

2022 San Diego
Community Health Needs Assessment



Executive Summary



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Introduction & Background

The CHNA aims to identify, understand, and prioritize the health-related needs of San Diego County residents facing inequities. The results of the CHNA are used to inform and adapt hospital programs and strategies to better meet the health needs of San Diego County communities. In addition, policymakers, civic leaders, non-profit executives, and community investors are encouraged to use CHNAs in their essential work. Furthermore, the CHNA responds to IRS regulatory requirements that private not-for-profit (tax-exempt) hospitals conduct a health needs assessment in the community once every three years. Although only not-for-profit 501(c)(3) hospitals and health systems are subject to state and IRS regulatory requirements, the majority of 2022 CHNA collaborative members are hospitals and health systems that are not subject to any CHNA requirements but are deeply engaged in the communities they serve and committed to the goals of a collaborative CHNA.

Conducting a CHNA during a pandemic brought challenges to both planning and implementation. We did not see our partners at the usual community meetings and needed new strategies to ensure strong connections with community members and community-based organizations. In addition, the community's needs evolved continuously over the past few years. During the initial shutdown in March 2020, their needs differed from the community's needs as we completed the final interviews in May 2022.

Methodology

The CHNA, conducted every three years, is facilitated by HASD&IC, with the budget and work plan approved by the HASD&IC Board of Directors. In the spring 2021, the HASD&IC Board of Directors approved plans to expand participation in the 2022 CHNA process to include every private hospital, health system, health district, and behavioral health hospital in San Diego in the collective effort to better understand the health and social needs of San Diego communities.

There are social drivers of health and equity at all levels: individual, community, and structural. Historical and systemic inequities disproportionately impact vulnerable populations, including people of color, socially disadvantaged groups, and those living in poverty. The CHNA Committee completed an extensive review of national best practices and evidence-based frameworks to develop a research approach to health equity. The health equity framework below describes the CHNA Advisory Workgroup and CHNA Committee's shared values and commitment to understanding the social drivers of health and equity through our collective research, analysis, and community engagement.

Health Equity Framework

Equity

We commit to research and community engagement strategies that purposefully seek to quantify and describe inequities that disproportionately impact our disadvantaged populations due to structural components.

Inclusion

We commit to meaningful engagement with community organizations, community members, and leaders who serve diverse populations. We understand the importance of sharing a space for listening and honoring perspectives of those with lived experiences.

Empathy

We commit to employing a trauma-informed approach that works to break stigma by creating safe and meaningful opportunities to engage community members and community partners.

Responsibility

We commit to using evidence-informed research methods, analyzing the best available data, and making it available to community members and community partners.

Accountability

We commit to sharing the results of our research as well as our plans to address the findings with everyone who participates.

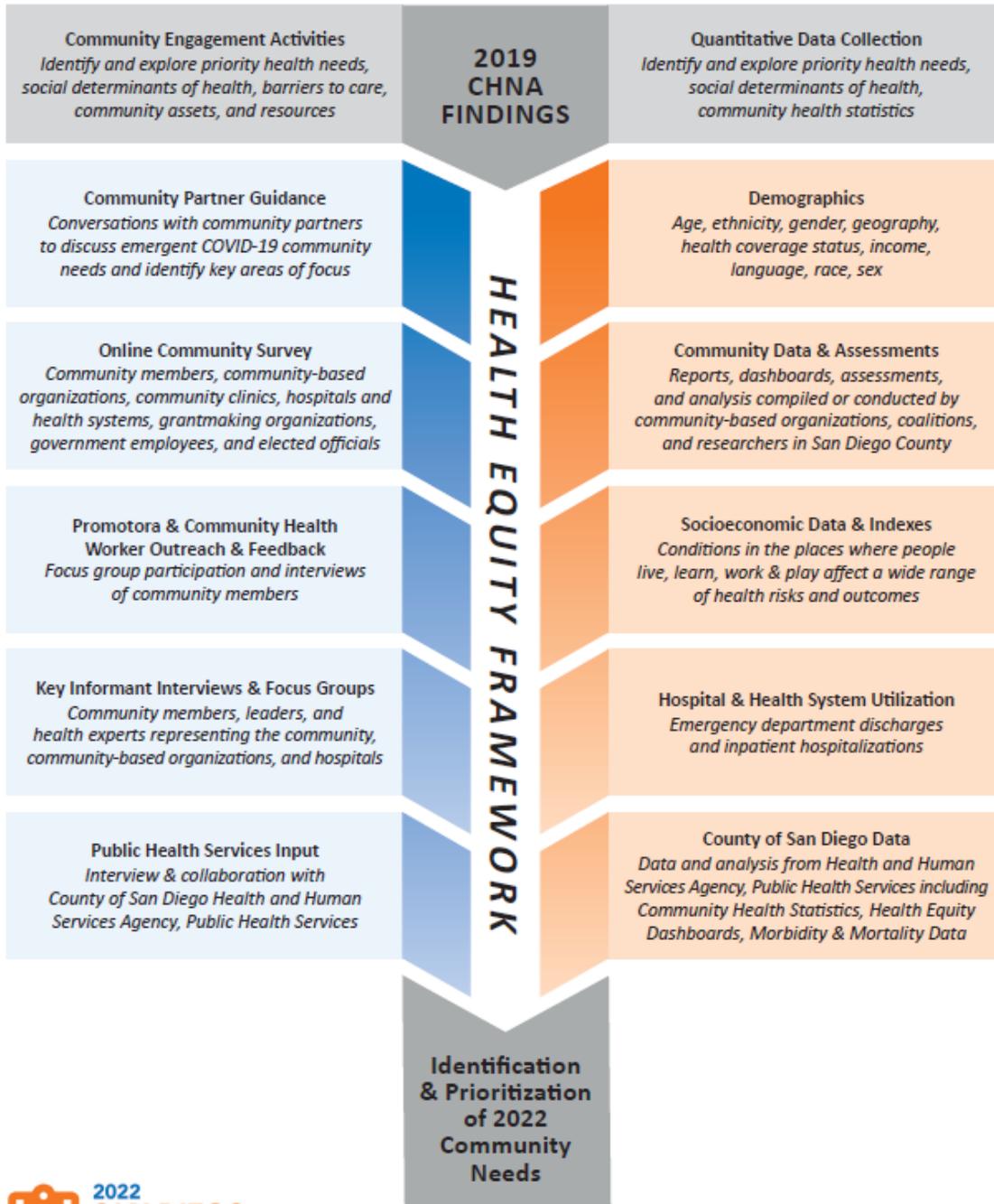
Research Methods and Approach

To gain a deep and meaningful understanding of the health-related needs of San Diego County residents, two primary methods were employed in the 2022 CHNA:

- Quantitative analyses of existing publicly available data were conducted to provide an overarching view of critical health issues across San Diego County.
- 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 health needs in San Diego County. Please see the figure below for more information on the CHNA process.

2022 Community Health Needs Assessment Process Map



Quantitative Data Collection and Analysis

Quantitative data were used for three primary purposes:

- Describe the San Diego County community
- Plan and design the community engagement process
- Facilitate the “prioritization process” — identifying the most serious community health needs of San Diego County residents who face inequities

Quantitative data include:

- California's Department of Health Care Access and Information limited data sets, 2017-19 SpeedTrack¹
- [Community Need Index \(CNI\)](#)²
- [Public Health Alliance of Southern California Healthy Places Index](#)
- National and statewide data sets were analyzed, including San Diego mortality and morbidity data, and data related to social determinants of health.

The HPI and the CNI were used to identify the most under-resourced geographic communities. 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.

Data from the County of San Diego Health and Human Services Agency, including the following reports and dashboards, were also used. A partial list is below. Additional information can be found in [Appendix F](#).

Reports

County of San Diego Community Health Statistics

Health Disparities Executive Summary Report³

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)

Community Health Statistics Dashboards

LGBTQ Health and Well-Being Dashboard

Health Equity Dashboard Series: Racial Equity Dashboards

San Diego County Self-Sufficiency Standard Dashboard

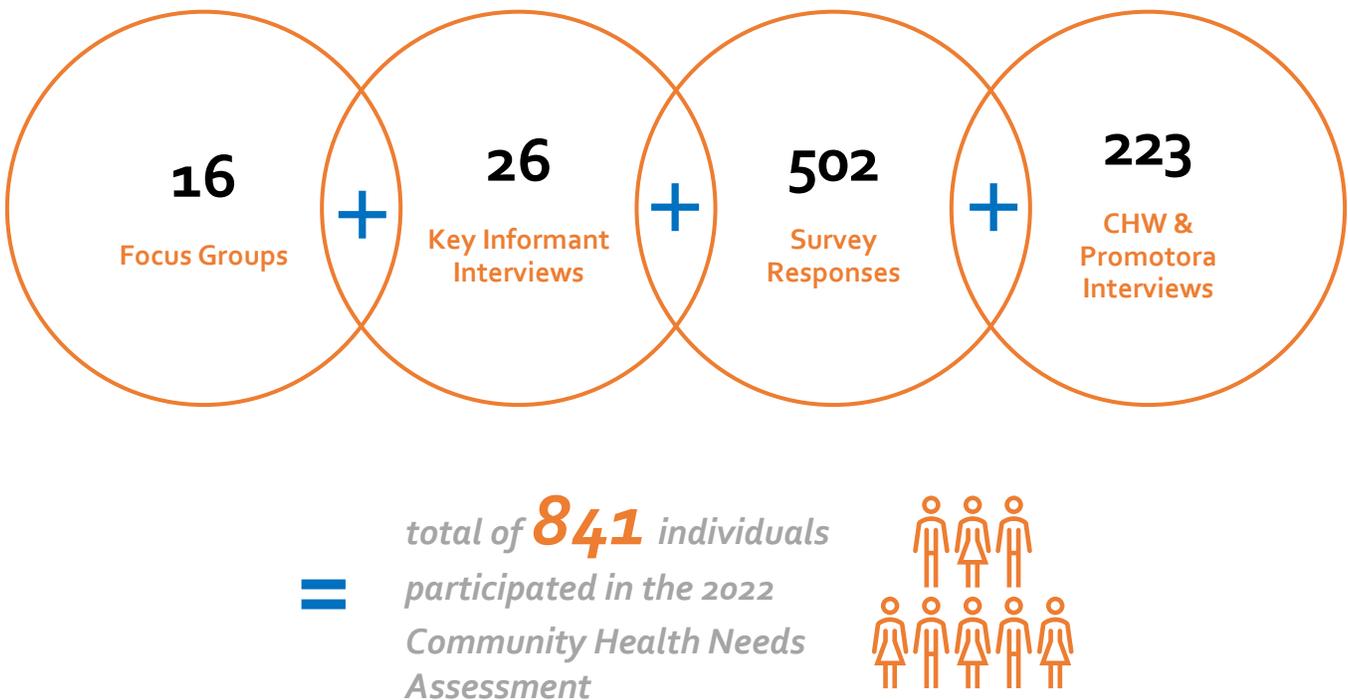
COVID-19 in San Diego County

Community Engagement

The goal of the community engagement process was to solicit input from a wide range of stakeholders so that the sample was as representative as possible of those facing inequities in San Diego County. Input from the community was gathered through the following efforts:

- Working with community health workers to conduct interviews with community members
- Conducting focus groups and key informant interviews with community members, community health workers, community-based organizations, service providers, civic leaders, and health care leaders (conducted in collaboration with Kaiser Foundation Hospital (KFH)-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, community-based organizations, federally qualified health centers, and local government staff

Community Engagement Participants



2022 Top Community Needs

Findings

Through the prioritization process described in the methodology section, the CHNA Committee identified the most critical community needs within San Diego County, listed below in alphabetical order:

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

2022 Top Community Needs



The graphic above represents the **top identified community needs**, the *foundational challenges*, and the *key underlying themes* revealed through the 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 pandemic.

The graphic demonstrates how each component of the findings — the top identified community needs, the foundational challenges, and the key underlying themes — impacts one another. In particular, the foundational challenges and underlying themes interact with each other to amplify the identified community needs as well as disrupt efforts that advance health equity and improve community well-being.

Foundational Challenges

In addition to identifying the top community needs, the CHNA Committee also recognized two foundational challenges that are intensifying the growing severity of every need — increasing health disparities and unprecedented workforce shortages and burnout.

Health Disparities

The pandemic laid bare the truth that even in ordinary times, some communities fare much worse than others, and their health suffers more as a result. These health disparities are not new; they have been proven by

decades of research⁴ and reflect the outcomes of a wide array of variables, including enduring structural and systemic inequities rooted in racism and discrimination. In every conversation, the inequitable outcomes faced by certain communities were consistently emphasized.

At the start of the pandemic, front-line workers had less ability to stay home and faced a disproportionate risk of exposure to COVID-19, and therefore experienced disproportionately higher mortality rates compared to individuals with different occupations. These front-line workers were also disproportionately people of color. In addition, the health of San Diegans who were vulnerable before the pandemic — such as people experiencing homelessness, isolated seniors, LGBTQ+ youth, and children with special needs — deteriorated more acutely as they lost access to critical services and faced new barriers to their safety and economic stability.

Workforce Shortages

Community engagement participants in previous CHNAs often mentioned the need for more health care providers, mostly with a view toward bolstering workforce pipelines. In our 2022 CHNA focus groups and interviews, workforce shortages were consistently top of mind.

Across nearly every sector of the economy, the workforce is facing extraordinary exhaustion, trauma, and burnout. The words “heartbreaking,” “frustrating,” and “overwhelmed” were frequently repeated by our 2022 CHNA community engagement participants working in the health and social service sectors. Clinical and social work staff at hospitals, community clinics, community-based organizations, and government agencies all shared the same feeling of helplessness — there is no workforce to draw from, and no resources available to meet the intensifying needs they are passionately working to address.

Key Underlying Themes

Stigma

As in our 2019 CHNA findings, the underlying theme of stigma and the barriers it creates arose across our community engagement efforts in 2022. Stigma impacts the way people access needed services (CalFresh, Medi-Cal, other economic support) that address the social determinants of health. This consequentially impacts the ability of people to improve and successfully manage health conditions.

Community engagement participants expressed concerns about the impact of stigma in relation to specific populations, including LGBTQ+ communities, people experiencing homelessness, people of color, seniors, Medi-Cal beneficiaries, and survivors of domestic violence and human trafficking. Stigma was also discussed in relation to specific health conditions such as behavioral health, cancer, diabetes, and obesity. The existing stigma that had prevented community members from accessing needed services led to even more dangerous outcomes amidst the pandemic, as people became more desperate and felt they had fewer options.

Trauma

In addition, an underlying theme of [trauma](#) was shared across community engagement efforts. The impact of trauma has been demonstrated to increase health disparities and inequities. Community engagement participants noted trauma as a nearly universally shared experience that added intensity to the identified community needs.

[Trauma and vicarious trauma](#) were also cited as factors that contributed to compassion fatigue and workforce burnout. Our community has experienced trauma both at work and at home, and consequently, there is often no escape and no downtime from traumatic experiences. This shared trauma interacts with every aspect of the identified community needs. Traumatized community members are seeking assistance from health care providers and community-based organizations who themselves have experienced ongoing trauma since the start of the pandemic.

Community Voice and Experiences

The findings attempt to capture the voice of the community as we heard it through focus groups, key informant interviews, interviews regarding access to care, and an online survey. Both our quantitative research and community engagement confirmed the intersectionality between the seven critical community needs that were identified.

When discussing our findings, we will highlight how they may differ for San Diegans based on their experiences. These experiences may include homelessness, immigration status, gender and sexual orientation, age, poverty, or connections to the military.

Community Recommendations

During the [Access to Health Care interviews](#) and in the [Online Community Survey](#), we 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 improve their health and well-being. In both the interviews and the surveys, options that centered around improved patient care rose to the top.

Most responses fell into four categories: navigation and support, culturally appropriate, workforce development, and community collaboration.

Provide Navigation and Support to Patients

- Connect patients to services that will improve their health and 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

- Ensure that a patient’s care meets their needs
 - Provide culturally appropriate health care in more languages
 - Train hospital staff on biases
-

Workforce Development

- 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

- Collaborate with community groups and schools
- Provide health education

Next Steps

Hospitals and health systems that participated in the HASD&IC 2022 CHNA process have varying requirements for next steps. Private, not-for-profit (tax exempt) hospitals and health systems are required to develop hospital or health system community health needs assessment reports and implementation strategy plans to address selected identified health needs. The participating health districts and district health systems do not have the same CHNA requirements but work very closely with their patient communities to address health needs by providing programs, resources, and opportunities for collaboration with partners. Every participating hospital and health care system will review the CHNA data and findings in accordance with their own patient communities and principal functions and evaluate opportunities for next steps to address the top identified health needs in their respective patient communities.

The CHNA report will be made available as a resource to the broader community and is intended to serve as a useful resource to both residents and health care providers to further communitywide health improvement efforts. HASD&IC and the CHNA Committee are proud of their collaborative relationships with local organizations and are committed to regularly seeking input from the community to inform community health strategies. 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 the identified community needs.