

#### TABLE OF CONTENTS

IDENTIFYING SIGNIFICANT HEALTH NEEDS	3
ABOUT HONORHEALTH	4
OUR COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA)  Definition of the Community Served  How CHNA Data Were Obtained  Identifying & Prioritizing Health Needs	5 5 5
ADDRESSING THE SIGNIFICANT HEALTH NEEDS	7
HOSPITAL-LEVEL COMMUNITY BENEFIT PLANNING Priority Health Issues to Be Addressed Issues That Will Not Be Addressed & Why	<b>3</b> 3
2022-2024 IMPLEMENTATION STRATEGY Action Plans Implementation Strategy Adoption	<b>10</b>





## 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 Sonoran Crossing Medical Center**

HonorHealth Sonoran Crossing Medical Center is a 70-bed, full-service hospital.

Located at Interstate 17 and Dove Valley Road in north Phoenix, Sonoran Crossing Medical Center is designed to serve all your health care needs in an extraordinarily healing environment:

- 24-hour emergency care for patients of all ages. The emergency department is staffed by residency-trained, board-certified emergency physicians who have access to the latest technology and treatments
- Comprehensive obstetrical and gynecological care, including prenatal and postpartum care, labor and delivery services, and care for low-risk babies (34 weeks of age and older)
- Surgical services for joint replacement and minimally invasive orthopedic, spine, gynecologic, and general surgery procedures, treatments, and therapies
- Medical office building with outpatient medical imaging, including CT scans, MRIs and breast health services featuring 3D mammography
- Outpatient offices connected to the main building offering specialty care
- The hospital also provides intensive care services, including a tele-critical care program. Sonoran Crossing 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 Sonoran Crossing Medical Center to better understand and reach the most vulnerable sectors of the community, while meeting pressing healthcare needs.

Sonoran Crossing Medical Center completed its last Community Health Needs Assessment in 2018.



## OUR COMMUNITY HEALTH NEEDS ASSESSMENT

In 2021, Sonoran Crossing 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

Sonoran Crossing 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: 85027, 85085, 85086, 85087, 85324, 85383, 85083, 85310, 85308, 85331. These zip codes are the top ten zip codes where patients encountered in the Sonoran Crossing emergency room setting reside (prior to the Medical Center facility opening in 2020).

#### 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 Sonoran Crossing 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 Sonoran Crossing 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 Sonoran Crossing 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 Behaviorial 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 Behaviorial Health are aligned with addressing Substance Abuse so this community health need will be included together with Behaviorial 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**

Sonoran Crossing 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 behaviorial 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

