

Sharp Mesa Vista Hospital Community Health Needs Assessment

Fiscal Year 2022



Committed to Improving the
Health and Well-Being of Our Community

SHARP

Sharp Mesa Vista

2022 CHNA Executive Summary

Sharp HealthCare (Sharp) has been a longtime partner in the process of identifying and responding to the health needs of the San Diego community. This partnership includes a broad range of hospitals, health care organizations and community agencies that have worked together to conduct triennial community health needs assessments (CHNAs) for more than 20 years. Previous collaborations among not-for-profit hospitals and other community partners have resulted in numerous well-regarded CHNA reports. Sharp hospitals, including Sharp Mesa Vista Hospital (SMV), base their community benefit and community health programs on the findings of their CHNAs, expertise in programs and services offered at their hospital, and knowledge of the populations and communities they serve.

The Sharp Mesa Vista Hospital 2022 Community Health Needs Assessment (SMV 2022 CHNA) examines the health needs of the community members it serves in San Diego County (SDC). SMV prepared this CHNA for fiscal year 2022 (FY 2022) in accordance with the requirements of Section 501(r)(3) within Section 9007 of the Patient Protection and Affordable Care Act (Affordable Care Act) and Internal Revenue Service (IRS) Form 990, Schedule H, for not-for-profit hospitals.

The SMV 2022 CHNA process and findings are based on the collaborative Hospital Association of San Diego and Imperial Counties 2022 Community Health Needs Assessment (HASD&IC 2022 CHNA) process and findings for SDC.

HASD&IC CHNA Collaboration and Governance

The HASD&IC Board of Directors represents all member sectors and provides policy direction to ensure the interests of member hospitals and health systems are preserved and promoted. The CHNA Advisory Workgroup includes representatives from every participating hospital and health system and provides overarching guidance regarding the research approach and community engagement. The CHNA Committee works closely with the CHNA Advisory Workgroup and reports to the HASD&IC Board of Directors. The CHNA Committee is responsible for implementing the countywide CHNA and includes representatives from the following San Diego hospitals and health care systems:

- Kaiser Permanente
- Rady Children's Hospital
- Scripps Health (Vice Chair)
- Sharp HealthCare (Chair)
- Tri City Medical Center
- UC San Diego Health

The process and findings of the collaborative HASD&IC 2022 CHNA significantly informed the SMV 2022 CHNA. The SMV 2022 CHNA was further supported by additional data analysis and community engagement activities specific to the communities served by SMV. The findings of the SMV 2022 CHNA will be used to help guide current and future community health programs and services at SMV, particularly for high-need community members. In addition, SMV will develop and make publicly available its three-year implementation strategy — a federally required written strategy to address the needs identified through the SMV 2022 CHNA process.

The CHNA is considered adopted once it has been made widely available to the public. In addition, the CHNA and the implementation strategy must be approved by an authorized governing body of the hospital facility.

2022 CHNA Objectives

Conducting a CHNA during a pandemic brought challenges to both planning and implementation. Both HASD&IC and Sharp developed new strategies to maintain strong connections with community members and community-based organizations (CBOs) throughout the community engagement process. In addition, the community's needs have evolved continuously over the past few years as the pandemic has progressed.

Specific objectives of the 2022 CHNA processes included:

- Identify, understand, and prioritize the health and social needs of SDC residents, especially those community members served by Sharp.
- Provide a greater understanding of barriers to health improvement in SDC and inform and guide local hospitals in the development of programs and strategies that address identified community health needs.
- Build on and strengthen community partnerships established through the 2019 CHNA processes.
- Explore the current impact of COVID-19 on the community health needs identified by the 2019 CHNA.
- Obtain deeper feedback from and about communities in SDC facing inequities.
- Align with national best practices around CHNA development and implementation, including the integration of health conditions with social determinants of health (SDOH).

The HASD&IC and Sharp (including SMV) 2022 CHNA community engagement processes used interviews, focus groups and online surveys with a wide range of stakeholders. Input was gathered from community residents and patients, community health workers (CHWs), CBOs, service providers, civic leaders, health care leaders and experts, hospital and health care providers and staff, case managers, social workers, Federally Qualified Health Centers (FQHCs), and local government staff. The 2022 CHNA also included extensive quantitative analysis of national and state-wide data sets, SDC emergency department (ED) and inpatient hospital discharge data, community clinic usage data, county mortality and morbidity data, and data related to

SDOH. The mixed-use approach to data collection and analysis made it possible to view community health needs from multiple perspectives.

Community Defined

For the purposes of the collaborative HASD&IC 2022 CHNA, the study area encompasses all of SDC due to a broad representation of hospitals in the area. More than 3 million people live in socially and ethnically diverse SDC. Information on key demographics, socioeconomic factors, access to care, health behaviors and the physical environment can be found in the full HASD&IC 2022 CHNA report at: <https://hasdic.org>.

SMV is the largest privately-operated psychiatric hospital and provider of mental health, chemical dependency and substance abuse treatment in SDC. As such, the community served by SMV includes all six regions of SDC: central, east, north central, north coastal, north inland and south. **Table 1** presents ZIP codes where the majority of SMV patients reside.

Table 1: Primary Communities Served by SMV¹

ZIP Code	Community	ZIP Code	Community
91910	Chula Vista	92105	City Heights
91911	Chula Vista	92107	Ocean Beach
91913	Chula Vista - Eastlake	92108	Mission Valley
91915	Chula Vista - Eastlake	92109	Pacific Beach
91941	La Mesa	92110	Old Town
91942	La Mesa	92111	Linda Vista
91950	National City	92113	Southeast San Diego
91977	Spring Valley	92114	Encanto
92020	El Cajon	92115	College Area
92021	El Cajon	92117	Clairemont Mesa
92024	Encinitas	92122	University City
92026	Escondido	92123	Serra Mesa
92037	La Jolla	92124	Tierrasanta
92040	Lakeside	92126	Mira Mesa
92064	Poway	92127	Rancho Bernardo
92065	Ramona	92128	Carmel Mountain Ranch
92071	Santee	92129	Rancho Peñasquitos
92101	Downtown San Diego	92130	Carmel Valley
92102	East San Diego	92131	Scripps Ranch
92103	Hillcrest	92139	Paradise Hills

¹ Sharp HealthCare (Sharp) fiscal year 2021, Centricity HPA via Merlin (internal data warehouse).

92104	North Park	92154	Otay Mesa
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Recognizing that health needs differ across SDC regions and that socioeconomic factors impact health outcomes, SMV's 2022 CHNA process used the Dignity Health and IBM Watson Health Community Need Index (CNI) to identify communities within its service area that experience greater health inequities. **Table 2** presents ZIP codes of the primary communities served by SMV that have especially high need based on their CNI score.

Table 2: High-Need Primary Communities Served by SMV, CNI Score > 4.0²

ZIP Code	Community
91910	Chula Vista
91911	Chula Vista
91942	La Mesa
91950	National City
91977	Spring Valley
92020	El Cajon
92021	El Cajon
92026	Escondido
92101	Downtown San Diego
92102	East San Diego
92104	North Park
92105	City Heights
92107	Ocean Beach
92111	Linda Vista
92113	Southeast San Diego
92114	Encanto
92115	College Area
92139	Paradise Hills
92154	Otay Mesa

Methodology Overview

HASD&IC 2022 CHNA

The CHNA Committee completed an extensive review of national best practices and evidence-based frameworks to develop a research approach to health equity. The purpose of this effort was to address the historical, systemic and social drivers disproportionately impacting vulnerable populations including people of color, socially disadvantaged groups and those living in poverty.

² Dignity Health and IBM Watson Health Community Need Index (2022).

Health Equity Framework

Figure 1 details the health equity framework adopted by the CHNA Committee to help guide collective research, analysis and community engagement. San Diego hospitals, health systems, and health districts are committed to a CHNA process that reflects the shared values outlined in the healthy equity framework.

Figure 1: HASD&IC 2022 CHNA Health Equity Framework



Research Methods and Approach

To gain a deep and meaningful understanding of the health and social needs of SDC residents, two primary methods were employed for the HASD&IC 2022 CHNA:

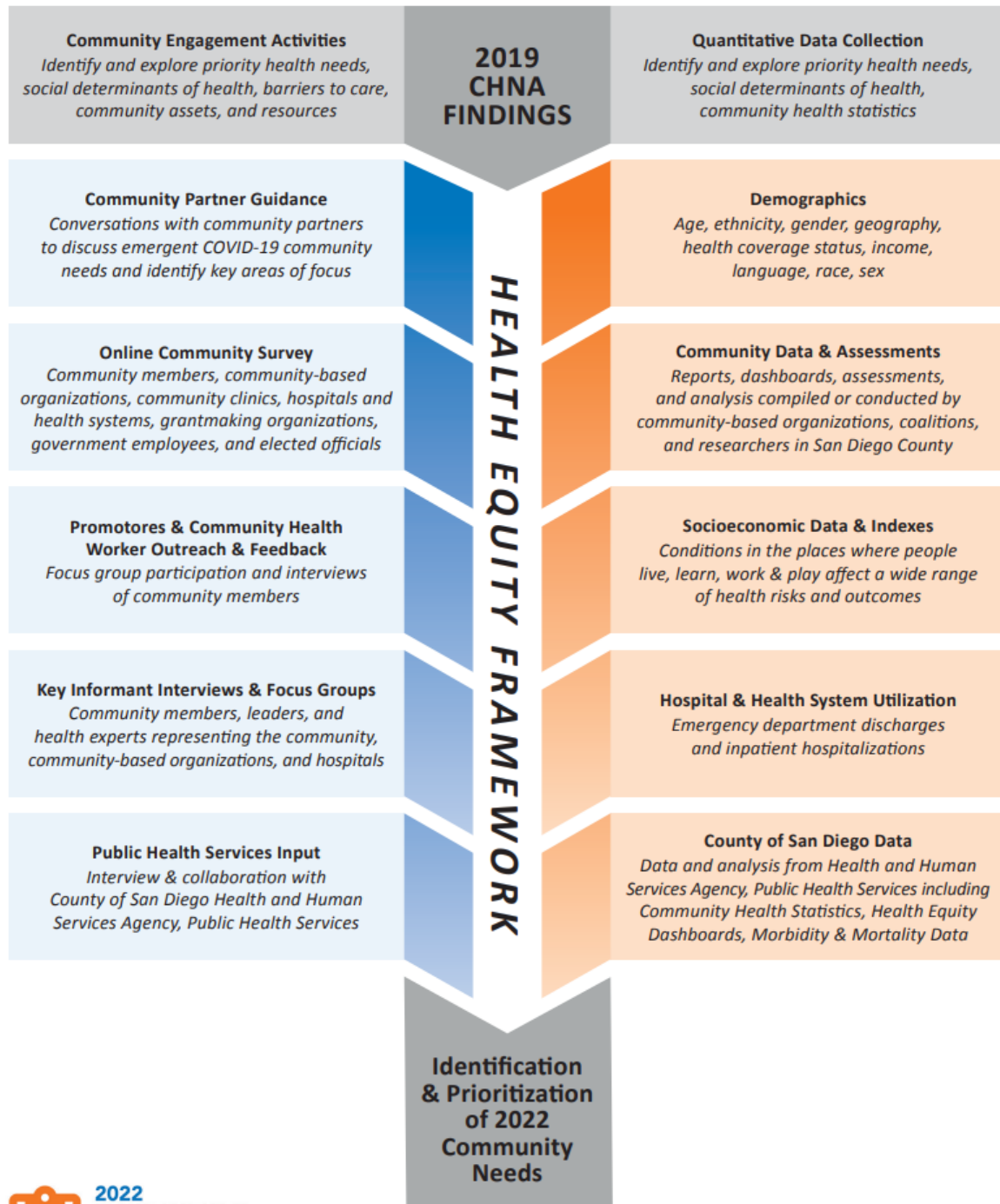
1. Quantitative analyses of existing publicly available data were conducted to provide an overarching view of critical health issues across SDC.

2. Qualitative information was gathered through a comprehensive community engagement process to understand people's lived experiences and needs in the community.

The CHNA Committee reviewed the feedback and data to prioritize the top needs in SDC. Please see **Figure 2** for more information on the HASD&IC 2022 CHNA process.

Figure 2: HASD&IC 2022 CHNA – Process Map

2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS MAP



Quantitative data were used for three primary purposes:

1. Describe the SDC community
2. Plan and design the community engagement process
3. Facilitate the "prioritization process" — identifying the most serious community health needs of SDC residents who face inequities

Quantitative data included:

- California's HCAI limited data sets, 2017-2019 SpeedTrack³
- CNI²
- Public Health Alliance of Southern California Healthy Places Index (HPI)
- National and statewide data sets including SDC mortality and morbidity data and data related to SDOH

The HPI and the CNI were used to identify the most under-resourced geographic areas. This information helped guide the community engagement process, including selecting communities from which to solicit input and developing relevant and meaningful engagement topics and questions.

The following reports and dashboards from the County of San Diego Health and Human Services Agency were also used:

- County of San Diego Community Health Statistics
- Health Disparities Executive Summary Report⁴
- Racial Equity: Framework and Outcomes Brief
- San Diego County Self-Sufficiency Standard, Household with Two Adults, One Preschool-Age Child and One School-Age Child, 2021
- Overdose Data to Action (OD2A)
- Health Equity Dashboard Series: Racial Equity Dashboards
- San Diego County Self-Sufficiency Standard Dashboard
- COVID-19 in San Diego County Dashboard
- LGBTQ+ Health and Well-Being Dashboard

³ SpeedTrack's Population Health Decision Support Platform, was utilized to export emergency department and inpatient hospital discharge data.

⁴ County of San Diego Health and Human Services Agency (HHSA), Public Health Services (PHS), Community Health Statistics Unit (CHSU) (2022), *Exploring Health Disparities in San Diego County: Executive Summary*. www.SDHealthStatistics.com

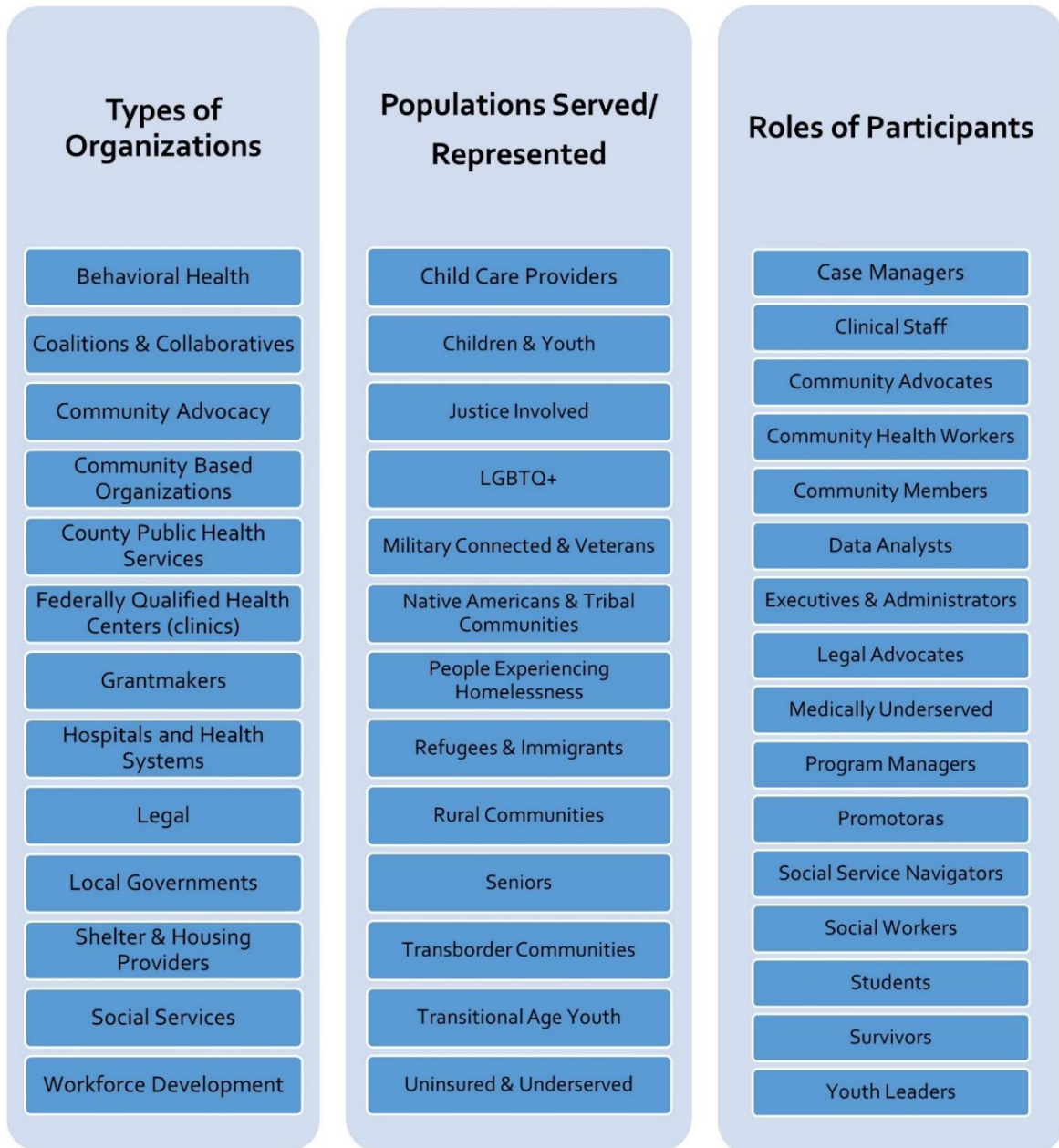
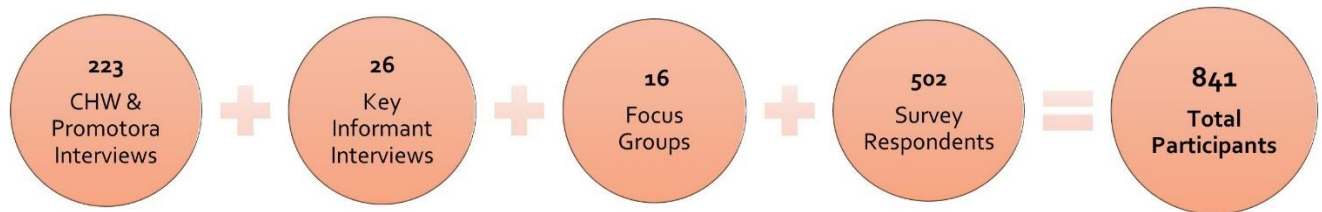
Qualitative Data: Community Engagement Activities

The goal of the HASD&IC 2022 CHNA community engagement process was to solicit input from a wide range of stakeholders so the sample was as representative as possible of those facing inequities in SDC. A total of **841** individuals participated in HASD&IC 2022 CHNA community engagement activities. Input from the community was gathered through the following efforts:

- Working with CHWs to conduct interviews with community members
- Conducting focus groups and key informant interviews with community members, CHWs, CBOs, service providers, civic leaders and health care leaders (conducted in collaboration with Kaiser Foundation Hospital-San Diego)
- Conducting focus groups and key informant interviews with hospital and health system clinicians, case managers, social workers and executive leaders
- Distributing an online survey to community members, hospital staff, CBOs, FQHCs and local government staff

Please see **Figure 3** below for a summary of community engagement participation in the HASD&IC 2022 CHNA.

Figure 3: HASD&IC 2022 CHNA – Summary of Community Engagement Participation



SMV 2022 CHNA

The HASD&IC 2022 CHNA process provided the foundation for the development of the SMV 2022 CHNA, with additional Sharp-specific quantitative data analysis and community engagement activities completing the SMV 2022 CHNA process.

Quantitative Data

The SMV 2022 CHNA process included strategic analysis by Sharp's Clinical Analytics team of internal hospital and clinic data to explore observations and trends among Sharp's patient population, particularly related to the impact of the COVID-19 pandemic. Data came from a variety of sources, including the Cerner Millennium electronic medical record, hospital and clinic claims data, managed care enrollment and clinical registries. Key service-line stakeholders in behavioral health and oncology, along with Sharp's Emergency Department Collaborative and Clinical Effectiveness department also participated in the process to ensure the accuracy of data sources and metrics.

SMV also used SpeedTrack's California Universal Patient Information Discovery application to analyze HCAI hospital discharge data, which provided insight on top diagnoses, trends and demographic characteristics among inpatients at SMV during CY 2020. This analysis reinforced key themes identified in the Sharp and HASD&IC 2022 CHNA processes.

In addition, SMV used the CNI to identify the communities in its service area experiencing health inequities. This included overlaying hospital discharge data for specific health conditions on top of CNI data in order to analyze the connection between those health conditions and under-resourced communities in SDC.

Qualitative Data: Community Engagement Activities

Sharp conducted community engagement activities specifically for the community members it serves. Sharp collected input through three electronic surveys:

1. A survey for select Sharp health care providers, particularly those professionals who serve patients with health equity challenges.
2. A survey for Sharp human resources (HR) professionals — representing the experiences of Sharp team members impacted by health and equity challenges.
3. A survey for the Sharp Insight Community — representing Sharp current and former patients (or their families and caregivers), some Sharp-affiliated physicians, and community members unaffiliated with Sharp.

The first two surveys were conducted in contract with the Institute for Public Health at San Diego State University (IPH) and included **108** participants. The third survey was implemented in partnership with Sharp's Consumer Research team and included **619** participants. **Table 3** summarizes the SMV 2022 CHNA electronic community engagement surveys.

Table 3: SMV 2022 CHNA – Electronic Survey Participant Detail

IPH Sharp Provider Survey, N=92		
Participant	Hospitals/Facilities Represented	Participant Expertise
Sharp Community Information Exchange (CIE) Workgroup ⁵	All	Low-income, medically underserved, populations with chronic diseases, minority populations Regions: Central East, North Central, North Coastal, North Inland, South
Sharp Cancer Navigators & Social Workers	SCVMC, SGH, SMH, SRSMG, System Services	Cancer expertise at Sharp; including for low-income, medically underserved, populations with chronic diseases, minority populations Regions: Central, East, North Central, South
Sharp Diabetes Health Educators	SCVMC, SGH, SMH, OPP	Low-income, medically underserved, populations with chronic diseases, minority populations Regions: Central, East, North Coastal, South
Sharp Patient Access Services Team Members	All	Low-income, medically underserved, populations Regions: Central East, North Central, North Coastal, North Inland, South
Sharp Case Manager Leadership	SCVMC, SCMG, SCHHC, SGH, SMH, SRSMG, System Services	Low-income, medically underserved, populations with chronic diseases, minority populations Regions: Central East, North Central, North Coastal, North Inland, South
IPH Sharp Human Resources Survey, N=16		
Participant	Hospitals/Facilities Represented	Participant Expertise
Sharp HR Team Members	N/A ⁶	Sharp employees – health, social and emotional well-being Regions: Central East, North Central, North Coastal, North Inland, South
Sharp Insight Community Survey, N=619		
Participant	Hospitals/Facilities Represented	Participant Expertise
Sharp patients and caregivers; community members	N/A	Lived experience. Regions: Central East, North Central, North Coastal, North Inland, South

Sharp Entity Key: SCVMC = Sharp Chula Vista Medical Center; SCHHC = Sharp Coronado Hospital and Healthcare Center; SGH = Sharp Grossmont Hospital; SMC= Sharp McDonald Center; SMH = Sharp Memorial Hospital; SRSMG = Sharp Rees-Stealy Medical Group; SCMG = Sharp Community Medical Group; OPP = Sharp Memorial Hospital Outpatient Pavilion; **System Services** = Sharp HealthCare System Services

⁵ The Sharp Community Information Exchange (CIE) workgroup is comprised of Sharp staff across entities and departments who help guide the development and expansion of 2-1-1 San Diego's CIE platform utilization at Sharp for case management and care coordination.

⁶ Due to small number of participants in the Institute for Public Health at San Diego State University Sharp Human Resources Survey, hospitals/facilities represented are excluded to preserve anonymity.

Prioritization of 2022 Community Needs

The CHNA Committee collectively reviewed the quantitative and qualitative data and findings. Several criteria were applied to the data to determine which health conditions were of the highest priority in SDC. These criteria included: the severity of the need, the magnitude/scale of the need, disparities or inequities and change over time. Those health conditions and SDOH that met the largest number of criteria were then selected as priority community health needs.

As the HASD&IC 2022 CHNA process included robust representation from the communities served by SMV, this prioritization process was replicated for the SMV 2022 CHNA.

Findings: Top Community Needs

The CHNA Committee identified the following priority community needs for SDC (listed in alphabetical order):

Figure 4: HASD&IC 2022 CHNA – Top Community Needs for SDC

- Access to Health Care
- Aging Care & Support
- Behavioral Health
- Children & Youth Well-Being
- Chronic Health Conditions
- Community Safety
- Economic Stability



Figure 4 above represents the top identified community needs, the foundational challenges, and the key underlying themes revealed through the HASD&IC 2022 CHNA process. The needs identified as the most critical for San Diegans are listed in the center of the circle in alphabetical — not ranked — order. The blue outer arrows of the circle represent the negative impact of two foundational challenges — health disparities and workforce shortages — which greatly exacerbated every identified need at the center of the circle. The orange bars within the outer circle illustrate the underlying themes of stigma and trauma — the quiet yet insidious barriers that became more pervasive during the COVID-19 pandemic.

The graphic demonstrates how each component of the findings — the top identified community needs, the foundational challenges, and the key underlying themes —

impact one another. In particular, the foundational challenges (health disparities and workforce shortages) and underlying themes (stigma and trauma) interact with each other to amplify the identified community needs as well as disrupt efforts that advance health equity and improve community well-being.

These findings were also supported through both the quantitative analysis and community engagement activities conducted as part of the SMV 2022 CHNA. However, as a specialty hospital providing behavioral health programs and services, some of these identified health needs — particularly chronic health conditions such as cancer, cardiovascular disease, diabetes and obesity — fall outside the scope of services provided by SMV. However, in light of these findings, SMV continues to explore partnerships and strategies that address the connection between behavioral health and physical health conditions and has made some strides in this area. For details, please refer to SMV’s FY 2023 – FY 2026 Implementation Strategy at: <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

Community Recommendations

HASD&IC 2022 CHNA

During qualitative data collection, HASD&IC 2022 CHNA community engagement participants were asked, “What are the most important things that hospitals and health systems could do to improve health and well-being in our community?” Overwhelmingly, respondents agreed that there is a critical need to help patients navigate available services that will help improve their health and well-being. In both the interviews and the surveys, suggestions that centered around improved patient care rose to the top.

Most responses fell into four categories: navigation and support, culturally appropriate care, workforce development and community collaboration. See **Table 4** for the types of recommendations identified by HASD&IC’s community engagement participants.

Table 4: HASD&IC 2022 CHNA – Community Recommendations for Hospitals and Health Systems to Improve Community Health and Well-Being

HASD&IC 2022 CHNA COMMUNITY ENGAGEMENT RECOMMENDATIONS
Provide Navigation & Support to Patients
<ul style="list-style-type: none">• Connect patients to services that will improve their health & well-being• Help patients understand and use health coverage• Help patients coordinate their health services• Help patients apply for health coverage or other benefits• Help patients pay for their health care bills
Provide Culturally Appropriate Care to Patients
<ul style="list-style-type: none">• Ensure that a patient’s care meets their needs• Provide culturally appropriate health care in more languages• Train hospital staff on biases
Workforce Development

<ul style="list-style-type: none"> • Diversify the health care workforce • Hire more doctors, nurses, and other health care professionals • Create more health care job opportunities and career pathways
Community Collaboration
<ul style="list-style-type: none"> • Collaborate with community groups and schools • Provide health education

SMV 2022 CHNA

Most IPH Sharp Provider Survey respondents believed Sharp does not have programs or services to address their issues of concern. Recommendations centered around providing increased connection and support, such as: more follow-up calls, home visits, and support for caregivers; enabling safe patient visitation during COVID-19; and raising awareness about and expanding available resources. In addition, the most respondents believed telehealth to be potentially beneficial to patients.

IPH Sharp Human Resources Survey respondents emphasized the importance of addressing employee well-being and reducing turnover. Their recommendations focused on improving communication, work-life balance, compensation, new graduate programs and the hiring process.

Both surveys indicated that efforts must be made to increase the availability of behavioral health care providers and improve access to behavioral health care. It was also recommended to create more community-based behavioral health programs and offer services in patients' primary languages.

Further, respondents from both IPH surveys expressed interest in employee educational opportunities focused on: care for the senior community; defining and applying cultural humility; and implicit/unconscious bias and its impact on decision making.

Overall, IPH survey findings suggest that increased support and human connection in health care — both for patients and staff — is essential to address the most acute needs experienced by Sharp's community.

Similar to the IPH surveys, Sharp Insight Community Survey participants believed telehealth to be beneficial. Participant feedback also revealed that more could be done to promote community awareness about Sharp programs and services among certain populations within SDC.

Next Steps

HASD&IC 2022 CHNA

The CHNA Committee is in the process of planning Phase 2 of the 2022 CHNA, which will include gathering community feedback on the 2022 CHNA process and

strengthening partnerships around identified community needs. In addition, the CHNA Committee has identified the following priority areas for future research:

- *Updated hospital discharge data:* Due to the COVID-19 pandemic and its potential to create temporary anomalies, hospital discharge data covering the years 2017-2019 was used for this report. The CHNA Committee plans to seek expert assistance and provide the community with updated hospital discharge data from 2020 and 2021.
- *Substance use:* The 2022 community engagement process revealed concerns around increasing substance use for both children and adults but is not sufficiently documented in the most recent trends. Additional information will be collected from community partners.
- *The impact of future/pending changes to programs critical to the health and well-being of our community:* Following completion of this report, there could be significant changes to many health and social support programs that community members relied on during the pandemic. The CHNA Committee plans to assess the impact of these issues as part of the 2022 CHNA Phase 2 community engagement process.
- *Increasing costs and inflation:* The CHNA Committee plans to follow up with community partners about the impact of increasing costs and inflation as part of the 2022 CHNA Phase 2 community engagement process.

SMV 2022 CHNA

SMV is committed to the health and well-being of its community, and the findings of the SMV 2022 CHNA will help inform the activities and services provided by the hospital to improve the health of the community members it serves, especially those disproportionately affected by the COVID-19 pandemic. SMV developed the SMV FY 2023 – FY 2026 Implementation Strategy to address the needs identified in the 2022 CHNA for its community served. Many of the programs included in the implementation strategy have been in place at SMV for several years. In addition, SMV leadership, Sharp HealthCare Community Benefit and team members across Sharp are committed to an ongoing evaluation of the programs provided to address the needs of SMV's community members.

The SMV FY 2023 – FY 2026 Implementation Strategy is available online to the community at: <http://www.sharp.com/about/community/health-needs-assessments.cfm>. It is also submitted along with the IRS Form 990, Schedule H, and will be publicly available on Guidestar (<http://www.guidestar.org/>) in the coming months. Categories of programs and activities included in the SMV FY 2023 – FY 2026 Implementation Strategy are summarized in **Table 5** below:

Table 5: SMV FY 2023 – FY 2026 Implementation Strategy Summary

SMV FY 2023 – FY 2026 IMPLEMENTATION STRATEGY SUMMARY, BY IDENTIFIED NEED	
ACCESS TO HEALTH CARE	
<ul style="list-style-type: none"> Continuation of multiple programs within Sharp that offer education, financial support and payment options for patients needing advanced guidance on available funding options Continue to facilitate CalFresh (SNAP) applications for patients Led by Sharp Integrated Care Management, including hospital (SMV) leaders. enhance access to health and social services for vulnerable patients and community members, particularly San Diego's homeless population; actively pursue new opportunities for community partnership and/or collaboration to improve outcomes for patients experiencing homelessness; continue to refer patients to local community organizations and resources; and continue participation and sponsorship for the Downtown San Diego Partnership's Family Reunification Program Continue to partner with 2-1-1 San Diego's CIE to increase assessment for SDOH and connection to community resources addressing SDOH needs 	
AGING CARE & SUPPORT	
<ul style="list-style-type: none"> Improve outcomes for seniors through culturally competent outreach services to vulnerable seniors, including those in San Diego's disadvantaged communities Continue community education and resources through the SMV Senior Intensive Outpatient Program to reduce stigma and better inform community providers and residents on senior behavioral health and healthy aging strategies Continue community collaboration efforts to provide education, screenings, referrals to at-risk senior community members; SMV also provided free prevention and early intervention initiatives through programs that improve the utilization and effectiveness of behavioral health services and address barriers to accessing behavioral health care Continue to participate in community health fairs and events for seniors 	
BEHAVIORAL HEALTH	
<ul style="list-style-type: none"> Continued collaboration with community mental health providers to provide education to and improve conditions within independent living facilities; continued collaboration with law enforcement and housing planning committees Continued provision of free psychiatric screenings and referrals for community members through both participation in community events and hospital outreach programs Remain committed to stigma reduction through participation in key mental health events alongside patients Continued provision of mental health education for patients, their loved ones, health care providers, and the community in order to raise awareness and reduce stigma; both through hosting community speaking engagements and participating in community partnerships (e.g., City of San Diego education partnership) and community events Continued provision of education and services specifically for transitional age youth, as well as veterans, servicemembers and their families; the latter includes multiple community collaborations Provide behavioral health education to community members through interviews with local news outlets Collaborate with community-based organizations to improve outcomes for vulnerable patients post-discharge Continue to provide support to community members impacted by behavioral health and substance issues via the facilitation of SMV-run support groups Participation in the partnership with 2-1-1 CIE to increase assessment for SDOH and connection to community resources addressing those SDOH needs 	

CANCER, CARDIOVASCULAR DISEASE, DIABETES, OBESITY
<ul style="list-style-type: none"> • In general, as a specialty hospital providing treatment and services for behavioral health, these additional identified community health needs do not fall within the scope of SMV's services and resources. However, in light of findings from Sharp's recent CHNA, SMV is exploring options to educate and address the issue of mind-body integration and effects of physical health on behavioral health and vice versa. In addition, SMV outpatient nurses aim to address all identified active medical needs and have increased referrals to ensure all patients have a primary care physician • SMV screens all inpatients for tobacco use and provides tobacco cessation therapy, when appropriate, during treatment and after discharge • These identified community health needs are addressed through programs/services provided through SMH. SMV is located on the Sharp Metropolitan Medical Campus – the same campus as SMH
CHILDREN & YOUTH WELL-BEING
<ul style="list-style-type: none"> • Continue to provide opportunities and early professional development for elementary, middle and high school students • Participation in the partnership with 2-1-1 CIE to increase assessment for SDOH and connection to community resources addressing those SDOH needs
COMMUNITY & SOCIAL SUPPORT
<ul style="list-style-type: none"> • Collaborate with local schools to promote interest in health care careers and provide opportunities for students and interns to explore behavioral health care professions. Longer-term impact of improving behavioral health workforce shortages in San Diego; this included college and university students in various health care disciplines • Continue to support workforce development in San Diego through virtual internship fairs as well as the sharing of knowledge and best practices with the larger professional health care community • Provide support and resources to community members impacted by behavioral health and chemical dependency issues • Participation in the partnership with 2-1-1 CIE to increase assessment for SDOH and connection to community resources addressing those SDOH needs
COMMUNITY SAFETY
<ul style="list-style-type: none"> • Increase education and awareness of health care professionals and community members in San Diego around violence and trauma, including human trafficking • Participation in the partnership with 2-1-1 CIE to increase assessment for SDOH and connection to community resources addressing those SDOH needs
ECONOMIC STABILITY
<ul style="list-style-type: none"> • Please see financial support activities listed under Access to Health Care • Support San Diegans experiencing homelessness and living in a shelter by providing food donations to the San Diego Rescue Mission • Advocate for the improvement of housing options and living conditions for community members with behavioral health issues • Participation in the partnership with 2-1-1 CIE to increase assessment for SDOH and connection to community resources addressing those SDOH needs

Sharp will continue to work with HASD&IC, and is exploring opportunities to partner with the IPH, to develop and implement Phase 2 of the 2022 CHNA. Phase 2 will focus on:

- Alignment and innovation of quantitative analyses for future CHNAs
- Continued engagement of community partners to analyze and improve the CHNA process

- Hospital implementation strategies that address the 2022 CHNA findings

Also, during Phase 2, Sharp will take a closer look at the findings that emerged during the collaborative 2022 CHNA process but for which the nature of Sharp's community engagement surveys provided limited opportunity for feedback — particularly Children & Youth Well-Being and Community Safety. Sharp will explore strategies to gather feedback on these needs through future community engagement processes.

In addition, as part of Sharp's 2019 CHNA Phase 2 process, the Sharp CHNA Community Guide was developed in response to the 2019 CHNA and is publicly available on sharp.com at: <https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm>. The Sharp CHNA Community Guide seeks to provide community members with a user-friendly resource to learn about Sharp's CHNA process and findings, as well as the identified health and social needs addressed through Sharp programs. The Sharp CHNA Community Guide also provides a direct link for community members to provide feedback on Sharp's CHNA. An updated Sharp CHNA Community Guide reflecting the 2022 CHNA will be publicly available on Sharp's website in 2023.

Further, Sharp hospitals (including SMV), medical groups and health plans will continue advancing data integration and community referral efforts through partnership with 2-1-1 San Diego's CIE. The CIE includes a longitudinal client record with community member history, access to and use of social programs (e.g., housing, food banks, community clinics, etc.), emergency transport data and much more. The CIE also includes a direct-referral feature, which allows for documented, bi-directional, closed-loop referrals between all CIE partners — including hospitals, clinics and social service programs. Currently, there are more than 115 community partners (organizations) participating in CIE, and more than 90,000 community members enrolled, with approximately 4,500 new enrollments each month. Sharp is the first integrated health system — including its hospitals, medical groups and health plan — to participate in the CIE. By leveraging this technology, and expanding upon this capability for shared data, consistent tracking and robust reporting, the CIE partnership presents an exciting opportunity for Sharp to strengthen and evaluate the impact of clinical-community linkages for its patients and community members in need, particularly regarding SDOH.

The complete SMV 2022 CHNA will be available for public download by Sept. 30, 2022 at: <http://www.sharp.com/about/community/health-needs-assessments.cfm>. The report is also available by contacting Sharp HealthCare Community Benefit at: communitybenefits@sharp.com.

Sharp extends our deepest thanks for the contributions made by all who participated in the 2022 CHNA process. Further, Sharp is committed to providing a CHNA that is valuable to all our community partners, and we look forward to strengthening that value and those community partnerships in the years to come.

