Table of Contents

A Letter from UC San Diego Health................................................................. 3
About UC San Diego Health............................................................................. 4
Introduction....................................................................................................... 5
2019 Community Health Needs Assessment Summary ..................................... 5
Significant Health Needs Identified.................................................................. 6
Significant Health Needs the Hospital Will Address.......................................... 7
  Access to health care..................................................................................... 8
  Aging concerns ............................................................................................ 10
  Behavioral health ......................................................................................... 12
  Cancer .......................................................................................................... 13
Needs the Hospital Will Not Address................................................................. 15
November 13, 2019


Understanding the health care needs of San Diego is key to providing appropriate care to our community. San Diego’s growing diversity, aging population and rate of chronic disease present major challenges and opportunities, as the region requires accessible, high-quality, innovative health care services.

As the only academic health system in San Diego, UC San Diego Health is committed to providing leadership in patient care, research, education and training, and other regional services for San Diego and neighboring counties.

This Implementation Strategy offers how UC San Diego Health plans on addressing major health needs affecting the lives of people throughout the San Diego region and beyond over the next three years. It highlights key community benefit programs and services that enable us to achieve our mission, to deliver outstanding patient care through commitment to the community, groundbreaking research and inspired teaching.

If you add up all of the ways we help people, the sum would be our community benefit. It involves providing medical care to those in need, as well as programs or services that promote health and healing in response to identified community needs. Community benefits must meet at least one of these objectives: improve access to health care services; enhance the health of the community; advance medical or health care knowledge; and relieve or reduce the burden of government or other community efforts. In 2018, UC San Diego Health contributed $423.7 million in community benefit, including uncompensated and government-sponsored care, charity care and other health services and programs designed to enhance the lives of patients and residents of the community.

Since 1966, UC San Diego Health has had the privilege of providing outstanding care to those in our community who need it. At our Hillcrest and La Jolla health campuses and at clinic sites throughout the County, our physicians and staff provide exceptional on-site services, training and specialty consultation to ensure that safety net patients get high-quality care in an affordable medical home.

As UC San Diego Health moves forward with implementing and evaluating its community benefit programs and services, I look forward to working together to further our progress on behalf of the community.

Sincerely,

Patricia S. Maysent
About UC San Diego Health

UC San Diego Health is one of five academic medical centers within the 10-campus system. Collectively known as UC Health, these medical centers comprise the fourth largest health care delivery system in California. As part of a public trust organization, UC Health serves as a safety net for individuals in need. Nearly 60 percent of UC patients are covered by Medicare, Medi-Cal or lack health insurance. UC San Diego Health’s three hospitals operate under one license with a current combined capacity of 808 beds: UC San Diego Medical Center in Hillcrest (390 beds), Jacobs Medical Center (364 beds) and Sulpizio Cardiovascular Center (54 beds).

UC San Diego Medical Center in Hillcrest serves as a core clinical teaching site for UC San Diego School of Medicine and the focal point for community service programs. It houses several specialty care centers including the area’s only Regional Burn Center, and one of only two adult Level I Trauma Centers in the county. The campus is also home to the Owen Clinic, among the nation’s top HIV care programs.

The La Jolla campus is home to Jacobs Medical Center, which opened in 2016, and Moores Cancer Center, the primary site for outpatient oncology care and the region’s only National Cancer Institute-designated Comprehensive Cancer Care Center. The La Jolla campus also includes Shiley Eye Institute, a multi-specialty vision center with the region’s only facility dedicated to children, as well as Sulpizio Cardiovascular Center, the region’s first comprehensive cardiovascular center.

Our physicians also provide care to patients at Rady Children’s Hospital San Diego and Veteran Affairs San Diego Healthcare System and we maintain partnerships with other medical providers to offer services as diverse as proton therapy for cancer to at-home hospice care.

As stewards of health to their community, UC San Diego medical and pharmacy students lead the UC San Diego Student-Run Free Clinic,¹ which allows all individuals to be seen and treated at no cost.²

The mission of UC San Diego Health is to deliver outstanding patient care through commitment to the community, groundbreaking research and inspired teaching. Our vision is to create a healthier world — one life at a time — through new science, new medicine and new cures.

¹ https://medschool.ucsd.edu/som/fmph/education/freeclinic/about/Pages/History.aspx
Introduction

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

Once the CHNA is complete, UC San Diego Health, in compliance with federal regulations, reviews the CHNA and develops strategies to address the most urgent needs identified by the community. This strategy is guided by a collaborative UC San Diego Health Implementation Strategy Steering Committee which is comprised of key leaders and personnel from across the UC San Diego Health system. Together, this team discusses the needs identified by the community and applies an agreed-upon set of criteria to determine which needs should be targeted during the following three years. The team then discusses programs and policies that could be effective in addressing the community needs, chooses those which are most likely to lead to sustainable change, and creates the “implementation strategy” that is presented in this report. For information about UC San Diego Health 2019 CHNA process and for a copy of the report please visit https://health.ucsd.edu/about/gca/Documents/UCSDH-CHNA-Full-Report-2019.pdf.

2019 Community Health Needs Assessment Summary

The 2019 CHNA built on the results of the 2016 CHNA and included three types of community engagement efforts: focus groups with residents, community-based organizations, service providers, and health care leaders; key informant interviews with health care experts; and an online survey for residents and stakeholders. In addition, the CHNA included extensive quantitative analysis of national and state-wide data sets, San Diego County emergency department and inpatient hospital discharge data, community clinic usage data, county mortality and morbidity data, and data related to social determinants of health. These two different approaches allowed the CHNA Committee to view community health needs from multiple perspectives.
2019 Prioritization of Top Health Needs. The CHNA Committee collectively reviewed the quantitative and qualitative data and findings. Several criteria were applied to the data to determine which health conditions were of the highest priority in San Diego County. These criteria included: the severity of the need, the magnitude/scale of the need, disparities or inequities, and change over time. Those health conditions and social determinants of health (SDOH) that met the largest number of criteria were then selected as top priority community health needs.

Significant Health Needs Identified

The CHNA Committee identified the following as the highest priority community health needs in San Diego County (in alphabetical order by SDOH or health condition): (1) Access to health care; (2) Community and social support; (3) Economic security; (4) Education; (5) Homelessness and housing instability; (6) Unintentional injury and violence; (7) Aging concerns; (8) Behavioral health; (9) Cancer; (10) Chronic conditions.

Figure 1 above illustrates the interactive nature of SDOH and health conditions - each impacting the other. In addition, an underlying theme of stigma and the barriers it creates arose across community engagement. For instance, stigma impacts the way in which people access needed services that address SDOH, which consequentially impacts their ability to maintain and manage health conditions.
Significant Health Needs the Hospital Will Address

Process and Criteria Used. The first step in the Implementation Strategy health need prioritization process was for the leaders at UC San Diego Health to choose a set of criteria to determine which health needs would be addressed. The following criteria were chosen and applied to each of the 10 priority needs identified in the CHNA:

- **Severity of need**: This refers to how severe the health need is (such as its potential to cause death or disability) and its degree of poor performance against a relevant benchmark.
- **Magnitude/scale of the need**: The magnitude refers to the number of people affected by the health need.
- **Disparities or inequities**: This refers to differences in health outcomes by subgroups. Subgroups may be based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others.
- **Change over time**: This refers to whether or not the need has improved, stayed the same, or worsened.
- **Existing resources, expertise, and partnerships**: This refers to the existing resources, expertise, and partnerships that UC San Diego Health has to address the health needs and therefore, the potential of UC San Diego Health to effectively and sustainably meet the identified needs.
Access to health care

Access to comprehensive, quality health care services underlies the achievement of health equity in the community and ensures the health and well-being of community members. The UC San Diego Health Implementation Strategy Steering Committee chose to focus on access to health care because it meets several of the criteria for need identification: severity, magnitude, disparities/inequities, and existing resources.

The problem is severe: when people are unable to access care, the results can be devastating, leading to increased morbidity and mortality rates. During the CHNA, community members spoke frequently about challenges with accessing care and the problems these challenges create with preventing, managing, and treating chronic disease. The magnitude is significant: An estimated 12.2% of people in San Diego County are without health insurance. Inequities are clear across several measures of access to care. Those who identify as Hispanic, Native American/Alaskan Native and “other” are without health insurance more often than others; among those groups rates of being uninsured are 20.8%, 23.6%, and 24.8% respectively. Black individuals experience more “preventable hospital events” (44.8 per 1,000) than the general population (31.5 per 1,000). Medicare beneficiaries, a group made up primarily of people 65 years old and older, also receive regular care from a primary care physician (PCP) less often than others. Only 67.4% of Medicare beneficiaries have seen a PCP in the last year, compared to the 71.8% of the general population. Finally, resources are available: UC San Diego Health has the commitment to the community, the experience, and the expertise necessary to improve access to high-quality, affordable care.

Goal: Improve access to care for the communities that we serve

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Partner with community health clinics to provide services for those who are underserved in San Diego County.</td>
<td>1.1 UC San Diego Health is formalizing partnerships with San Diego's largest <strong>Federally Qualified Health Centers</strong> (FQHCs) to strategically <strong>address barriers</strong> to complex and specialty care, while promoting utilization of high quality community-based health services where patients live, work, and learn.</td>
</tr>
<tr>
<td></td>
<td>1.2 UC San Diego Health is partnering with <strong>Father Joe’s Department of Psychiatry</strong> to provide primary care services. Many of the Father Joe’s Village Health Center providers also work at UCSD and offer services for patients in the hospital.</td>
</tr>
<tr>
<td></td>
<td>1.3 UC San Diego Health partners with <strong>Father Joe’s Villages</strong> to provide psychiatric services. UCSD clinicians are trained</td>
</tr>
</tbody>
</table>
### Strategies

<table>
<thead>
<tr>
<th></th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.4</td>
<td>The UCSD Student-Run Free Clinic operates out of multiple community settings, including churches, an inner city school, and an FQHC. Supervising faculty and UCSD medical students provide high quality comprehensive primary care, 20 specialty services, restorative dentistry, mental health services, social services, and more to uninsured patients.</td>
</tr>
<tr>
<td>2.</td>
<td><strong>Provide care for uninsured and low income patients through UC San Diego Health</strong></td>
</tr>
<tr>
<td>2.1</td>
<td>UC San Diego Health provides financial assistance, for those without insurance, to receive care at UC San Diego Health.</td>
</tr>
<tr>
<td>2.2</td>
<td>The Save our Children’s Sight program brings vision exams to young, low-income children through a mobile program run by the UC San Diego Health Shiley eye center.</td>
</tr>
<tr>
<td>2.3</td>
<td>The Owen Clinic at UC San Diego Health provides comprehensive HIV care to those who are HIV positive, regardless of their insurance status. Services include HIV/AIDS treatment, case management, financial assistance, mental health services, nutrition counseling, and drug and alcohol counseling. The Owen clinic specializes in providing services to the LGBTQ+ community.</td>
</tr>
<tr>
<td>2.4</td>
<td>The Good to Go Program (NIH 1R24AI106039–01) is a new awareness effort that incorporates four tests for six conditions: HIV, syphilis, chlamydia, gonorrhea, Hepatitis B and C. The HIV Rapid Test provides results in 60 seconds. All testing is free to participants.</td>
</tr>
<tr>
<td>3.</td>
<td><strong>Improve the knowledge of the community we serve about the prevention of disease and the maintenance of good health</strong></td>
</tr>
<tr>
<td>3.1</td>
<td>Focus on Health seminars are free seminars open to the public about health conditions that affect San Diegans. Participants have the opportunity to listen to experts from UC San Diego Health discuss important health topics related to risk, prevention, and treatment of health conditions. Community members are encouraged to ask questions at the end of the presentations.</td>
</tr>
<tr>
<td>4.</td>
<td><strong>Advance medical knowledge through educational opportunities for the faculty and staff at UC San Diego Health</strong></td>
</tr>
<tr>
<td>4.1</td>
<td>Through the Faculty Development Program &quot;Addressing the Health Needs of the Underserved,&quot; physicians are provided with the administrative, scholarly, and teaching skills to develop and implement programs in the primary care of the underserved.</td>
</tr>
</tbody>
</table>
### Aging concerns

Aging concerns are defined as those conditions that predominantly affect seniors --- people who are 65 and older -- such as Alzheimer’s disease, Parkinson’s, dementia, falls, and limited mobility. The UC San Diego Health Implementation Strategy Steering Committee chose to focus on aging concerns because these issues meet several of the criteria for need identification: severity, magnitude, and existing resources.

Issues related to aging concerns can have severe consequences for the older population. In 2016, Alzheimer’s disease was the third leading cause of death and Parkinson’s disease was the 12th leading cause of death in San Diego County. In addition, during the CHNA, community members emphasized that older adults face significant barriers to receiving adequate care. These barriers include a lack of reliable affordable transportation, which is exacerbated by limited mobility for some. Other physical limitations, such as hearing and vision issues, also impact older adults’ ability to make and attend appointments. For older adults who are living off a limited income, economic security is also a barrier – the high cost of medications, co-pays and deductibles may prohibit them from accessing the care they need. The magnitude of aging issues renders them a priority for UC San Diego Health. As of 2017, 11.8% of the population in San Diego is 65 or older, and this population will be growing in coming years. Finally UC San Diego Health is uniquely positioned to address aging concerns in the San Diego community because of multiple resources are available that are designed to address the unique needs of this population.

### Goal: Contribute to the wellness of the seniors we serve

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Improve access to health care services for seniors through screenings, assessments, and</strong></td>
<td><strong>1.1 In partnership with West Health, UC San Diego Health Gary and Mary West Emergency Department (GED) faculty will engage in training all UC Health ED departments toward certification</strong></td>
</tr>
</tbody>
</table>

---

**Strategies**

5. **Provide support to community organizations that increase access to care for those who are underserved through sponsorships and financial support.**

5.1 Through the **Community Affairs Sponsorship Program**, UC San Diego Health sponsors a select number of organizations and activities each year that are strongly aligned with our mission, vision, core values and areas of focus. Sponsorship is defined as direct financial or in-kind support for special events and partnerships, including support for activities which benefit the local communities that we serve.
<table>
<thead>
<tr>
<th>Strategies</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>annual checks and referrals to supportive services</td>
<td>as a geriatric emergency department. The Gary and Mary West Emergency Department at UC San Diego Health in La Jolla has been accredited as a geriatric emergency department -- the first of its kind.</td>
</tr>
</tbody>
</table>

**1.2** UC San Diego Health provides free annual checks for the senior population through the Memory, Aging and Resilience Center (MARC). MARC offers comprehensive assessment and consultative services for individuals with suspected cognitive impairments or memory complaints.

**1.3** UC San Diego Shiley-Marcos Alzheimer’s Disease Research Center (ADRC) provides an array of support groups and activity interventions thoughtfully designed to support well-being and enhance quality of life for persons with memory disorders and their care partners. This program is facilitated by trained professionals, with no obligation to participate in research, and no cost to participate. In addition, Shiley-Marcos ADRC in La Jolla provides no-cost memory assessment appointments for seniors who may be concerned about the state of their current thinking abilities or who have a positive family history of Alzheimer’s disease.

**2. Improve access to behavioral health services to individuals 65 years and older**

**2.1** The Senior Behavioral Health program at UC San Diego Health is designed to treat and care for people 65 and older with mild, moderate, or severe mental health concerns. This program is available to those who are uninsured or underinsured.

**3. Continue to progress towards achieving IHI’s Age Friendly Health System status**

**3.1** UC San Diego has been recognized by the Institute for Healthcare Improvement as an *Age-Friendly Health System - Committed to Care Excellence*. The Strategy office is working to obtain resources to further implement the "4 M's" (What Matters, Medication, Mentation, and Mobility). We are also working toward ensuring all patients across UC San Diego Health (in inpatient and outpatient settings) receive "Age-Friendly Health System" care.
Behavioral health

Behavioral health encompasses both mental health and substance misuse – two issues that were identified by the community as high priority health needs to meet. The UC San Diego Health Implementation Strategy Steering Committee chose behavioral health as a key area of focus because it met all of the criteria for selecting priority needs: severity, magnitude, disparities/inequities, change over time, and existing resources.

Unmet behavioral health needs may lead to severe consequences, including mortality from suicide attempts and drug overdoses, and increased rates of chronic health problems. In San Diego County, for example, 2.4 people per every 100,000 die from suicide every year. The magnitude of behavioral health problems is great; 20% of the population is affected by mental illness. Disparities/inequities are evident. From 2014-2016, suicide rates decreased slightly for the general population (by 1.3%), but increased for individuals who identify as Asian/Pacific Islander, Black, and “other.” During the same time period, rates of discharge from emergency departments for acute substance abuse have increased disproportionately for Black individuals – by 177%. The problems also seem to be worsening over time. Rates of emergency department discharge for anxiety increased by 4% from 2014-2016, and for those 0-10 years old, the discharge rate increased by 84%. Substance misuse (particularly opioid misuse) also appears to be on the rise in San Diego. The rate of emergency department discharge for chronic substance abuse increased by 559% overall from 2014-2016, and rates for those 65 years and older increased by 714%. The rate of discharge for opioid misuse for those 65 and older increased by 1,734% over this two-year period. Finally, resources are available. UC San Diego health has a deep and broad understanding of behavioral health issues and is committed not only to addressing behavioral health needs but also to addressing behavioral health in conjunction with physical health.

Goal: To improve the behavioral health care delivery model for San Diegans

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Partner with the County of San Diego and community-based organizations to improve access to behavioral health care services throughout the county</td>
<td>1.1 UC San Diego Health collaborates with San Diego County Sheriff Department to provide mental health counselors for the Psychiatric Emergency Response Team so that mental health screenings can occur in the community for those experiencing a mental health crisis. 1.2 UC San Diego School of Medicine residents provide psychiatric services at Father Joe’s Villages/Village Family Health Center at St. Vincent de Paul Village free clinic that serves the homeless community.</td>
</tr>
<tr>
<td>Strategies</td>
<td>Interventions</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 1.3 Through the Project Access program, UC San Diego Health provides medical services to uninsured clients who receive drug treatment services from McAlister Institute. | 2.1 UC San Diego Health conducts workforce trainings for clinicians about the administration of Medication Assisted Treatment (MAT) for those with opioid misuse disorders.  
2.2 UC San Diego Health maintains and will improve the Combined Family Medicine-Psychiatry Residency Program, a unique, first-ever combined Family Medicine-Psychiatry Residency Program that has its out-patient "medical home" in a free clinic that serves the homeless community. |
| 2. Advance health care provider knowledge of mental health and substance use prevention and treatment options | 3.1 UC San Diego Health screens patients seen in the emergency department for risk of suicide utilizing validated screening tools (e.g. the Columbia Suicide Severity Rating Scale) and ensure results are entered into their electronic health care records within the hospital Epic system.  
3.2 UC San Diego Health screens primary care patients for risk of behavioral health issues and refer those who are at risk to mental health and/or substance use treatment services  
3.3 UC San Diego Health screens those admitted for in-patient care for behavioral health issues and refer those who are at risk to mental health and/or substance use treatment |
| 3. Integrate behavioral health screening and intervention into primary, inpatient, and emergency care services |

Cancer

Cancer was described as a priority health need by community members in the CHNA not only because of its effects on physical health but also because of its financial, practical, and emotional impacts on individuals and their families. The UC San Diego Health Implementation Strategy Steering Committee chose cancer as a key area of focus because it met several of the criteria for selecting priority needs: severity, magnitude, disparities/inequities, and existing resources.
Cancer has a **severe** impact on individuals, their families, and the community. Cancer is the leading cause of death in San Diego County, and the age-adjusted mortality rate for all cancers from 2011-2015 was 150.2 per 100,000. The **magnitude** is also significant. Among San Diego residents, the incidence rate for all cancers from 2011-2015 was 402.5 per 100,000. **Disparities/inequities** in cancer are apparent: for example, San Diegans who identify as Black/African American have the highest cancer mortality rates – 177.3 per 100,000. Finally, many **resources are available** through UC San Diego Health to address cancer, including the NCI-designated comprehensive cancer center at Moores Cancer Center.

**Goal: Improve health through cancer prevention, early detection, interdisciplinary cancer care, and support services**

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Interventions</th>
</tr>
</thead>
</table>
| 1. **Conduct research related to the prevalence and causes of cancer disparities in San Diego County** | 1.1 Through the Reducing Cancer Disparities Program at the Moores Cancer Center, UC San Diego Health designs and implements studies aimed to drive a better understanding of cancer disparities  
1.2 UC Shan Diego Health actively recruits minority patients to participate in clinical trials and research. |
| 2. **Provide cancer prevention and screening programs** | 2.1 In collaboration with San Diego State University's Public Health programs, Por La Vida involves the Latino community in Public Health education and screening programs, with an emphasis on cancer prevention.  
2.2 The Family Medicine Residency Program addresses the needs of the underserved in San Diego’s Latino community through various programs including cancer screening. This program increases opportunities for family medicine training in the Latino community, improves the ability of all primary care providers to meet the needs of Latino patients, involves academic and community family physicians in research directed at Latino health care needs, and increases the number of Latino academic family physicians and involves them in all three facets of academic family medicine: teaching, research, and patient care. |
3. **Address cancer disparities, especially in underserved communities, through collaborative partnerships**

3.1 Through community education and working with Clinical Trials Office, UC San Diego Health strives to increase minority involvement in cancer clinical trials.

3.2 UC San Diego Health makes efforts to inform cancer research to address cancer disparities in the community. Moores CancerDAT and HealthDAT San Diego (Grant UL1TR001442 CTSA) are web-based tools that provides neighborhood-specific data about the health and well-being of residents as well as information about evidence-based practices and local academic and community resources available to address health issues.

### Needs the Hospital Will Not Address

UC San Diego Health recognizes that all of the needs identified by the CHNA significantly impact the people of San Diego County, and we are dedicated to improving the lives of the people we serve in our community. For the purposes of this implementation strategy, we chose to focus on those needs for which we are most likely to create sustainable and meaningful change using our expertise and resources. As a result, we determined that efforts to address community and social support, economic security, education, homelessness and housing instability, and unintentional injury and violence were not feasible. We are mindful that these issues are paramount to the health and well-being of the community we serve. We will continue, therefore, to be open to opportunities to collaborate with the community to address these issues as they align with our core competencies and capabilities. Our hope is that our emphasis on improving access to care will result in the prevention and more effective management of chronic conditions; hence, this health need was subsumed under the umbrella of “access to care.”