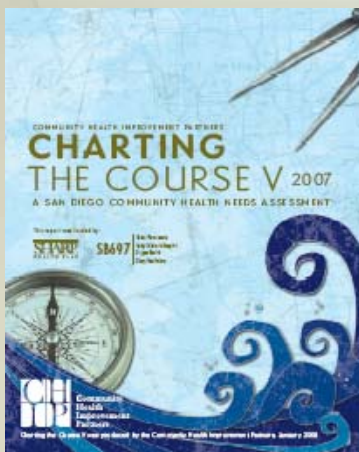


Community Health Needs Assessment

A Voluntary Public/Private
Collaborative Approach

1-16-09 Draft



Introduction

- The CHIP Model
- Needs Assessment Nuts & Bolts
- Demonstrating Community Benefit
- Results

The CHIP Model: Overview

- Catalyst for Coalition - SB 697
- Vision: The leading countywide health partnership advancing the wellbeing of all San Diegans.
- Mission: Improving the health of all San Diegans through needs assessment, advocacy, education and programs best accomplished collectively.

The CHIP Model: SB 697

- Reaffirm the hospital's mission statement to include reference to serve its community (one time requirement).
- Community Needs Assessment (every three years).
- Community Benefits Plan and Report (annually).

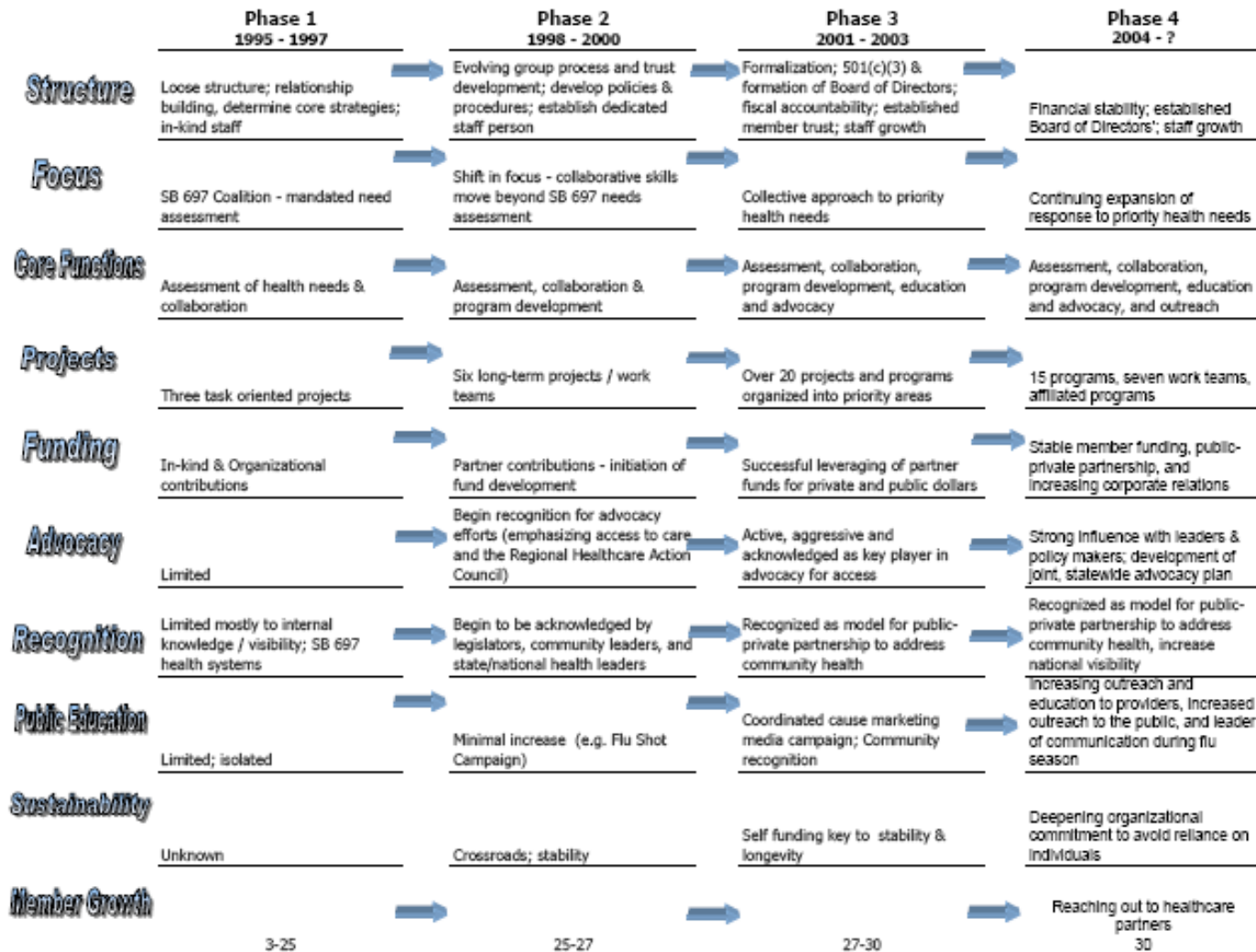
The CHIP Model: History

- San Diego SB 697 Coalition - called together at the invitation of County of San Diego Health and Human Services Agency (HHSA), San Diego State University Graduate School of Public Health and Hospital Association of San Diego and Imperial Counties.
- Renamed itself and 501 (c)(3)
- Evolution

The CHIP Model: Evolution



THE EVOLUTION OF CHIP 1995-present



The CHIP Model: Structure

Goals:

- Assessment: Track, assess and report on community health priorities and key health indicators.
- Education/Outreach: Provide education to the public and private sectors and outreach to community organizations to improve health throughout San Diego County.

The CHIP Model: Structure

Goals (continued):

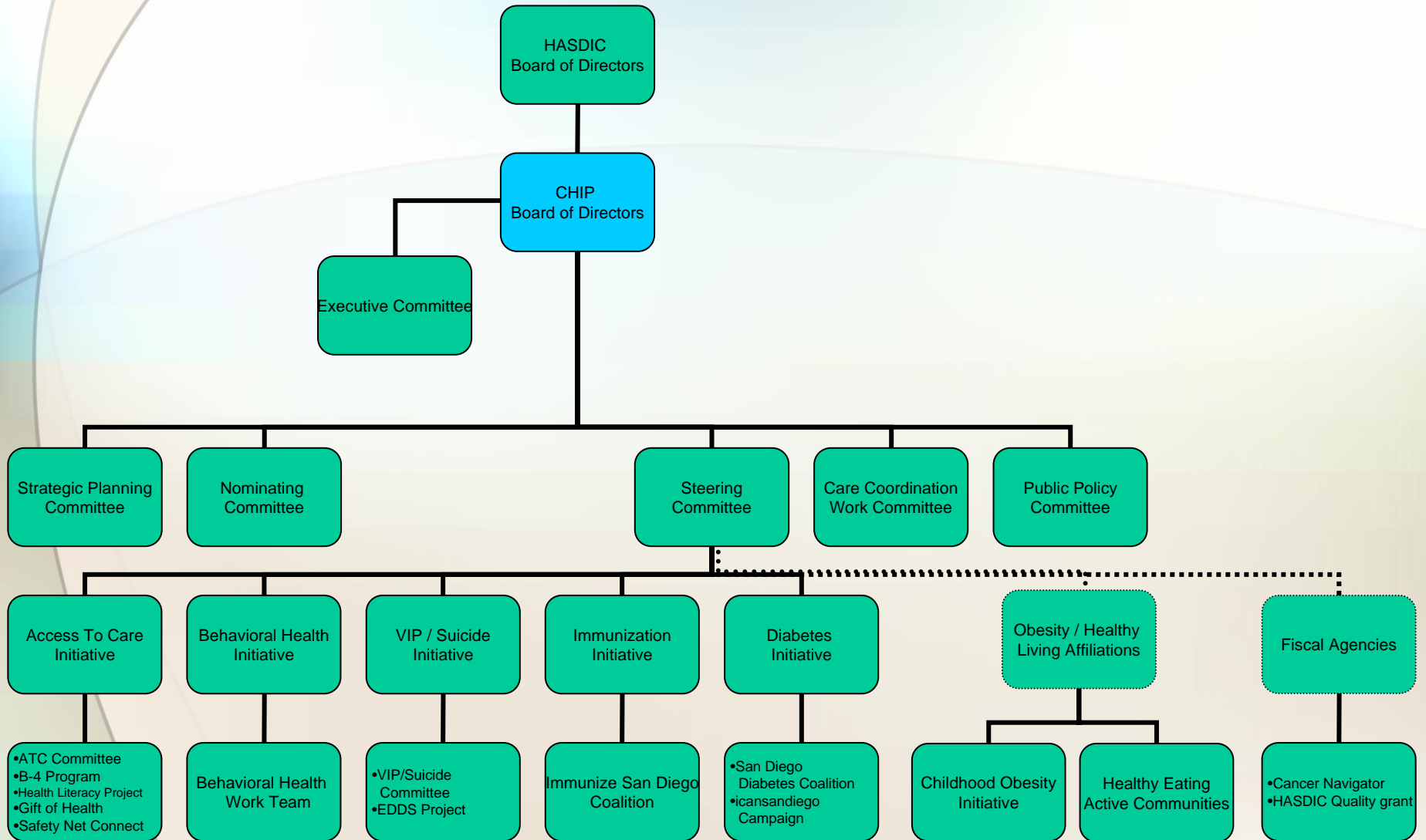
- Policy/Advocacy: Provide a forum for health policy dialogue and work toward consensus on key issues among partners. Advocate on behalf of key issues.
- Facilitation: Serve as a neutral convener to oversee collaborative community health improvement projects or initiatives.

The CHIP Model: Structure

Values:

- **COLLABORATION:** Where we can make a difference.
- **RESPECT:** Recognition of each member's perspective.
- **NEUTRALITY:** A safe place to collaborate.
- **INNOVATION:** A forum for critical thought.
- **EFFICIENCY:** Wise use of resources.
- **CREDIBILITY:** A reliable source.

The CHIP Model: Organizational Chart



The CHIP Model: Partnership

Hospitals:

- Alvarado Hospital Medical Center
- Rady Children's Hospital
- Hospital Association of San Diego & Imperial Counties
- Naval Medical Center San Diego
- Palomar Pomerado Health
- Scripps
- Sharp HealthCare
- Tri-City Medical Center
- UCSD Healthcare
- Veterans Affairs San Diego Healthcare System

Community Based Organizations:

- Alliance Healthcare Foundation
- American Lung Association
- Project Concern International
- San Diego Hospice
- Vista Hill Foundation

Health Plans:

- Community Health Group
- Kaiser Permanente
- Sharp Health Plan

County:

- County of San Diego Health and Human Services Agency

Clinics:

- Council of Community Clinics

Physicians:

- San Diego County Medical Society

Education:

- San Diego State University
- UCSD School of Medicine

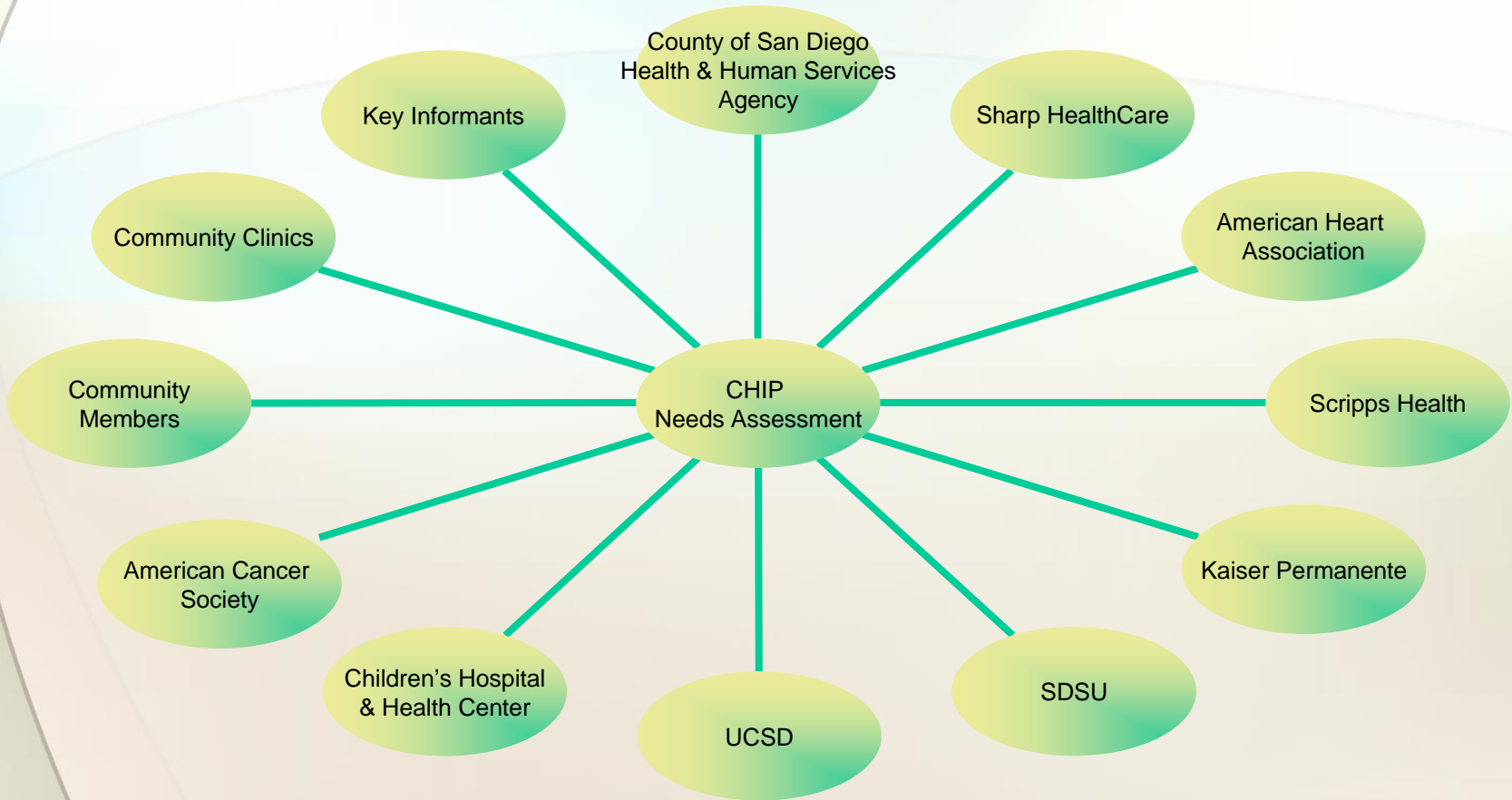
The CHIP Model: Funding

- Hospital Association of San Diego and Imperial Counties
- Member Dues
- Grants
- Fundraising
- Needs Assessment Funding

Needs Assessment Nuts & Bolts

- Review the triennial needs assessment process
- Organizational participation
- Process

Participants



Timeline

Action steps

Identify health indicators

Determine necessary data

Identify & review existing data sources

Identify & obtain additional information

Analyze & translate data into meaningful information

Identify & prioritize health needs

Compile & report

Dec Jan Feb Mar Apr May Jun July Sep Oct Nov Dec

Priority Health Issues

- Reviewed an extensive list of health issues based on the Healthy People 2010 criteria
- CHIP work team selected 14 issues
- CHIP members and a broad cross-section of San Diego County health experts were given briefs on the top 14 health issues and asked to rate each in terms of size, seriousness and community concern for each of four age groups and overall

Community Discussions

- Seven focus groups with various members of the community Downtown, El Cajon, Center City, Oceanside, Escondido and San Ysidro



Community Discussions

Focus for discussion included:

- Health promotion
- Health protection
- Disease prevention
- Healthcare and disease management
- Navigation of the healthcare system

Leading Health Concerns

- Expert Opinion and Ranking
 - Size
 - Seriousness
 - Community Concern
 - By Age Group
- Healthy People 2000 and 2010 Indicators

Health Issues by Scoring Criteria - Overall

Rank	Size	Serious	Community Concern	Overall
1	Overweight & Obesity	Overweight & Obesity	Access to Care	Overweight & Obesity
2	Access to Care	Access to Care	Overweight & Obesity	Access to Care
3	Diabetes	Mental Health	Cancer	Diabetes
4	Mental Health	Diabetes	Diabetes	Heart & Stroke
5	Heart & Stroke	Substance Abuse	Injury & Violence	Injury & Violence
6	Cancer	Heart & Stroke	Heart & Stroke	Mental Health
7	Injury & Violence	Injury & Violence	Substance Abuse	Cancer
8	Chronic Respiratory Disease	Cancer	Chronic Respiratory Disease	Substance Abuse
9	Substance Abuse	Tobacco Use	Tobacco Use	Tobacco Use
10	Infectious Disease	Chronic Respiratory Disease	Maternal Health	Chronic Respiratory Disease
11	Maternal Health	Infectious Disease	Infectious Disease	Infectious Disease
12	Oral Health	Oral Health	Mental Health	Maternal Health
13	Tobacco Use	Maternal Health	Oral Health	Oral Health
14	Arthritis	Arthritis	Arthritis	Arthritis

Local Department of Public Health

- County of San Diego has a centralized Community Health Statistics Unit
- PHS Branches contribute data to the unit for standardization
- CHSU serves as the “one stop shop” for health data in San Diego County

Data Sources Used

- Population Based Data
 - Death (Vital Records)
 - Hospital Discharge
 - Emergency Department Discharge
- Survey Based Data
 - California Health Interview Survey
- State and National Data Sources for comparison

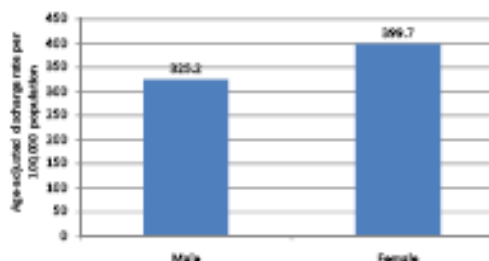
Dimensions

- Severity of Medical Encounter
 - Death, hospitalization, emergency department
- Geographic Region
- Gender
- Age Group
- Race/Ethnicity

Beginning in FY 2005/2006, emergency department discharges from San Diego hospitals have been analyzed by principal diagnosis. Review of this data related to arthritis during this period revealed the following:

- During FY 2005/2006, the rate of arthritis-related emergency department utilization was 364.2 per 100,000 population, age-adjusted.
- Females had a higher age-adjusted emergency department discharge rate for arthritis-related diagnosis than males, 399.7 and 325.2 per 100,000 population, respectively.
- African Americans had a higher age-adjusted emergency department discharge rate for arthritis-related diagnosis than persons of other racial or ethnic groups.
- Persons ages 65 and over had higher emergency department discharge rates for arthritis-related diagnosis than younger persons.
- Persons living in the Central and East regions had higher emergency department discharge rates for arthritis-related diagnoses than those living in other regions.

Arthritis Emergency Department Discharge Rate By Gender, San Diego County, FY 2005/2006



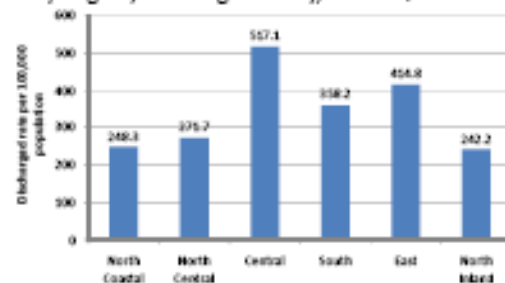
Source: NCHADS, CHS, County of San Diego, Health & Human Services Agency, Emergency Medical Services, Emergency Department Database (EMDD), Current Population Estimates, 12/31/2006. Prepared by County of San Diego (CSD), Health & Human Services Agency (HHS), Community Health Statistics, 12/2007.

Arthritis Emergency Department Discharge Rate By Race/ethnicity, San Diego County, FY 2005/2006



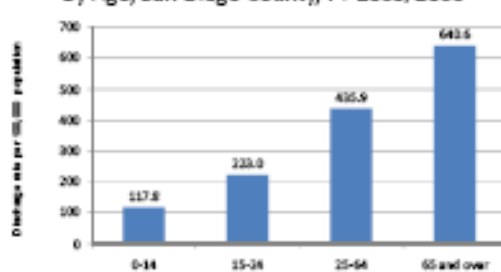
Source: NCHADS, CHS, County of San Diego, Health & Human Services Agency, Emergency Medical Services, Emergency Department Database (EMDD), Current Population Estimates, 12/31/2006. Prepared by County of San Diego (CSD), Health & Human Services Agency (HHS), Community Health Statistics, 12/2007.

Arthritis Emergency Department Discharge Rate By Region, San Diego County, FY 2005/2006



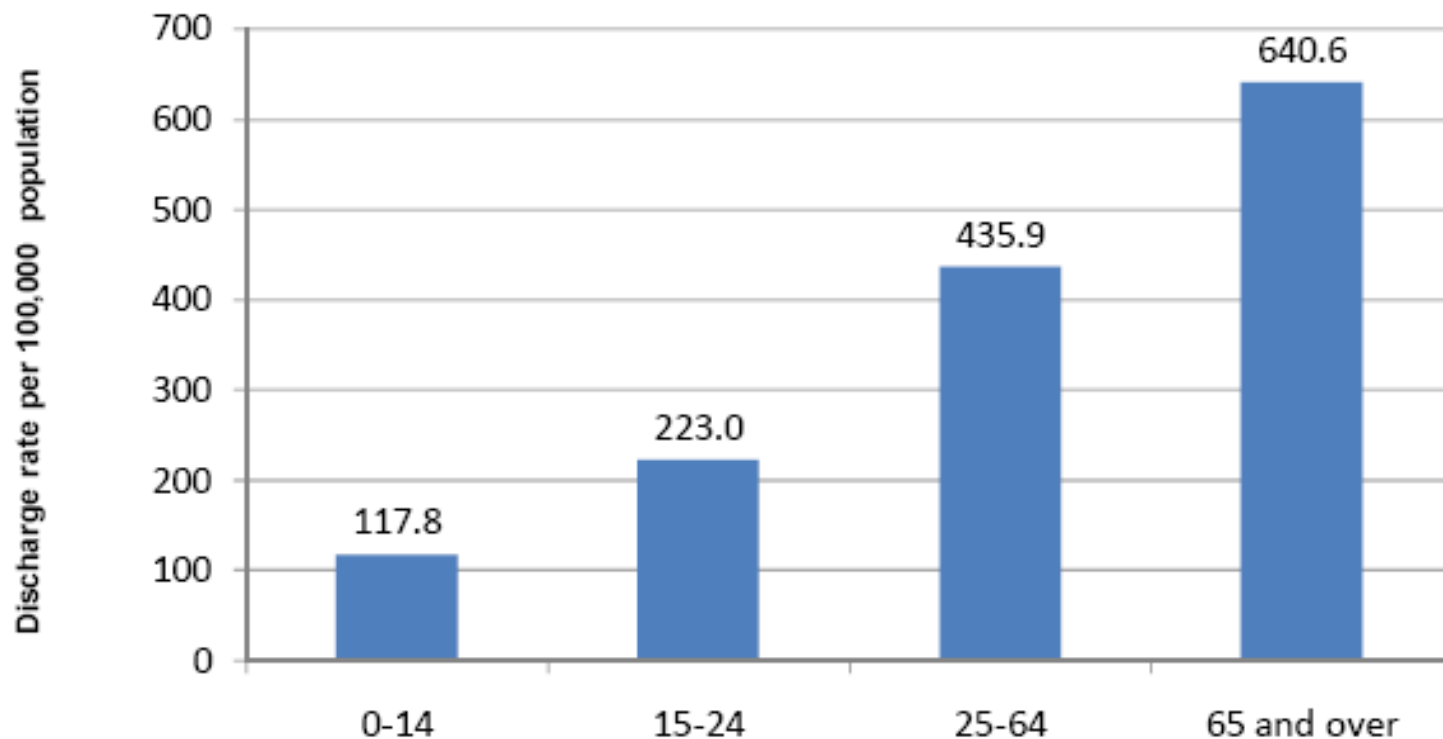
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Arthritis Emergency Department Discharge Rate By Age, San Diego County, FY 2005/2006



Source: NCHADS, CHS, County of San Diego, Health & Human Services Agency, Emergency Medical Services, Emergency Department Database (EMDD), Current Population Estimates, 12/31/2006. Prepared by County of San Diego (CSD), Health & Human Services Agency (HHS), Community Health Statistics, 12/2007.

Arthritis Emergency Department Discharge Rate By Age, San Diego County, FY 2005/2006



Source: HASD&IC, CHIP, County of San Diego, Health & Human Services Agency, Emergency Medical Services, Emergency Department Database; SANDAG, Current Population Estimates, 9/27/2006. Prepared by County of San Diego (CoSD), Health & Human Services Agency (HHSA), Community Health Statistics, 9/12/2007.

Goals of Data Collection

- Quantify the disease/injury burden
- Measure the risk of disease/injury
- Identify disparities
- Compare to state and national rates
- Full report available at
<www.sdchip.org>

Demonstrating Community Benefit

How can Needs Assessment information be applied by Non-Profit Hospitals and the community

- Needs Assessments are incorporated into Community Benefit Plans and Reports to comply with Senate Bill 697

Question: Are we implementing the right programs to meet community need?

- “Conducting a needs assessment will identify what needs exist in the community the organization serves. Community benefit leaders can then assess the degree to which their existing programs address those needs and opportunities for new services.”

Source: Evaluating Community Benefit Programs: Asking the Right Questions. Ryan Ehrensberger, Ph.D. and Julie Trocchio.

Demonstrating Community Benefit

How can Needs Assessment information be applied by Non-Profit Hospitals and the community

- “Several factors influence a hospital’s decision to continue and/or establish new community benefit programs. The following questions can ask to help address the degree to which programs meet the need in the community:

- What evidence do we have that a need exists for this community?
- What is the strength of that evidence?
- Does the program duplicate or detract from an existing community program?
- Does the program primarily serve those in need?
- Is the program easily accessible for those most in need of the service?
- Would other organizations provide this service if we did not?
- Why have we chosen to address these needs?”

Source: Evaluating Community Benefit Programs: Asking the Right Questions. Ryan Ehrensberger, Ph.D. and Julie

Demonstrating Community Benefit

How can Needs Assessment information be applied by Non-Profit Hospitals and the community

- Integrate needs assessment findings in planning and strategy development.
This will:

- Improve planning effectiveness
- Help set future course
- Guides resource allocation decisions

Source: Integrating Community Benefit Into Strategic Planning, Verite Healthcare Consulting, LLC

- Needs Assessment data is helpful for grant writing and funding opportunities
- Needs Assessments can help identify community partners in addressing community-wide problems
- Assist policy and decision makers by providing information on the most important health issues faced by County residents.

CHIP Model: Long Term Community Health Improvement Projects

- Access to Care
- Childhood Obesity Initiative



- Diabetes Coalition



Questions and Answers