



# 2022-2024 IMPLEMENTATION PLAN

HonorHealth Scottsdale Shea Medical Center

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# IDENTIFYING SIGNIFICANT HEALTH NEEDS

# ABOUT HONORHEALTH

You want healthcare focused on you – your unique needs, your schedule, your goals. You want a network of experts connected to each other, with everyone focused on your well-being. HonorHealth provides that focus. The HonorHealth health system:

- Provides care for individuals and families with a variety of medical needs.
- Encompasses more than 2,800 expert physicians, 12,800 dedicated employees, and 3,100 caring volunteers working in partnership.
- Is committed to wellness management.
- Has nearly 150 years of combined experience serving communities in greater Phoenix area.

HonorHealth is both a name and call to action. It emphasizes trustworthiness and integrity while demonstrating respect and dedication to delivering the highest quality care in a personal and easy manner. The brand promise of making healthy personal reflects HonorHealth's mission — to improve the health and well-being of our community.

## About Scottsdale Shea Medical Center

Scottsdale Shea Medical Center has 427 beds, women's services, a dedicated pediatric emergency department, pediatric ICU, and a Level III neonatal ICU. The hospital also is known as a bariatric surgery center of excellence, total joint replacement center, cardiology and oncology services, and a Designated Primary Stroke Center.

The Virginia G. Piper Cancer Center, accredited by the Commission on Cancer of the American College of Surgeons, is on the Shea campus and houses the HonorHealth Research Institute.

Scottsdale Shea Medical Center is a certified Chest Pain Center and Heart Attack Center. The facility has earned Magnet designation, the highest national designation for excellence in nursing care.

Scottsdale Shea Medical Center is dedicated to addressing its community health needs and serving the entire community, not only those who come through its doors. Building on a long tradition of service, the utilizes hospital strengths alongside those of other well-established community partners. This strategy allows Scottsdale Shea Medical Center to better understand and reach the most vulnerable sectors of the community, while meeting pressing healthcare needs.

Scottsdale Shea Medical Center completed its last Community Health Needs Assessment in 2018.



# OUR COMMUNITY HEALTH NEEDS ASSESSMENT

In 2021, Scottsdale Shea Medical Center embarked on a comprehensive Community Health Needs Assessment (CHNA) process to identify and address the key health issues for our community.

## Definition of the Community Served

Scottsdale Shea Medical Center's community, as defined for the purposes of the Community Health Needs Assessment and Implementation Plan, include each of these residential zip codes: 85022, 85032, 85251, 85258, 85260, 85050, 85254, 85255, 85259, 85268. These zip codes are the top ten zip codes where patients encountered in the Scottsdale Shea Medical Center emergency room and inpatient setting reside.

## How CHNA Data Were Obtained

The CHNA incorporated data about the community from multiple sources, including both primary and secondary data:

- A population-based survey among a representative sample of community residents (the PRC Community Health Survey)
- An online survey of Key Informants including public health representatives, health providers, and a variety of other community service providers and stakeholders (the PRC Online Key Informant Survey)
- A review of existing vital statistics, public health, census, and other data

The CHNA allowed for extensive comparison to benchmark data at the state and national levels.

The Scottsdale Shea Medical Center CHNA was conducted by PRC, a nationally recognized health care consulting firm with extensive experience conducting CHNAs in hundreds of communities across the United States since 1994.

## Identifying & Prioritizing Health Needs

### Areas of Opportunity

Significant Health Needs (or "Areas of Opportunity") were determined in the CHNA after consideration of various criteria, including: standing in comparison with benchmark data; identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. The CHNA data, analysis and key informant input identified these areas of opportunity, shown here in alphabetical order:

1. Access to Healthcare Services
2. Diabetes
3. Mental Health
4. Heart Disease & Stroke
5. Cancer
6. Nutrition, Physical Activity & Weight
7. Infant Health & Family Planning
8. Substance Abuse
9. Injury & Violence
10. Respiratory Diseases
11. Tobacco Use



## Prioritized List of Health Needs

After reviewing the CHNA findings, the CHNA Steering Committee prioritized the top health needs for our community. The CHNA Steering Committee were asked to evaluate each health issue along two criteria: 1) scope and severity of the health issue; and 2) the hospital's and the community's ability to impact that issue. Individual ratings for each criterion were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of health needs for our community:

### **Behavioral Health**

### **Access to Care**

### **Access to Healthy Food**

In identifying these community health priorities, the CHNA Steering Committee also considered:

- Existing infrastructure – the programs and systems and staff in place to address the health issue
- Established relationships – the relationships with community-based organizations that already exist and the opportunities to develop new partnerships
- Ongoing investments – the resources already committed to address the health issue – notably Desert Mission Food Bank, the SDOH Steering Committee and initiatives to address health disparities
- Focus – the alignment with HonorHealth's strategy



# ADDRESSING THE SIGNIFICANT HEALTH NEEDS



# HOSPITAL-LEVEL COMMUNITY BENEFIT PLANNING

This summary outlines Scottsdale Shea Medical Center's Implementation Plan to address our community's health needs by 1) sustaining efforts operating within a targeted health priority area; 2) developing new programs and initiatives to address identified health needs; and/or 3) promoting an understanding of these health needs among other community organizations and within the public itself.

## Priority Health Issues to Be Addressed

### Access to Care

Access to Care means an individual has timely use of personal health services. 1

Access to health care consists of four components

- Coverage: facilitates entry into the health care system. Uninsured people are less likely to receive medical care and more likely to have poor health status.
- Services: Having a usual source of care is associated with adults receiving recommended screening and prevention services.
- Timeliness: ability to provide health care when the need is recognized.
- Workforce: capable, qualified, culturally competent providers. 2

1 (IOM, 1993) Institute of Medicine now the National Academies of Science Engineering and Medicine

2 (Healthy People 2020) US Department of Health and Human Services

### Access to Healthy Food

Access to Healthy Food means an individual has physical access and economic resources for acquiring appropriate foods for a nutritious diet.

- Physical Access. Ability to move and travel to a location to acquire food.
- Economic Resources. Ability to pay for food with cash on hand and/or public assistance at a location to acquire food.
- Availability. Ability to access enough nutritious food.
- Cultural food preferences. Ability to access culturally relevant food.
- Preparation. Ability to conveniently access supplies and heat to prepare food.

### Behavioral Health

Behavioral Health is an umbrella term for mental health and wellbeing of the body, mind and spirit; including behaviors affecting health such as substance use (alcohol and drugs), sleeping habits, social interactions, food and nutrition, and exercise. 5

Mental health is an important part of overall health and well-being. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.6

5 NowPsych.com

6 Centers for Disease Control and Prevention

## Issues That Will Not Be Addressed & Why

In acknowledging the Significant Health Needs (or "Areas of Opportunity") identified in the CHNA process, Scottsdale Shea Medical Center determined that it could only effectively focus on those which it deemed most pressing, most under-addressed, and/or most within its ability to influence.





### 1. Access to Care

The CHNA Steering Committee decided this community health need is a priority health issued to be addressed. [See Action Plans below.](#)

### 2. Diabetes

The CHNA Steering Committee decided that efforts outlined herein to improve access to care, access to healthy foods will have a positive impact on prevention and management of diabetes, and that a separate set of diabetes initiatives was not necessary.

### 3. Mental Health

The CHNA Steering Committee decided this community health need is a priority health issued to be addressed as Behavioral Health. [See Action Plans below.](#)

### 4. Heart Disease & Stroke

The CHNA Steering Committee decided that efforts outlined herein to improve access to care and access to healthy foods will have a positive impact on prevention, early detection and management of heart disease and stroke, and that a separate set of heart disease and stroke initiatives was not necessary.

### 5. Cancer

The CHNA Steering Committee decided efforts outlined herein to improve access to care and access to healthy foods will have a positive impact on prevention, early detection, and management of cancer, and that a separate set of cancer-specific initiatives was not necessary.

### 6. Nutrition, Physical Activity & Weight

The CHNA Steering Committee decided that efforts outlined herein to improve access to care and access to healthy foods will have a positive impact on nutrition, physical activity, and weight and that a separate set of initiatives was not necessary.

### 7. Infant Health & Family Planning

The CHNA Steering Committee decided that this priority area falls more within the purview of the county health department and other community based organizations. Limited resources and lower priority excluded this as an area chosen for action.

### 8. Substance Abuse

The CHNA Steering Committee decided that action plans for Behavioral Health are aligned with addressing Substance Abuse so this community health need will be included together with Behavioral Health Action Plans. [See Action Plans below.](#)

### 9. Injury & Violence

The CHNA Steering Committee decided that existing investments in Injury & Prevention and limited additional resources for additional investment excluded this as an area chosen for action.

### 10. Respiratory Diseases

The CHNA Steering Committee that efforts outlined herein to improve access to care will have a positive impact on early detection of respiratory diseases, and that a separate set of respiratory disease-specific initiatives was not necessary.

### 11. Tobacco Use

The CHNA Steering Committee decided that other community organizations have infrastructure and programs in place to better meet this need and limited resources excluded this as an area chosen for action.



# 2022-2024 IMPLEMENTATION PLAN

## Action Plans

Scottsdale Shea Medical Center's action plans to address priority health issues in the FY2022-FY2024 period:

### Priority Area #1: Behavioral Health

Community Health Need: Behavioral Health

Anticipated Impact: Increased access to behavioral health services.

Goal: Partner with community behavioral health services to increase access to services

- Strategy 1 Continue Behavioral Health Hospital launch
- Strategy 2 Add points of care such as multidisciplinary medical centers
- Strategy 3 Support community health centers behavioral health intake depression screenings and care coordination
- Strategy 4 Partner with external providers to offer outpatient and residential mental health and substance abuse services

Goal: Integrate depression and anxiety screenings and behavioral health providers in points of care

- Strategy 1 Continue HonorHealth Medical Group depression and anxiety screenings
- Strategy 2 Integrate behavioral health clinician into HonorHealth Medical Group Primary Care practices

Goal: Expand support groups and trauma informed care training

- Strategy 1 Add support groups for well-being, health conditions and chronic disease management
- Strategy 2 Continue employee training
- Strategy 3 Continue care-giver well-being programs

Goal: Support programs for outpatient substance use disorder prevention and treatment

- Strategy 1 Continue Opioid Stewardship Steering Committee workplan
- Strategy 2 Support Intensive Outpatient Programs for the treatment of Substance Use Disorder

### Priority Area #2: Access to Care

Community Health Need: Access to Care

Anticipated Impact: Increased access to health care services and increased prevention, early detection, and management of chronic disease.

Goal: Strengthen affiliation with community health centers to improve access points

- Strategy 1: Continue "Hospital to NOAH" referral and navigation program

Goal: Provide more points of access to services in the network; physical and virtual

- Strategy 1 Add physical points of care
- Strategy 2 Expand virtual access through telemedicine
- Strategy 3 Expand virtual access through improved scheduling options
- Strategy 4 Expand virtual access by increasing utilization of digital tools such as MyChart
- Strategy 5 Expand virtual access for Spanish speakers

Goal: Expand post-discharge navigation and support services

- Strategy 1 Add hospital based discharge and medical appointment transportation options
- Strategy 2 Add hospital based "Bridge Hospital to Home" program
- Strategy 3 Implement closed-loop referral system

Goal: Address economic barriers to accessing care through eligibility support and enrollment

- Strategy 1 Continue support for eligibility support and enrollment by community health centers
- Strategy 2 Continue Desert Mission financial counseling
- Strategy 3 Continue hospital based eligibility support and enrollment

Goal: Expand workforce capacity residency training programs, student internships, clinical rotations, and military training programs

- Strategy 1 Continue workforce development through residencies and fellowships



- Strategy 2 Continue workforce development through nursing clinical rotations
- Strategy 3 Continue workforce development through allied professional clinical rotations
- Strategy 4 Continue workforce development through Military Partnership training

Goal: Improve access to new treatments and advanced standards of care through clinical research

- Strategy 1 Continue clinical trials

### Priority Area #3: Access to Healthy Food

Community Health Need: Access to Healthy Food

Anticipated Impact: Increased access to health foods and increased prevention, early detection, and management of chronic disease.

Goal: Offer a variety of programs to address food insecurity and nutrition at Desert Mission Food Bank

- Strategy 1 Continue Desert Mission Food Bank operations for vulnerable populations
- Strategy 2 Continue Desert Mission Food Bank operations for children at schools, libraries, and community centers
- Strategy 3 Continue Desert Mission Food Bank operations for seniors
- Strategy 4 Continue Desert Mission Food Bank operations for children including infants

Goal: Provide additional points of access to healthy foods

- Strategy 1 Continue culinary services meal preparation for delivery
- Strategy 2 Continue Desert Mission Food Bank senior bags for seniors in the Commodity Senior Food Program CSFP
- Strategy 3 Add consistent food resources at Medical Centers
- Strategy 4 Add consistent food resources additional points of care for vulnerable populations

Goal: Increase food insecurity screening and referrals

- Strategy 1 Expand Medical Center food insecurity screenings and referrals
- Strategy 2 Expand food insecurity screenings and referrals additional points of care

Goal: Implement a closed-loop referral system in partnership with Community Based Organizations (CBOs)

- Strategy 1 Implement closed-loop referral system at points of care

Goal: Develop external partnerships to broaden connection between food, nutrition, and chronic disease

