

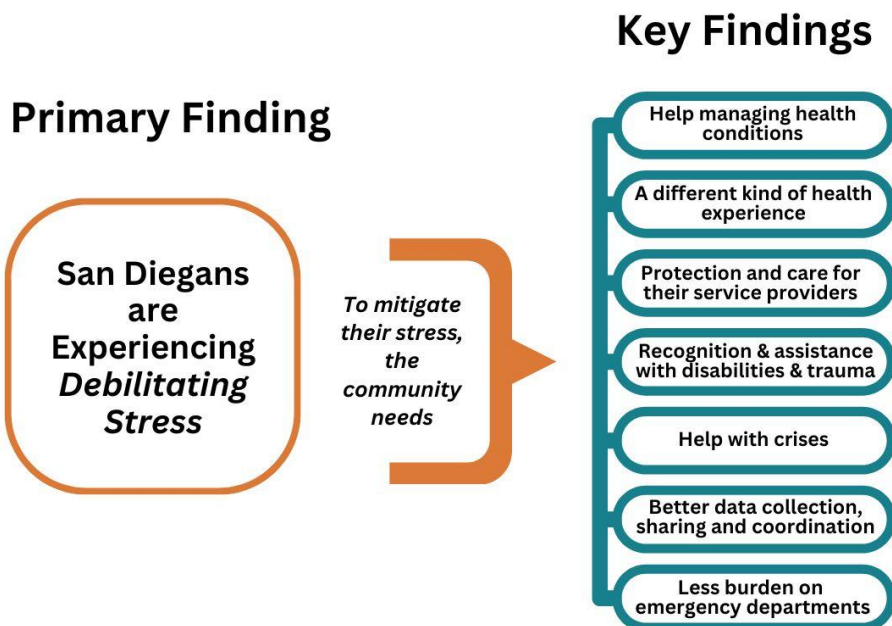
Sharp Chula Vista Medical Center Implementation Strategy Fiscal Years 2026 – 2029

As a not-for-profit organization, Sharp HealthCare (Sharp) places great value on the health and wellness of the San Diego community through its mission and commitment to excellence. Sharp participates in a countywide collaborative that conducts a triennial Community Health Needs Assessment (CHNA) to identify the priority health needs facing the San Diego community. Sharp then develops a separate CHNA for each individually licensed hospital based on the collaborative work.

In response to the 2025 CHNA findings, each Sharp hospital, including Sharp Chula Vista Medical Center (SCVMC), created an implementation strategy that highlights programs, services and resources it provides to address the identified health needs in its community.

2025 CHNA Top Community Needs

The graphic illustrates the top community needs identified in the 2025 Community Health Needs Assessment (CHNA). Chronic stress was consistently highlighted as a significant theme across all qualitative data collection methods. It is recognized as a **Primary Finding**, indicating its role as a barrier affecting community members' ability to manage their health and health care effectively. Within the context of the primary finding, the 2025 CHNA explored ways in which health care systems could alleviate this stress. The community recommended several health improvement strategies, which are highlighted as other **Key Findings**.



Sharp has numerous support programs for patients and employees to help address the top community needs identified in the 2025 CHNA and will continue to examine them with a goal to expand and improve offerings. The following pages include, but are not limited to, strategies designed to address community needs identified through SCVMC’s 2025 CHNA process, as follows:

Sharp Identified Need	2025 CHNA Findings Addressed
Health Conditions	Help managing health conditions
Access to Healthcare	A different kind of healthcare experience; Better data collection, sharing and coordination; Less burden on emergency departments
Community Safety	Recognition and assistance for disabilities and trauma; Help with crises
Workforce	Protection and care for service providers

Needs Not Addressed

SCVMC recognizes that it cannot meet every health need identified in the community and will instead focus efforts on the areas where its expertise and resources allow for the greatest impact. While we acknowledge the importance of all identified needs, some—such as dental health—will not be directly addressed through current SCVMC initiatives due to existing limitations and the availability of other community resources.

Learn more

To learn more about Sharp's CHNA process and findings, please view [Sharp’s 2025 hospital CHNAs](#) (including SCVMC) or contact communitybenefits@sharp.com.

SCVMC FY 2026 – 2029 Implementation Strategy

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Identified Community Health Need – Asthma, Respiratory Health				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
1. Increase access to care for community members living with chronic lung diseases (e.g., asthma, COPD).	a. Provide resources and self-monitoring tools to help community members remain in recovery after hospital discharge.	Ongoing (evaluated annually)	Manager, Pulmonary Services	<u>Fiscal Year (FY) 2026 Plans:</u> <ul style="list-style-type: none"> Provide patient navigation support services at hospital discharge to community members affected by chronic lung disease Provide portable devices (e.g., peak flow meters, CPAP) to vulnerable patients to facilitate self-monitoring after hospital discharge
2. Engage and partner with local community organizations that address respiratory health issues to enhance service to vulnerable populations.	a. Provide preventive education to community members in partnership with local community organizations and other Sharp departments.	Ongoing (evaluated annually)	Manager, Pulmonary Services Manager, SGH Community Relations	<u>FY 2026 Plans:</u> <ul style="list-style-type: none"> Identify a community health education opportunity related to asthma management or a related respiratory health care topic
	b. Maintain active relationships with local, state and national community boards and committees.	Ongoing (evaluated annually)	Various	<u>FY 2025 and 2026 Activities:</u> <ul style="list-style-type: none"> Participation on local chapter of American Lung Association board of directors Participation on California Society for Respiratory Care Board

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Identified Community Health Need – Aging Care and Support				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
1. Increase awareness of aging care and support through education and resources for patients, family members and the broader community.	a. Maintain active relationships with community organizations serving seniors in the south region, including senior centers.	Ongoing	Program Manager, Sharp Chula Vista Medical Center (SCVMC) Community Relations	<u>FY 2024 Activities:</u> <ul style="list-style-type: none"> Identified more affordable senior residences, assisted living facilities, and services in Mexico that are an option for patients in the SCVMC community Hosted events for senior community members at the South Bay YMCA Shared its emergency department (ED) transformation and hospital information to the City of Chula Vista Health, Wellness, and Aging Commission
	b. Host and participate in community health fairs for seniors and provide education and resources on aging care and support.	Ongoing	Program Manager, SCVMC Community Relations SCVMC Lead Medical Social Worker	<u>FY 2024 Activities:</u> <ul style="list-style-type: none"> Provided approximately 120 blood pressure screenings at various retirement communities and senior focused events, reached approximately 600 with free education and resources Held a free Bone and Joint Health Expo and offered over 80 attendees bone density screenings and information and resources on orthopedic and spine care Hosted an Advance Care Planning workshop for over 40 attendees at Otay Mesa-Nestor Branch Library The Birch Patrick Convalescent Center (skilled nursing facility) continued its Music and Memory Program to provide interventions to long-term patients with memory impairments and dementia
	c. Continue to connect patients to appropriate services to support recovery and healthy aging at home.	Ongoing	SCVMC ED	<u>FY 2024-25 Activities:</u> <ul style="list-style-type: none"> SCVMC continues to offer screening and support services to seniors admitted through its ED¹
2. Improve access to quality hospice, palliative and end-of-life care.	a. Maintain active relationships with local, state and national community boards and	Ongoing	Various, Sharp HospiceCare	<u>FY 2024-25 Activities:</u> <ul style="list-style-type: none"> Participated on boards and committees including, but not limited to: the Caregiver Coalition of San Diego, Coalition for Compassionate Care of California, East County Senior

¹ Sharp's four EDs hold Geriatric Emergency Department Accreditation through the American College of Emergency Physicians.

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Identified Community Health Need – Aging Care and Support				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
	committees to expand access to quality hospice, palliative and end-of-life care.			Service Providers, San Diego County Hospice Veteran Partnership, California Hospice and Palliative Care Association, California Health Care Foundation’s California Physician Orders for Life-Sustaining Treatment (POLST) eRegistry Implementation Committee, San Diego County Medical Society Bioethics Commission, and the Health Services Advisory Group/Sharp Grossmont Care Coordination Collaborative
	b. Collaborate with a variety of experts to provide ethical and equitable crisis care.	9/30/2025 (evaluated annually)	Vice President (VP), Sharp HospiceCare Advance Care Planning (ACP) Coordinator, Sharp HospiceCare	FY 2024 Activities: Contributed to development of a new framework called the San Diego County Allocation of Scarce Resources During Crisis Care – The Community Standard of Care Consensus, a collective effort of the San Diego County Medical Society Bioethics Commission
3. Increase the availability of education, resources and support to community members with life-limiting illness and their loved ones.	a. Support the unique needs of military veterans and their families through participation in community events and services.	Ongoing (evaluated annually)	Bereavement Department, Business Development and Volunteer Services Sharp HospiceCare	FY 2024 Activities: <ul style="list-style-type: none"> • Celebrated nearly 200 veterans during community events in partnership with USS Midway, St. Paul’s retirement community, and the City of San Diego Parks and Recreation • Expanded services and staff/volunteer/community engagement with annual education and outreach as a Level 4 partner of We Honor Veterans program • Maintained membership in the San Diego Hospice Veterans Partnership (SDHVP), a group of hospice programs who participate in the We Honor Veterans (WHV) program
	b. Provide community education and resources on end-of-life care.	Ongoing effort (programs planned on an annual basis)	Business Development Department,	FY 2025 and 2024 Activities: Reached more than 300 community members through classes, conferences, and community events in the areas of end of life care and Advanced Illness Management

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Identified Community Health Need – Aging Care and Support				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
			Sharp HospiceCare	
	c. Offer individual and family bereavement counseling, support groups, and resources.	Ongoing (evaluated annually)	Bereavement Department, Sharp HospiceCare	<u>FY 2024 Activities:</u> <ul style="list-style-type: none"> Provided bereavement counseling to nearly 100 community members, including Referrals to community counselors, mental health services, and bereavement support services Served 150-200 community members through free bereavement education and support group offerings Mailed nearly 1,600 monthly bereavement support newsletters to community members for the year following the loss of a loved one
	d. Provide ACP for community groups as well as individual consultations.	Ongoing (evaluated annually)	ACP Department, Sharp HospiceCare	<u>FY 2024 Activities:</u> <ul style="list-style-type: none"> Reached 230 community members by hosting workshops and classes countywide in partnership with organizations including, but not limited to: Sharp Community Resource Center, Grossmont Healthcare District, Point Loma Community Presbyterian Church, Scripps Miramar Ranch Library, and John D. Spreckels Center Provided free consultations to 90 community members seeking ACP guidance
4. Increase awareness and empowerment surrounding hospice and palliative care options.	a. Provide hospice, palliative care and ACP education and training to physicians, case managers, other health care professionals and health care students.	Ongoing (evaluated annually)	Medical Director, Sharp HospiceCare Business Development Department, ACP department Sharp HospiceCare	<u>FY 2024 Activities:</u> <ul style="list-style-type: none"> Provided 320 hours of mentorship to nursing and advanced practice students Presented on end-of-life and spirituality to 30 physician assistant graduate students Conducted a virtual ACP presentation for more than 30 nursing students Partnered with San Diego Coalition for Compassionate Care to provide monthly education and training on POLST to more than 60 community health professionals and students Provided education on ACP, the End of Life Option Act and spiritual care in palliative care to professional and academic groups Engaged in a workgroup for Compassion & Choices’ National Emergency and Palliative Medicine Initiative

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Identified Community Health Need – Aging Care and Support				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
			ACP Coordinator, Sharp HospiceCare	Evaluation: Presentations are evaluated through survey and tracked through an internal database to measure program effectiveness and document activities for annual Community Benefit Plan and Report
	b. Continue active involvement with state and national hospice organizations, including presentations on understanding late-stage illness, ACP, compassionate care, etc.	Ongoing (evaluated annually)	VP, Sharp HospiceCare Medical Director, Sharp HospiceCare	FY 2024-25 Activities: <ul style="list-style-type: none"> Provides presentations each year in collaboration with state and national organizations Sharp HospiceCare leadership continues to serve on the California Hospice and Palliative Care Association board Evaluation: Community presentations provided through Sharp HospiceCare are evaluated through survey to evaluate effectiveness and revise program content.
5. Collaborate with community, state and national organizations to develop and implement appropriate services for the needs of the aging population.	a. Explore partnership with community organizations designed specifically to meet the needs of caregivers.	Ongoing (evaluated annually)	Business Development Department, Sharp HospiceCare	FY 2024-25 Activities: <ul style="list-style-type: none"> Provide ACP for community groups as well as individual consultations² Please refer to line item 3a , line item 3b , line item 3d and line item 4b for additional information on current efforts.
	b. Collaborate with local networking groups and community agencies to provide caregiver classes, end-of-life programs, ACP seminars, web presentations and community-related information for	Ongoing (evaluated annually)	Business Development Department, Sharp HospiceCare	FY 2024-25 Activities: Please refer to line item 3a , line item 3b , line item 3d and line item 4b for additional information on current efforts.

² Sharp’s ACP team partners with San Diego Health Connect, Health and Human Services Agency’s Aging and Independence Services, Health Services Advisory Group, County of San Diego Emergency Medical Services, and various health care providers in SDC to ensure that community providers have access to POLST forms through the countywide San Diego Healthcare Information Exchange.



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Identified Community Health Need – Aging Care and Support				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
	consumers and health care professionals.			

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Identified Community Health Need – Behavioral Health				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
1. Improve behavioral health outcomes for safety net patients through early assessment, intervention and resource provision.	a. Provide assessment and early intervention of behavioral health issues for safety net patients presenting in the emergency department (ED).	Ongoing (evaluated annually)	Director, SCVMC Case Management & Social Work SCVMC Lead Medical Social Worker SCVMC Social Services Staff	<p><u>FY 2026 Plan:</u></p> <ul style="list-style-type: none"> • Participate in the California Bridge program³; identify patients in need of MAT (medication-assisted treatment) and connect them to community resources • Partner with Family Health Centers of San Diego to optimize appointment scheduling to facilitate improved access to services during discharge planning <p><u>FY 2024-25 Activities:</u></p> <ul style="list-style-type: none"> • Continued to identify key stakeholders, implement processes for the MAT program and train staff <ul style="list-style-type: none"> ○ Designated a physician champion to spearhead program implementation ○ Provided MAT assessment training for four social workers and hired a Substance Use Navigator to direct patient care ○ Provided patients with free NARCAN[®] nasal spray and an appointment with a community clinic for ongoing MAT • Provided safety net patients with comprehensive behavioral health services, including mental health evaluation, appropriate placement within the hospital/community, and referrals to ED patients presenting with severe mental illness • Conducted outreach with patients at International Overdose Awareness Day <p><u>Evaluation:</u> SCVMC’s efforts to establish medical homes have resulted in a dramatic decrease in the number of vulnerable community members using the hospital’s ED as a primary source of care</p>

³ The California Bridge program was launched in May 2021 and serves patients with opioid use disorder. Sharp EDs continue to equip inpatients with lifesaving NARCAN[®] prescriptions and education at discharge.

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Identified Community Health Need – Cancer				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
1. Improve navigation of the health care system for cancer patients in San Diego County’s south region through patient navigation services.	a. Offer the cancer patient navigator program to SCVMC cancer patients.	Ongoing	SCVMC Cancer Patient Navigator Coordinator	<p><u>FY 2025-26 Plan:</u></p> <ul style="list-style-type: none"> The Cancer Centers of Sharp plan to revamp the current model for navigation and restructure navigator roles and responsibilities to better distribute resources to more disease sites <p><u>FY 2024 Activities:</u></p> <ul style="list-style-type: none"> Assisted more than 300 patients with personalized support
	b. Provide and refine SCVMC Cancer Patient Navigation Distress Screening technology to screen, track and respond to the needs of cancer patients and their families.	Ongoing (evaluated annually)	VP Oncology Service Line SCVMC Cancer Patient Navigation program Oncology Social Worker Sharp Outpatient Oncology Nurses	<p><u>FY 2025-26 Plan:</u></p> <ul style="list-style-type: none"> Expand use of distress screening tool to increase the number of patients screened at least one time, as well as the number of patients screened more than one time, especially at times of care transitions
2. Increase cancer education and support for community members in the south region with cancer diagnoses.	a. Offer free education, support sessions and community resources for community members with cancer diagnoses and their support networks.	Ongoing	SCVMC Cancer Patient Navigator Coordinator	<p><u>FY 2024-25 Activities:</u></p> <ul style="list-style-type: none"> Reached more than 1,800 community members through free support groups Reached more than 625 community members through free webinars, classes, and workshops

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Identified Community Health Need – Cancer				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
				<ul style="list-style-type: none"> Cancer Centers for Sharp offered 11 different cancer support groups for patients and community members, including groups in English and Spanish
	b. Provide a wig and prosthesis bank to cancer patients.	Ongoing	SCVMC Cancer Patient Navigator Coordinator	FY 2024-25 Activities: <ul style="list-style-type: none"> The Barnhart Cancer Center provided cancer patients with donated wigs, prosthetic devices and bras at no cost
3. Increase awareness of the signs and symptoms of cancer through community education and screening events.	a. Conduct comprehensive cancer screenings in English and Spanish and collaborate with partners to offer resources.	Ongoing	VP Clinical Support Services, SCVMC SCVMC Cancer Patient Navigator Coordinator	FY 2024-25 Activities: <ul style="list-style-type: none"> Hosted a women’s cancer screening event and health fair at the Barnhart Cancer Center in collaboration with La Maestra Community Health Centers and Las Damas de San Diego International Nonprofit Organization
	b. Host and participate in community events to provide education and awareness on cancer for San Diego’s south region population.	Ongoing	Various	FY 2024-25 Activities: <ul style="list-style-type: none"> Offered education on cancer prevention, risk factors, and support services at annual Sharp Women’s Health Conferences Participated in community walks including American Lung Association annual Lung Force Walk and the American Cancer Society’s Making Strides Against Breast Cancer Walk, along with sponsorship of ACS event Featured Sharp cancer specialists in local English- and Spanish-language media and related content on sharp.com to raise awareness about cancer screenings
	c. Reduce the negative impacts of cancer on the broader	Ongoing	VP Oncology Service Line	FY 2025-26 Plan: <ul style="list-style-type: none"> Provide screening opportunities for breast, lung and colon cancers

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Identified Community Health Need – Cancer				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
	community through earlier detection of certain cancers.			FY 2024 Activities: <ul style="list-style-type: none"> 60 screenings were completed
	d. Expand Sharp Cancer Genetics Program to increase access to cancer screenings for high-risk community members.	Ongoing (evaluated annually)	VP Oncology Service Line	FY 2024 Activities: <ul style="list-style-type: none"> Offered personalized assessments to evaluate patients' risk of hereditary cancer and its effect on treatment and prevention strategies, with a focus on improving access to genetic counseling and testing for gynecological cancer patients Evaluation: Program's referral base increased by 43% and the number of patients receiving genetic counseling increased by 54% in FY24; Ovarian cancer referrals increased by 3% and endometrial cancer referrals increased by 10%
4. Increase support and ongoing education for cancer survivors.	a. Develop a survivorship program that meets the ongoing needs of cancer survivors and their loved ones.	Ongoing (evaluated annually)	Survivorship Program Coordinator Program Manager for Cancer Quality and Outcomes	FY 2026 Plan: <ul style="list-style-type: none"> Host annual events including Survivorship conference and Cancer Survivors Day FY 2024-25 Activities: <ul style="list-style-type: none"> Hosted the annual Survivorship conference Hosted and provided transportation for the annual Cancer Survivors Day to recognize and support over 200 community members affected by cancer Hosted a private Sharp HealthCare Cancer Patient Community Group on Facebook for cancer patients and their loved ones, engaged more than 260 members Evaluation: The Cancer Centers of Sharp outline and evaluate at least three services within the program and report results on an annual basis.

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Identified Community Health Need – Cardiovascular Disease				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
1. Increase access to screenings, community education and support for cardiovascular and cerebrovascular health among San Diego County (SDC) south region community members.	a. Provide or participate in community events focused on cardiovascular care, targeting Spanish-speaking SDC south region community members.	Ongoing	Manager, SCVMC Cardiac Services Manager, SCVMC Community Relations VP Clinical Support Services, SCVMC	FY 2026 Plan: <ul style="list-style-type: none"> Offer free community webinars on heart valve disease and atrial fibrillation Offer heart health and stroke education at the annual San Diego Heart & Stroke Walk FY 2024-25 Activities: <ul style="list-style-type: none"> Offered a free community webinar and follow up information on heart valve disease and atrial fibrillation to over 200 people Provided blood pressure screenings and health-related resources to more than 400 community members at Otay Ranch Town Center’s Celebration and Family Festival Raised funds and participated in the annual San Diego Heart & Stroke Walks, providing stroke education to event attendees Provided blood pressure screenings, stroke education, and stroke risk assessments to 150 attendees at the annual Sharp Women’s Health Conferences
	b. Provide education and support to SDC south region community members living with heart disease.	Ongoing	Senior Cardiac Specialist, SCVMC Cardiac Services Director, SCVMC Marketing & Communications	FY 2026 Plan: <ul style="list-style-type: none"> Develop an in-person stroke support group Share information about prevention and treatment options through media channels FY 2024-25 Activities: <ul style="list-style-type: none"> Featured Sharp-affiliated cardiovascular physicians and experts in local English and Spanish media to educate the community on congestive heart failure Offered outpatient cardiac rehabilitation as appropriate and encouraged all patients to attend regardless of ability to pay Conducted daily interdisciplinary rounds for post-cardiac surgery patients which allows patients to ask specific questions about their disease, plan of care, and follow up. Reinstituted in-person education to all post-op cardiac surgery patients and their families.

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Identified Community Health Need – Cardiovascular Disease				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
				<ul style="list-style-type: none"> Phone call outreach to discharged patients after hospitalization for heart failure and cardiac surgery to provide an ongoing education and reinforcement of prescribed regimen.
	c. Provide stroke and blood pressure, and education in SDC’s south region.	Ongoing	Manager, SCVMC Cardiac Services VP Clinical Support Services, SCVMC Program Manager, SCVMC Stroke Manager, SCVMC Community Relations	<p><u>FY 2026 Plan:</u></p> <ul style="list-style-type: none"> Offer community classes focusing on stroke recognition, treatment and rehabilitation Provide screenings and health education to the community on a variety of health topics Hold free community webinars about atrial fibrillation and reducing the risk of stroke <p><u>FY 2024-25 Activities:</u></p> <ul style="list-style-type: none"> Participated in and provided nearly 300 blood pressure screenings as well as heart health and stroke education to over 1,000 community members through several events in partnership with community organizations serving the south region, including but not limited to assisted living facilities, San Ysidro Civic Center, and Otay Ranch Town Center SCVMC-affiliated cardiothoracic surgeon educated approximately 30 community seniors on heart care at St. Paul’s Plaza Educated the community on identifying stroke risks and symptoms through newsletters and social media
2. Collaborate with other health care organizations in San Diego on stroke education and prevention efforts.	a. Continue participation in San Diego County Stroke Consortium and collaboration with the County of San Diego Emergency Medical Services.	Ongoing	VP, Sharp Ortho/Neuro Service Line Director, Sharp Neuroscience Service Line	<p><u>FY 2024 Activities:</u></p> <p>Participated in countywide San Diego County Stroke Consortium efforts as follows:</p> <ul style="list-style-type: none"> Provided first responders with education on recognizing and responding to LVO Participated in County of San Diego and UCSD research to determine correlation between FAST-ED scores and likelihood of having LVO <ul style="list-style-type: none"> Data was collected early to mid-2024 at all Sharp stroke centers Will guide future EMS protocol around LVO patient transport to stroke centers with thrombectomy capabilities

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Identified Community Health Need – Cardiovascular Disease				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
			Program Manager, SCVMC Stroke	<ul style="list-style-type: none"> Provided stroke awareness education at the Strike Out Stroke baseball game at Petco Park, reaching 350 community members with Sharp resources and 42,000 with Consortium messaging displayed on stadium Jumbotron. <p>Evaluation: Sharp’s systemwide stroke program participated in submitting data on stroke codes to SDC monthly. As a result, data is tracked to determine trends and gaps in the County of San Diego EMS/hospital arena.</p>
3. Provide heart health education to health care professionals in the community.	a. Provide expert speakers on heart disease, heart failure and stroke at professional conferences and events.	Ongoing	Various	<p>FY 2024-25 Activities:</p> <ul style="list-style-type: none"> Provided education on pacemaker evolution and latest technology at SCVMC Physician soiree attended by over 100 attendees – physicians and community representatives Sharp’s systemwide stroke program managers provided training to EMS and fire departments throughout San Diego County including BE-FAST and FAST-ED for large vessel recognition, risk factors, protocol updates and stroke code prehospital training

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Identified Community Health Need – Diabetes				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
1. Increase education of signs and symptoms of diabetes throughout the south region, particularly among underserved and minority populations in the community.	a. Participate in educational forums, health fairs and events throughout SDC, including the south region.	Ongoing	Sharp Diabetes Leadership Team	<p><u>FY 2026 Plan:</u></p> <ul style="list-style-type: none"> • Provide health education to the South Bay community through a partnership with SunCoast Market Co-Op • Collaborate with Olivewood Gardens and Learning Center to provide diabetes education to the South Bay community • Participate in the annual San Diego Heart & Stroke Walk and Tour de Cure • Offer diabetes education and support at the annual Sharp Women’s Health Conference • Provide group instruction for newly diagnosed gestational diabetes patients, including follow-up and support through delivery <p><u>FY 2024-25 Activities:</u></p> <ul style="list-style-type: none"> • Raised funds and participated in annual San Diego Heart & Stroke Walk • Offered diabetes education and support including an expert speaker as well as diabetes risk assessments and disease management resources to approximately 750 attendees at the annual Sharp Women’s Health Conferences • Reached 30 community members with presentations and discussions on diabetes management at Olivewood Gardens and Learning Center and Center for Healthy Aging <p><u>Evaluation:</u> Feedback is collected from community members on educational courses provided, to improve and refine educational resources for community member needs. Sharp Diabetes Leadership Team meets annually to evaluate the programs over the previous year.</p>

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Identified Community Health Need – Diabetes				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
	b. Explore internal and external opportunities to provide additional resources and education to patients in need.	Ongoing (evaluated annually)	VP, Sharp Diabetes Leadership Team Clinical Support Services, SCVMC	FY 2024-25 Activities: Served as an insulin pump training center ⁴ to support endocrinologists and primary care physician groups throughout SDC
	c. Continue to provide education to students in local high schools and colleges as well as health professionals.	Ongoing	Sharp Diabetes Leadership Team	FY 2024-25 Activities: <ul style="list-style-type: none"> • Reached 60 students within San Diego State University (SDSU) dietetics program through a career panel/presentations covering clinical education and patient education modalities • Supported the San Diego WIC (Women, Infants and Children) Dietetic Internship program by serving on its board and providing education, career development and mentorship opportunities for interns • Provided a poster presentation on blood sugar levels, blood pressure and diabetes management to 200 attendees at the AHA Annual Meeting
	d. Assess existing community resources and explore areas where additional diabetes education and resources are available in SDC's south region.	12/31/2025 (annual evaluation until the next CHNA)	Sharp Diabetes Leadership Team	FY 2024-25 Activities: <ul style="list-style-type: none"> • Exploring partnerships to address food insecurity as part of nutrition education and incorporating food insecurity screening into patient diabetes education and counseling
	e. Provide diabetes education to high-risk women with gestational diabetes, through collaboration with community clinics.	Ongoing – evaluated Annually	Sharp Diabetes Leadership Team	FY 2024-25 Activities: <ul style="list-style-type: none"> • Provided nutrition, blood sugar monitoring and exercise education as well as resources to underserved pregnant and breastfeeding mothers with diabetes, both at the hospital and in collaboration with community clinics • Provided services and education to nearly 260 underserved pregnant and breastfeeding women with diabetes at SCVMC

⁴ Since 2020, the Sharp Diabetes Education Program has served as an insulin pump training center, where the program trains community providers to use diabetes technology, including insulin pumps, continuous blood glucose monitors and blood glucose meters, to improve patient care and health outcomes.

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Identified Community Health Need – Diabetes				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
				<p>Evaluation: Program and patient feedback reviewed by diabetes leadership annually.</p>
2. Improve access to diabetes educational resources for underserved populations in SDC’s south region.	a. Explore partnerships with community clinics to offer diabetes classes at clinic locations.	Ongoing (evaluated annually)	Sharp Diabetes Leadership Team	<p>FY 2026 Plan:</p> <ul style="list-style-type: none"> Provide discharged patients with resources to connect with a local physician upon discharge to promote care continuity <p>FY 2024-25 Activities: Served patients referred by community clinics, and provided consultation to providers at community clinics, as needed</p>
	b. Create language-appropriate and culturally sensitive diabetes educational materials.	Ongoing (evaluated annually)	Sharp Diabetes Education Leadership Team	<p>FY 2024-25 Activities:</p> <ul style="list-style-type: none"> Provided educational resources in several languages, as well as food diaries and logbooks for community members to track blood sugar levels Provided live interpreter services, available in more than 200 languages via the Stratus Video Interpreting iPad application Ensured training for Sharp diabetes care and education specialists to help improve the delivery of inclusive and culturally competent care

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Identified Community Health Need – Maternal & Prenatal Care, Including High-Risk Pregnancy				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
1. Improve education and support for mothers-to-be and their families in the south region.	a. Offer free support groups, events and educational classes for mothers to-be.	Ongoing (evaluated annually)	SCVMC Perinatal Educator	<p><u>FY 2025-26 Plan:</u></p> <ul style="list-style-type: none"> • Offer pregnancy planning webinars <p><u>FY 2024 Activities:</u></p> <ul style="list-style-type: none"> • Led a free, weekly breastfeeding support group in both English and Spanish • Led four Planning for Pregnancy webinars for over 60 community members covering various pre- and post-natal care management topics • Offered webinars in both English and Spanish titled Baby Care Basics, Childbirth Preparation, and Breastfeeding for a nominal fee
	b. Collaborate with community-based organizations who support the needs of new mothers and families.	Ongoing (evaluated annually)	Lead SCVMC Medical Social Worker	<p><u>FY 2024-25 Activities:</u>⁵</p> <ul style="list-style-type: none"> • Distributed over 19,575 diapers to more than 380 families in need, serving over 400 children • Distributes over 370 packs of baby wipes to families in need • Secured external funding to provide 45 families with car seats

⁵ SCVMC has collaborated with the Jacobs & Cushman San Diego Food Bank’s Diaper Bank Program since 2019 to provide diapers to low-income families and more recently, baby wipes and other critical resources.



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Identified Community Health Need – Access to Health Care				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
1. Increase health coverage for patients seen in the emergency department.	a. Provide services to help every unfunded patient in the emergency department find coverage options.	Ongoing (evaluated annually)	Supervisor, Patient Assistance Navigators	<p><u>FY 2024 Activities:</u></p> <ul style="list-style-type: none"> Sharp secured Medi-Cal Presumptive Eligibility for 2,760 unfunded patients in the ED Used PointCare to assist more than 3,800 self-pay patients <p><u>Evaluation:</u> The PointCare program collects metrics on number of individuals served and cost savings. From October 2015 to September 2024, Sharp helped nearly 98,000 self-pay patients through PointCare, while maintaining each patient’s dignity throughout the process.</p>
2. Provide payment options, education and support to patients for both inpatient and outpatient hospital facilities with an inability to pay their financial responsibility after health insurance.	a. Provide Certified Application Counselors to assist both patients and community members with Covered California assistance.	Ongoing	Patient Financial Services (system level) Certified Application Counselors	<p><u>FY 2024 Activities:</u></p> <ul style="list-style-type: none"> In support of Covered California’s annual open-enrollment period, Sharp’s registration staff included Certified Application Counselors to assist both patients and the larger community with navigating the Covered California website and plan enrollment
	b. Assist patients in need of access to free or low-cost medications.	Ongoing	Manager of Pharmacy Finance & Regulatory Compliance Supervisor, Patient Assistance Navigators	<p><u>FY 2024 Activities:</u></p> <ul style="list-style-type: none"> Patient Assistance Program helped under- and uninsured patients access medications worth a total of \$14.3 million <p><u>Evaluation:</u></p> <ul style="list-style-type: none"> Cost savings for replacement drugs is monitored through the pharmacy. Sharp uses a specific adjustment code to track dollars associated with results of the patient financial assistance application review



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Identified Community Health Need – Access to Health Care				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
	c. Participate in the 340B Drug Pricing Program.	Ongoing	Manager of Pharmacy Finance & Regulatory Compliance	<p><u>FY 2024 Activities:</u></p> <ul style="list-style-type: none"> Annual savings totaled more than \$110 million to help expand programs and medication access to Sharp's patients in need
	d. Offer ClearBalance — a specialized loan program for patients facing high medical bills.	Ongoing	Supervisor, Patient Assistance Navigators Manager Patient Access Services, Self-Pay Patients	<p>ClearBalance is offered by San Diego-based CSI Financial Services for the benefit of insured and uninsured patients.</p> <p><u>FY 2024 Activities:</u></p> <ul style="list-style-type: none"> Since 2010, ClearBalance has assisted more than 9,800 Sharp patients in securing small bank loans to help pay off medical bills in low monthly payments.
	e. Provide Project HELP funds for pharmaceuticals, transportation vouchers and other needs for economically disadvantaged patients.	Ongoing	Chief Financial Officer	<p><u>FY 2024 Activities:</u></p> <ul style="list-style-type: none"> Funds for Sharp Chula Vista Medical Center campus, Project HELP support amounted to nearly \$90,000 in free medications, transportation and other financial assistance <p><u>Evaluation:</u> Project HELP funds are tracked through an internal database.</p>
3. Improve care management and clinical-community linkages that address social determinants of health	a. Continue data sharing and collaboration with the San Diego Community Information Exchange (CIE)/211 San Diego. ⁶	June 2026	Sharp VP ICM	<p><u>FY 2026 Plan:</u></p> <ul style="list-style-type: none"> Continue to support expanding utilization and tracking referrals compared to SDoH needs identified in hospitalized patients.

⁶ Sharp implemented data sharing and collaboration with the 211's CIE team to improve access to care and mitigate adverse outcomes related to social determinants of health, with pilot rollout and training beginning in 2019.

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Identified Community Health Need – Access to Health Care				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
through use of technology platform that shares health and social services data across health care and social service sectors.				<ul style="list-style-type: none"> Explore further integration of CIE into Epic. This strategy has been adopted with other local healthcare organizations and has shown to improve experience and utilization <p><u>FY 2024-25 Activities:</u></p> <ul style="list-style-type: none"> Observed a >400% increase (18 to 97) in active CIE users from the year prior with over 200 users completing training between FY24 and FY25 (systemwide) An average of 60 referrals a month are processed with consistent trending of increased utilization and referral activity
4. Improve outcomes for vulnerable, underfunded patients and community members.	a. Continued partnership and collaboration with recuperative care units.	Ongoing (evaluated annually)	Sharp Clinical Social Workers VP, Sharp ICM	<p><u>FY 2024 Activities:</u></p> <ul style="list-style-type: none"> Partnered with recuperative care providers to assist individuals experiencing homelessness with treatment options upon discharge.
	b. Ongoing assessment of homeless data to identify opportunities for community partnerships and interventions.	Ongoing	VP, Sharp ICM	<p><u>FY 2025-26 Plan:</u></p> <ul style="list-style-type: none"> Continue to progress data collection to concurrently advance care opportunities by: <ul style="list-style-type: none"> Exploring opportunities for introduction of a risk index via Epic - will include consideration of individuals experiencing homelessness to more quickly pair assessment with appropriate intervention Introducing methods for distinguishing homelessness as a comorbidity Included a 211/CIE database in its new electronic medical record to improve the provision of person-centered care for patients experiencing homelessness as well as success of community referrals for housing and other social needs
	c. Explore and expand Sharp HealthCare (Sharp) integrated delivery system access to post-acute recuperative care services.	Ongoing	VP, Sharp ICM	<p><u>FY 2026 Plan:</u></p> <ul style="list-style-type: none"> Resolve gaps in care through community outreach efforts to identify opportunities as they become available <p><u>FY 2024-25 Activities:</u></p>

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Identified Community Health Need – Access to Health Care				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
				<ul style="list-style-type: none"> Sharp Integrated Care Management (ICM) has created a System Social Work Educator role to advance Medical Social Work and build upon community partnerships Coordinated care efforts with partners such as Whole Person Wellness, PATH (People Assisting the Homeless) and 211 CIE Screened patients experiencing homelessness for insurance and provided weather appropriate clothing, meal prior to discharge, prescriptions and community resources when needed. <p>Evaluation:</p> <ul style="list-style-type: none"> Sharp is seeking to identify short-term solutions for immediate needs as they occur, in addition to long-term, sustainable solutions. Each patient is independently considered for exact care need, likely term for the need, and various care setting options immediately available.
	d. Ongoing assessment of homeless data to identify opportunities for community partnerships and interventions.	Ongoing	VP, Sharp ICM	<p>FY 2025-26 Plan:</p> <p>Continue to progress data collection to concurrently advance care opportunities by:</p> <ul style="list-style-type: none"> Exploring opportunities for introduction of a risk index via Epic - will include consideration of individuals experiencing homelessness to more quickly pair assessment with appropriate intervention Introducing methods for distinguishing homelessness as a comorbidity Sharp has included a 211/CIE database in its new electronic medical record to improve the provision of person-centered care for patients experiencing homelessness as well as success of community referrals for housing and other social needs

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Identified Community Health Need – Access to Health Care				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
	e. Assist vulnerable patients and patients experiencing homelessness by collaborating with community organizations as well as referring them to local community organizations and resources.	Ongoing	Director, SCVMC Case Management & Social Work SCVMC Lead Medical Social Worker SCVMC Patient Support Services and Development Program Manager, SCVMC Community Relations	<p><u>FY 2024-25 Activities:</u></p> <ul style="list-style-type: none"> • Established a partnership with Community Research Foundation's Extended Case Management program • Collaborated with Family Health Centers of San Diego’s Downtown Homeless Navigation Center for increased support at discharge and to establish medical homes • Provided referrals to various community organizations in partnership with the Alpha Project and Father Joe's Villages • Established partnerships with the City of Chula Vista to refer adults experiencing homelessness to city-specific housing, homeless services and resources • Collaboratively established outpatient treatment plans with safety net patients who frequent the ED and provide these patients with education on the proper use of the ED <ul style="list-style-type: none"> ○ More than 740 patients in the ED and nearly 1,250 patients hospital-wide were treated specifically for issues related to homelessness, and many of those patients also received substance use treatment • Provided weather-appropriate clothing and shoes through the Community Closet program <p><u>Evaluation:</u> SCVMC’s efforts to establish medical homes supports efforts to decrease the number of vulnerable community members using the hospital’s ED as a primary source of care, indicating improved access and improved quality of care for these individuals.</p>
	f. Connect patients and community members to resources for low-cost medical equipment, housing options and follow-up care.	Ongoing	Director, SCVMC Case Management & Social Work	<p><u>FY 2024 Activities:</u></p> <ul style="list-style-type: none"> • Provided specialized programming to support low-income, uninsured and medically underserved patients, including assistance with establishing medical homes • Provided care and community resources to safety net patients with chronic conditions <ul style="list-style-type: none"> ○ Low-cost generic prescriptions and discount cards ○ Referrals to Sharp’s pharmacy assistance program



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Identified Community Health Need – Access to Health Care				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
			SCVMC Lead Medical Social Worker	<ul style="list-style-type: none">○ Medication assistance through community clinics and County programs○ Provided transportation assistance for patients with limited access

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Identified Community Health Need – Community Safety				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
1. Provide an injury and violence prevention program for children, adolescents and young adults throughout SDC.	a. Educate high school students on injury and violence prevention and health care career readiness in partnership with the San Diego County Office of Education College and Career Readiness Team.	Ongoing	SMH Community Health Educator	<u>FY 2024 Activities:</u> <ul style="list-style-type: none"> • Provided injury prevention education to nearly 1,000 students in grades 9-12 from nine high schools throughout the county
	b. Increase knowledge and awareness of the causes and risk factors of brain and spinal cord injury and injury prevention measures.	Ongoing	SMH Community Health Educator	<u>FY 2026 Plans:</u> <ul style="list-style-type: none"> • Expand beyond the scope of the San Diego County Office of Education’s College and Career Readiness program to provide and provide educational presentations to schools in North County, Coronado and the South Bay • Partner with the San Diego County Office of Education’s College and Career Readiness program through participation in conferences, round table events and collaborative projects <u>FY 2024-25 Activities:</u> <ul style="list-style-type: none"> • Offered numerous educational opportunities for community students and residents. Please see line item 1a above for additional details • Presented on traumatic brain injury, spinal cord injury, disability awareness and the permanence of certain injuries to 150 students at Avocado Elementary School in La Mesa
2. Increase awareness of injury and violence prevention for patients and community	a. Continue to participate in the California Highway Patrol’s Every 15 Minutes program.	Ongoing (evaluated annually)	SMH Trauma Manager	<u>FY 2024-25 Activities:</u> <ul style="list-style-type: none"> • Served nearly 2,000 students at Santana and Mountain Empire High Schools through Every 15 Minutes program to raise awareness on personal safety, drinking and driving, and related injury prevention topics.

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Identified Community Health Need – Community Safety				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
members through education and outreach.				<ul style="list-style-type: none"> Served nearly 4,000 students at Westview High School and Scripps Ranch High School through Every 15 Minutes program to raise awareness on personal safety, drinking and driving, and related injury prevention topics.
	b. Continue to provide free STOP the Bleed trainings to community members throughout SDC.	Ongoing (evaluated annually)	SMH Trauma Manager	<p>FY 2025-26 Plan: Continue providing free STOP the Bleed trainings in the community to train, equip and empower bystanders to assist in a bleeding emergency before professional help arrives.</p>
3. Increase education and awareness of health care professionals and community members in San Diego on around violence and trauma, including human trafficking.	a. Collaborate with community organizations and health care professionals to share best practices and provide education on human trafficking.	Ongoing	SMH Assistant Librarian Sharp Coronado Hospital and Healthcare Center Medical Social Worker Trauma-Informed Care team at Sharp Mesa Vista Hospital	<p>FY 2024-25 Activities:</p> <ul style="list-style-type: none"> Maintained participation and leadership in San Diego Regional Human Trafficking and Commercial Sexual Exploitation of Children Advisory Council Health Subcommittee⁷, including, but not limited to, the following collaborative training and education efforts: <ul style="list-style-type: none"> Facilitator at HEAL Trafficking Train the Trainer Academy for more than 40 public health professionals and health educators Provided a trauma-informed care continuing medical education series to more than 50 community healthcare professionals Provided education on trauma-informed approaches to human trafficking to 60 nursing and PA students Recorded and shared Health Subcommittee meetings and associated resources as appropriate, reaching contact list of more than 600 community members Presented best practices at SMH trauma multi-disciplinary rounds conference Presented best practices to Healthcare in Action (street medicine) Nonfatal strangulation training scheduled for August 11th includes CE

⁷ SMH librarian established the Health Subcommittee in 2018. This multidisciplinary group — including physicians, nurses, mental health professionals, social workers, executives and community stakeholders — supports health care systems in addressing human trafficking and trauma-informed care through best practice sharing, protocol development and education.

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Identified Community Health Need – Community Safety				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
				Joined the SoCal Safe Shelter Collaborative to support safe discharges of survivors of human trafficking and domestic violence; onboarded and trained all Sharp hospitals on providing referrals to support services and shelters through this system.
	b. Collaborate with community organizations to improve data collection and assessments for non-fatal strangulation.	Ongoing	SMH Assistant Librarian	<p><u>FY 2025-2026 Plans:</u></p> <ul style="list-style-type: none"> ▪ Provide a continuing education training on non-fatal strangulation or mandated support <p><u>FY 2024-25 Activities:</u></p> <ul style="list-style-type: none"> • Present non fatal strangulation training with California Clinical Forensic Medical Training Center (CCFMTC) August 2025
	c. Implement human trafficking and trauma-informed care trainings and protocols at Sharp.	Ongoing	SMH Assistant Librarian SMH Emergency Department Leadership Sharp’s Continuing Medical Education Department Sharp Coronado Hospital Medical Social Worker	<p><u>FY 2026 Plans:</u></p> <ul style="list-style-type: none"> • Replace previously used screening tools with the PEARR Tool and lead its clinical validation • Hire a survivor consultant to review protocols and make recommendations • Integrate best practices on human trafficking and trauma-informed care into new nurse orientations and continuing education events • Update the personal safety questions with the Epic customization • Update the P&P for domestic violence and human trafficking to reflect SB 963 <p><u>FY 2024-25 Activities:</u></p> <ul style="list-style-type: none"> • Created and provided human trafficking workshop at the Sharp Brown Simulation Center, worked with a paid survivor consultant on instruction; and offered CEUs for all Sharp staff <ul style="list-style-type: none"> ○ Results demonstrated significant improvement in all areas: confidence in recognizing indicators increased from 2.8 to 4.0, using the structured communication tool increased from 2.2 to 3.9, and providing appropriate resources increased from 2.5 to 4.1. Qualitative feedback from participants emphasized the value of experiential learning, noting the simulation as informative, realistic, and emotionally engaging

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Identified Community Health Need – Community Safety				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
				<ul style="list-style-type: none"> Expanded implementation of trauma-informed care protocols for SMV, SMBHWN, SGH, Sharp Chula Vista Medical Center, Sharp Rees-Stealy Medical Centers and Sharp Community Medical Group clinicians to support patients who have been trafficked or have experienced similar exploitation/abuse Developed a protocol at SCHHC for identification of trafficked persons, responses within the healthcare system, and resources to provide to patients
4. Promote the health and safety of the San Diego community through essential emergency and disaster preparedness activities and services.	a. Train community health care professionals on emergency and disaster preparedness.	Ongoing	Director, Emergency/ Disaster Preparedness	<p><u>FY2024-25 Activities:</u></p> <ul style="list-style-type: none"> Hosted monthly trainings on ARES® (Amateur Radio Emergency Service) Offered free NIMS (National Incident Management System) and HICS (Hospital Incident Command System) classes Hosted and facilitated trainings for pediatric surge readiness and mass casualty triage Educated personnel from County of San Diego Public Health Preparedness and Response Branch and Office of Emergency Services on Sharp disaster preparedness efforts Educated community health care workers on active shooter response and Stop the Bleed
	b. Participate in local and state disaster preparedness exercises in collaboration with public health agencies and other health care partners.	Ongoing	Director, Emergency/ Disaster Preparedness	<p><u>FY2024-25 Activities:</u></p> <ul style="list-style-type: none"> Joined more than 100 regional health care partners to test major utility failure readiness through the California Department of Public Health and the California Emergency Medical Service Authority annual Statewide Medical and Health Exercise Collaborated on regionwide Radiation Exposure Table Top Exercise as well as Region Wide Fuel Planning
	c. Serve on various local, state, and national committees and boards to strengthen collaboration and coordinated response.			



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Identified Community Health Need – Community Safety				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
				<ul style="list-style-type: none">Maintained participation in local health system workgroup that prepares workforce for local emergency response to public health events



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Identified Community Health Need – Workforce				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
1. Increase regional awareness and collaboration between regional health care providers, law enforcement and community leaders regarding violence against health care workers, as well as opportunities/strategies to prevent and protect health care workers.	a. Participate in the countywide workplace violence prevention workgroup.	Ongoing	CEO, Sharp HealthCare VP, Sharp HealthCare Government Relations	<u>FY 2024-25 Activities:</u> Participate in San Diego Hospital Violence Task Force. Task force members include all San Diego health systems, the Hospital Association of San Diego and Imperial Counties, the San Diego County District Attorney’s Office, the Office of the San Diego City Attorney, the San Diego County Sheriff’s Department, the San Diego Police Department, the Chula Vista Police Department, the Carlsbad Police Department, the National City Police Department, the La Mesa Police Department, the Escondido Police Department, the Oceanside Police Department and the San Diego Harbor Police Department
2. Collaborate with local high schools and elementary schools to support and inspire health care careers.	a. Provide career pathway programs and early professional development for elementary, middle and high school students.	Ongoing	Various	<u>FY 2024 Activities:</u> <ul style="list-style-type: none"> • Collaborated with Health Sciences High and Middle College, providing early professional development for over 60 students • An SCVMC-affiliated orthopedic surgeon educated nearly 20 transitional kindergarten students in Chula Vista on bones in the body
3. Collaborate with local colleges/universities to support and inspire health care careers.	a. Provide internships to college/university students.	Ongoing	Varies – Preceptors throughout SCVMC	<u>FY 2024 Activities:</u> <ul style="list-style-type: none"> • Collaborated with local, state and national schools, colleges and universities to provide hospital-based opportunities for students to explore and train for a variety of careers • Provided more than 86,800 hours of training and supervision for over 560 students • Over 420 nursing students dedicated over 41,900 hours to clinical rotations • Partnered with Midwestern University in Glendale, Arizona, to provide physician-led mentorship opportunities for medical students • Partnered with Southwestern College to train nursing students enrolled in the Integrative Therapies Collaborative externship; trained nearly 30 students - 1,100 hours of service • Provided more than 800 hours of supervision, training, lectures and support to pharmacy students; invited nearly 30 advanced practice pharmacy students to participate in rotations

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Identified Community Health Need – Workforce				
Objectives	Actions	Target Completion Date	Responsible Party/ies	Evaluation Methods, Measurable Targets, and Other Comments
				<ul style="list-style-type: none"> Provided over 1,000 hours of training to eight post-graduate Doctor of Pharmacy residents Hosted four Master of Social Work students through Department of Social Work
	b. Provide education to and share best practices with health professionals in the San Diego community.	Ongoing	Various	<p><u>FY 2024 Activities:</u></p> <ul style="list-style-type: none"> Offered a monthly Healing Touch practice/support group for community members who have taken Healing Touch Level 1 or higher Presented on the benefits of integrative therapies for all health care models at the 2024 California Hospital Volunteer Leadership Conference Provided a tour to ALA board members of the Sharp Prebys Innovation and Education Center, including the innovative simulated training space