</td><td>5.69 (SD=.045)</td><td>5.68 (SD=.30)</td><td>5.62 (SD=.30)</td></tr><tr><td>Waist Cir. (cm)</td><td>103.49 (SD=9.01)</td><td>98.33 (SD=10.74)</td><td>98.37 (SD=9.91)</td></tr></table></td></tr>
</table>

Scripps Health Community Benefit Report

In addition to the CHNA and Implementation Plan, Scripps Health continues to meet community needs by providing charity care and uncompensated care, professional education and an array of community benefit programs. Scripps offers community benefit services through our five acute-care hospital campuses, home health services, wellness centers and clinics.

Scripps Health documents and tracks its community benefit programs and activities on an annual basis and reports these benefits through an annual report submitted to the State of California under the requirements of SB697. Scripps Health community benefit programs are commitments Scripps makes to improve the health of both patients and the diverse San Diego communities. As a longstanding member of these communities, and as a not-for-profit community resource, Scripps' goal and responsibility is to assist all who come to us for care, and to reach out especially to those who find themselves vulnerable and without support. Through our continued actions and community partnerships, we strive to raise the quality of life in the community as a whole.

In FY2016 Scripps documented more than $368 million in local community benefit programs and services. For more information about the programs and services offered by Scripps Health, visit scripps.org/community benefit or contact the Scripps Health Office of Community Benefit Services at 858-678-7095.