Sharp HealthCare

Community Benefit Plan and Report

Fiscal Year 2025

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

SHARP

Sharp HealthCare
Community Benefit Plan and Report

Fiscal Year 2025

Submitted to:

Department of Health Care Access and Information
Healthcare Information Division – Accounting and Reporting Systems Section
400 R St., Room 250
Sacramento, CA 95811

Contents

Our community shapes our mission.

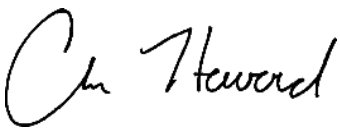
At Sharp HealthCare, we are honored to serve the San Diego community — the people who inspire our commitment to be the best place to work, the best place to practice medicine and the best place to receive care.

This commitment is brought to life every day through the dedication of our team members, who consistently go above and beyond to provide an extraordinary level of care. We call this The Sharp Experience, and it is rooted in the most essential element of health care: people.

The Sharp HealthCare Community Benefit Plan and Report, Fiscal Year (FY) 2025 reflects this promise to our community — not only through uncompensated care dollars, but also through tens of thousands of hours devoted by Sharp team members to programs and services beyond our medical facilities. These efforts include free health screenings, transportation resources, career pathway programs for students, and education and support for community members across the county.

This year also marked the completion of the 2025 Community Health Needs Assessment, a collaborative effort that deepened our understanding of the evolving health and social needs of San Diego residents. These insights help guide our priorities and strengthen ongoing community benefit programs in partnership with local organizations.

Sharp's FY 2025 community benefit contributions totaled $751,654,612. As we look ahead to future milestones and challenges in health care, we remain steadfast in our mission to deliver care and programs that set standards, exceed expectations and protect the health and well-being of our community.



Chris Howard
President and Chief Executive Officer

Preface

Sharp HealthCare prepared this Community Benefit Plan and Report for FY 2025 in accordance with the requirements of California Senate Bill 697 (SB 697), community benefit legislation enacted in 1994.[1]

SB 697 requires not-for-profit hospitals to file an annual report with the California Department of Health Care Access and Information about activities undertaken to address community needs within a hospital's mission and financial capacity. To the greatest extent possible, the report must assign and report the economic value of the community benefit according to the following framework: medical care services; other benefits for vulnerable populations; other benefits for the broader community; health research, education and training programs; and non-quantifiable benefits.

[1] According to Senate Bill 697, hospitals under the common control of a single corporation or another entity may file a consolidated report with California's Department of Health Care Access and Information. See California Health and Safety Code Section 127340, et seq.

Commonly Used Terms and Abbreviations

Term / Abbreviation	Definition
Bad Debt	Unpaid patient bills where the patient was expected to pay — distinct from charity care.
Capitated (Payment Model)	Payment model where a provider receives a fixed per-member amount regardless of services used.
Centers for Medicare & Medicaid Services (CMS)	Federal agency overseeing major public coverage programs.
CHAMPVA	VA program sharing costs of covered services for eligible beneficiaries.
Charity Care	Free or discounted services provided to patients unable to pay at the time of service.
Community Benefit	Hospital programs and unreimbursed services that improve community health and meet identified needs.
Community Benefit Plan and Report	Annual report describing community benefit activities, priorities and economic value.
Community Health Needs Assessment (CHNA)	Process to identify and prioritize local health and social needs.
Cost-to-Charge Ratio	Method to estimate actual costs by applying a ratio to hospital charges.
Federal Poverty Level (FPL)	Income threshold used to determine eligibility for certain programs.
Federally Qualified Health Center (FQHC)	Community-based clinics serving underserved areas.
Fiscal Year (FY)	Annual accounting period used for reporting (e.g., FY 2025).
Health Equity	Fair and just opportunity for everyone to attain their highest level of health.
Healthy Places Index (HPI)	California-based tool measuring neighborhood conditions linked to health.

Implementation Strategy	Multi-year plan setting programs and outcomes to address CHNA-identified needs.
IRS Form 990 Schedule H	Federal filing where hospitals report charity care and community benefit activities.
Medi-Cal	California's Medicaid program for low-income residents.
Medicare	Federal health insurance for people 65+ and certain younger individuals with disabilities.
Population Health	Health outcomes of a defined group and how they are distributed.
Project HELP (Project Hospital Emergency Liaison Program)	Provides funding for medication and transportation for lower-income patients.
Readmission Rate	Share of patients returning to the hospital within a defined period after discharge.
Senate Bill 697 (SB 697)	California law requiring nonprofit hospitals to report community benefit activities annually to the California Department of Health Care Access and Information.
Social Determinants of Health	Non-medical factors (housing, education, income) that influence health outcomes (also referred to as social drivers of health).
TRICARE	U.S. Department of Defense program providing health benefits to service members, retirees and dependents.
Uncompensated Care	Combined value of charity care and bad debt where no payment is received.

An Overview of Sharp HealthCare

Section

1 An Overview of Sharp HealthCare

At Sharp HealthCare, our core values guide us to improve the health and well-being of the people we serve. It is our honor to be San Diego's health care leader, dedicated to transforming lives in our community now and for generations to come.

— Chris Howard, President and Chief Executive Officer, Sharp HealthCare

Sharp HealthCare (Sharp) is an integrated, regional health care delivery system based in San Diego, California. The Sharp system includes:

- Four acute care hospitals
- Five specialty hospitals
- Three affiliated medical groups
- Twenty-seven medical clinics
- Six urgent care centers
- Three skilled nursing facilities
- Two inpatient rehabilitation centers
- A hospice program
- Home infusion services
- Numerous outpatient facilities and programs
- Three charitable foundations

Sharp also offers individual and group HMO coverage through Sharp Health Plan. Serving a population of approximately 3.3 million in San Diego County (SDC), as of September 30, 2025, Sharp is licensed to operate 2,230 beds and has approximately 2,800 Sharp-affiliated physicians and more than 20,000 employees.

FOUR ACUTE CARE HOSPITALS:

Sharp Chula Vista Medical Center (449 licensed beds)

The largest provider of health care services in SDC's fast-growing south region, Sharp Chula Vista Medical Center (SCVMC) operates the region's busiest emergency department (ED) and is the closest hospital to the busiest international border in the world. SCVMC is home to the region's most comprehensive heart program, orthopedic services and cancer treatment. SCVMC is also the largest provider of health care services for women and infants in the south region and offers the only bloodless medicine program in SDC.

Sharp Coronado Hospital and Healthcare Center (181 licensed beds)

Sharp Coronado Hospital and Healthcare Center (SCHHC) provides services that include acute, subacute and long-term care; integrative and rehabilitative therapies; orthopedics; a community fitness center; and emergency services.

Sharp Grossmont Hospital (422 licensed beds)

Sharp Grossmont Hospital (SGH) is the largest provider of health care services in San Diego's east region and has one of the busiest EDs in SDC. SGH is known for outstanding programs in heart care, oncology, orthopedics, rehabilitation, stroke care, neurosciences and women's health.

Sharp Memorial Hospital (656 licensed beds)

A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in cancer treatment, orthopedics, organ transplantation, bariatric surgery, heart care and rehabilitation. SMH also houses the county's largest emergency and trauma center.

FIVE SPECIALTY CARE HOSPITALS:

Sharp Grossmont Hospital for Neuroscience (50 licensed beds)

As SDC's first comprehensive specialty hospital of its kind, Sharp Grossmont Hospital for Neuroscience is advancing neurological care through innovative treatments for brain, nerve and spine conditions. The hospital provides multidisciplinary inpatient and outpatient services for a wide range of conditions, including brain and spine tumors, complex spine surgeries, stroke care, movement disorders, neuro-ophthalmology and spine and back care.

Sharp Mary Birch Hospital for Women & Newborns (206 licensed beds)

A freestanding women's hospital specializing in labor and delivery, high-risk pregnancy, obstetrics, gynecology, gynecologic oncology and neonatal intensive care, Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) is the largest maternity hospital in San Diego and delivers more babies than nearly any other hospital in California.

Sharp Mary Birch Hospital for Women & Newborns Grossmont (90 licensed beds)

Sharp Mary Birch Hospital for Women & Newborns Grossmont (SMBHWN Grossmont) serves SDC's east region, delivering nearly 3,000 babies each year and providing comprehensive maternal, infant, and women's specialty care. SMBHWN Grossmont is the only hospital in San Diego with a dedicated women's acute cardiac care unit.

Sharp McDonald Center (16 licensed beds)[2]

Sharp McDonald Center (SMC) is the only medically supervised substance use recovery center in SDC. Offering the most comprehensive hospital-based treatment program in SDC, SMC provides addiction treatment, medically supervised detoxification and rehabilitation, day treatment and outpatient and inpatient programs, as well as aftercare services.

Sharp Mesa Vista Hospital (160 licensed beds)

As the most comprehensive behavioral health hospital in SDC, Sharp Mesa Vista Hospital (SMV) provides treatment for anxiety, depression, substance use, eating disorders, bipolar disorder and more for patients of all ages.

Collectively, the operations of SMH, SMBHWN, SMV and SMC are reported under the not-for-profit public benefit corporation of SMH and are referred to as the Sharp Metropolitan Medical Campus. The operations of Sharp Rees-Stealy Medical Centers are included under the not-for-profit public benefit corporation of Sharp, the parent not-for-profit public benefit corporation. The operations of SGH are reported under the Grossmont Hospital Corporation, a not-for-profit public benefit corporation. The operations of Sharp HospiceCare, Sharp Grossmont Hospital for Neuroscience and SMBHWN Grossmont are reported under SGH.

Sharp provides a variety of community health education programs and related services across all its operations, which is the focus of this report.

Mission Statement

It is Sharp's mission to improve the health of those we serve with a commitment to excellence in all that we do. Sharp's goal is to offer quality care and services that set community standards, exceed patients' expectations and are provided in a caring, convenient, cost-effective and accessible manner.

Vision and Values

Sharp's vision is to transform the health care experience and be the best place to work, the best place to practice medicine and the best place to receive care. Sharp is dedicated to becoming the best health system in the universe.

Sharp's core values are Integrity, Caring, Safety, Innovation and Excellence.

[2] As a licensed chemical dependency recovery hospital, Sharp McDonald Center (SMC) is not required to file a community benefit plan. However, SMC is committed to community programs and services and has presented community benefit information in Section 12: Sharp Mesa Vista Hospital and Sharp McDonald Center.

Culture: The Sharp Experience

For more than two decades, Sharp has been transforming the health care experience for patients, families, physicians and staff through a sweeping, organization wide initiative called The Sharp Experience. Focused on improving performance and experience, this effort unites the entire Sharp team around purposeful, meaningful work and delivering the kind of health care people want and deserve. Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation: people. Through this transformation, Sharp continues to live its mission to improve the health of those it serves with a commitment to excellence in all it does, with special concern for underserved populations and San Diego's diverse community.

To learn more about The Sharp Experience and its impact, visit https://www.sharp.com/about/the-sharp-experience.

Pillars of Excellence

In support of Sharp's commitment to transforming the health care experience, the Pillars of Excellence guide team members by providing the framework and alignment for everything Sharp does.

Sharp is a seven-pillar organization: Quality, Safety, Service, People, Finance, Growth and Community, and we strive to achieve top decile performance annually in each category. Notably, the Community Pillar is focused on elevating health equity and wellness in our community and environment.

Awards

Below are recognitions Sharp has received in recent years for its service to the community:

In 2025, Sharp was recognized by the Human Rights Campaign San Diego with the Community Equality Award.

In 2024, Sharp was recognized by The Lown Institute Hospitals Index for Social Responsibility among the top 20 hospital systems in the nation.

For a comprehensive list of Sharp's awards and recognitions, visit https://www.sharp.com/about/awards.

Patient Access to Care Programs

Sharp provides financial assistance and a variety of support services to improve access to care for uninsured, underinsured and other patients who are unable to pay. Some of these programs and their FY 2025 impacts are described below.

Insurance Eligibility and Enrollment Support

- **PointCare**: Sharp helps every uninsured patient who receives care in the ED find opportunities for health coverage through this web-based screening, enrollment and reporting platform, which assists more than 9,100 self-pay patients annually.
- **Presumptive Eligibility**: Sharp provides on-site, real-time Medi-Cal eligibility determinations (Presumptive Eligibility), securing this benefit for more than 6,700 under- and uninsured patients in the ED each year.
- **CalFresh**: Sharp's Patient Access Services and Care Transitions Intervention Program teams evaluate patients for CalFresh[3] eligibility prior to hospital discharge. This effort has helped tens of thousands of individuals with their applications for CalFresh benefits since 2016.

Financial Assistance

- **ClearBalance**: Sharp partners with local firm CSI Financial Services to offer the ClearBalance specialized extended loan program, which has helped more than 10,500 patients struggling to resolve high medical bills since 2010, with more than $37 million funded through the program.
- **340B Drug Pricing Program**: This program allows participating hospitals to purchase outpatient drugs at reduced prices. Savings generated by the program help offset costs for Sharp's most vulnerable patients and support access to medications through Sharp's Patient Assistance Program.

Community Information Exchange

Sharp also increases access to social services through its partnership with the 211 San Diego Community Information Exchange, an integrated technology platform Sharp uses to better address patient health barriers and refer them to social services. Community Information Exchange has a client database of over 350,000 individuals who have consented to receive resources and referral assistance from over 140 community partners. Shared records allow Sharp care teams to evaluate patient needs and service utilization history, as well as make direct referrals to community resources. Some FY 2025 program highlights include:

[3] The CalFresh Program, also known as the federal Supplemental Nutrition Assistance Program, issues monthly benefits that can be used to buy most foods at markets and grocery stores.

- More than 550 referrals to community partners, with over 80% confirmed as "closed loop," meaning patients' needs were met and verified by service providers.
- Direct, closed loop referrals connected individuals to 70 unique community-based health and social services.
- Top needs addressed: Housing stability, utility assistance, food security and financial help.

Systemwide Health Care Screenings

To address access barriers for under- and uninsured community members, Sharp led a systemwide cancer screening effort throughout the year in partnership with local federally qualified health centers (FQHCs) and other community-based organizations. Through a series of community events, Sharp provided no-cost mammograms, stool tests and low-dose lung CT scans to eligible participants. More than 1,300 residents were screened, with several positive colorectal and breast cancer findings that resulted in follow-up care. Partners included Family Health Centers of San Diego, San Ysidro Health, La Maestra Health Centers, Neighborhood Healthcare and Father Joe's Villages.

For the last several years, Sharp has also engaged in systemwide efforts to promote and provide free blood pressure screenings to community members in response to the prevalence of chronic disease among vulnerable populations. In FY 2025, this included participation in Live Well San Diego's annual Love Your Heart event, which helps tens of thousands of community members in the U.S. and Mexico get screenings and education on what their blood pressure numbers mean for their health.

Health Professions Training

Sharp demonstrates a deep investment in new and prospective members of the health care workforce through internships and career pipeline programs. In FY 2025, more than 3,100 student interns contributed more than 475,000 hours within the Sharp system.

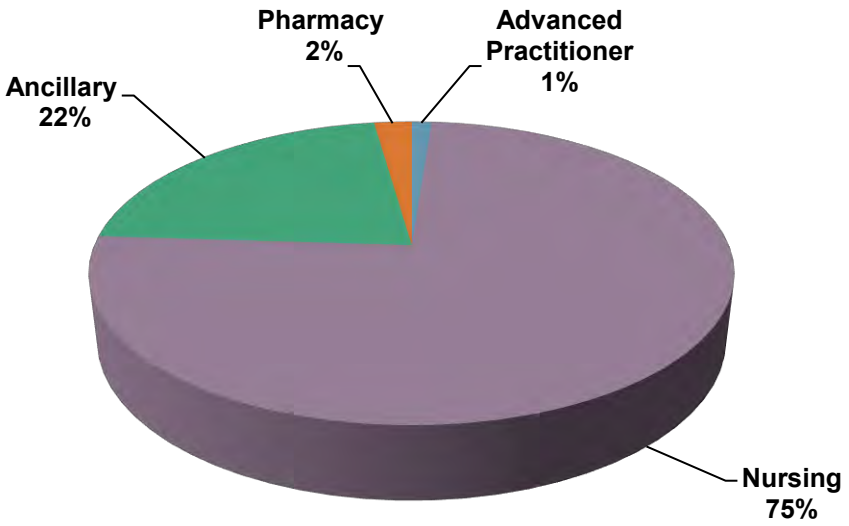
Education and training opportunities spanned a variety of disciplines.[4] Sharp provided training opportunities to students from more than 70 local community colleges, vocational schools and local and national universities. For a list of schools, see **Appendix B**. For internship details by Sharp entity and by student type, see the table and figure below.

[4] Sharp HealthCare (Sharp) offers diverse roles in multiple areas of care and support, including nursing (such as critical care, medical-surgical, behavioral health, women's services, cardiac services and hospice); advanced practice provider positions (such as nurse practitioner, clinical nurse specialist and physician assistant); and allied health (ancillary) professions, including rehabilitation therapies (speech, physical and occupational therapy), pharmacy, respiratory therapy, imaging, cardiovascular technology, dietetics, laboratory sciences, surgical technology, paramedic services, social work, psychology and business.

Sharp HealthCare Internships — FY 2025

Sharp HealthCare Entity	Nursing		Advanced Practice Provider		Ancillary		Total	
	Students	Hours[5]	Students	Hours	Students	Hours	Students	Hours
Sharp Chula Vista Medical Center	526	62,181	8	1,210	84	33,451	618	96,842
Sharp Coronado Hospital and Healthcare Center	46	17,511	0	0	20	7,160	66	24,671
Sharp Grossmont Hospital	821	74,238	16	1,865	227	57,856	1,064	133,959
Sharp Mary Birch Hospital for Women & Newborns	176	19,016	0	0	3	672	179	19,688
Sharp Memorial Hospital	259	33,457	12	1,973	179	49,507	450	84,937
Sharp Mesa Vista Hospital	285	27,277	3	1,170	49	40,180	337	68,627
Sharp HospiceCare	1	35	0	0	1	240	2	275
Sharp HealthCare[6]	254	10,609	1	160	167	35,690	422	46,459
Total	**2,368**	**244,324**	**40**	**6,378**	**730**	**224,756**	**3,138**	**475,458**

Sharp HealthCare Interns by Student Type — FY 2025



[5] Nursing hours include both group hours (groups of students with a school instructor), as well as precepted hours (single student with a Sharp HealthCare (Sharp) employee).
[6] Sharp internship figures include students from Sharp Home Health, Sharp System Offices, Sharp Health Plan and Sharp Rees-Stealy Medical Centers.

Sharp hospitals continued their partnership with the Arizona College of Osteopathic Medicine at Midwestern University in Glendale, Arizona, to provide physician-led mentorship opportunities for medical students. Throughout the year, the partnership provided 30 students with mentorship opportunities at Sharp hospitals (including SCHHC, SCVMC, SGH, SMBHWN and SMH) and Sharp Community Medical Group.

In addition, Sharp provides specialized classes to prepare future preceptors for their roles as student mentors. Through the Precepting with Pride class, for example, Sharp health care professionals who are new to precepting learn about the essential components of role modeling and education.

Sharp supports the academic development of college and university students across San Diego by providing guest lectures and presentations on a variety of health care topics.

A longstanding partnership that highlights this commitment is Sharp's involvement in the Hospital and Ambulatory Care Management course offered to San Diego State University Master of Public Health students. Sharp executives and leaders engage with students by delivering lectures on topics essential to health care administration and the strategic business operations of large health systems.

Health Sciences High and Middle College

Health Sciences High and Middle College (HSHMC) — a partnership among Sharp, a group of San Diego State University professors and the Grossmont-Cuyamaca Community College District — is a tuition-free, public charter high school that provides students with broad exposure to health care careers.

HSHMC students use job shadowing to connect with Sharp team members and explore real-world applications of their school-based knowledge and skills. This collaboration prepares students to enter health, science and medical technology careers in the following five pathways: biotechnology research and development, diagnostic services, health informatics, support services and therapeutic services.

In FY 2025, approximately 220 HSHMC students were supervised on Sharp campuses rotating through instructional pods in a variety of specialty areas to observe patient care.[7] They also received career guidance and support from Sharp staff.

Each year, Sharp reviews and evaluates its collaboration with HSHMC, including student outcomes, to promote long-term sustainability. Nearly 3 out of 4 HSHMC students are economically disadvantaged, but despite these challenges, the school maintains a 97% graduation rate. Last year, 60% of students in the graduating class went on to attend two-

[7] In FY 2025, Health Sciences High and Middle College students dedicated their time to the following campuses: Sharp Chula Vista Medical Center, Sharp Grossmont Hospital (SGH), Sharp Mary Birch Hospital for Women & Newborns, Sharp Memorial Hospital, Sharp Coronado Hospital and Healthcare Center, Sharp Mesa Vista and SMC.

or four-year colleges, and nearly half (48%) reported they planned to pursue a career in health care.

Some key highlights for the year include:

- Increased clinical placement opportunities at SMV for students in the Mental Health Pathway. By creating a new group of student placements within the hospital, this initiative provides hands-on experience in behavioral health and supports the development of a future workforce in this critical area.
- Reintroduced SCHHC as a location for student internship rotations, opening 10 new student placement opportunities.

Sharp and HSHMC continue to explore ways to strengthen their partnership, highlighting the importance and impact of internship experiences through real-world learning and the advancement of healthcare career development.

Continuing Education

Sharp Continuing Medical Education

In FY 2025, Sharp's Continuing Medical Education (CME)[8] department invested more than 1,100 hours in live and online CME activities to advance professional development and best practices among San Diego health care providers. Presentation topics included primary care strategies to prevent readmissions, neonatology, cardiology, advance care planning, metastatic brain tumors, diabetes, Alzheimer's disease and other dementias, addiction medicine, women's mental health, obesity and overall wellness. Nearly 20,000 health professionals participated in Sharp CME events.

CME also develops and implements online learning modules and performance improvement projects to enhance clinical practices and optimize patient care. In FY 2025, Sharp's CME online learning modules provided education in a variety of areas, including top community health needs as identified in triennial CHNAs, such as cardiology, pulmonary care, stroke and cancer care.

For a list of upcoming Sharp CME classes, visit https://www.sharp.com/search/events?category=For+professionals&v=1.

[8] Sharp's Continuing Medical Education department manages three accreditation programs. Sharp is accredited by the Accreditation Council for Continuing Medical Education, including Accreditation with Commendation; the Accreditation Council for Pharmacy Education; and by the American Board of Medical Specialties Portfolio Program.

Evidence-Based Practice Institute

The Terrence and Barbara Caster Institute for Nursing Excellence's Center for Community Engagement fosters partnerships and regional health improvement through various efforts, including the Evidence-Based Practice Institute.[9] The Evidence-Based Practice Institute offers professional development opportunities that prepare teams of staff fellows and mentors to improve clinical practice and patient care by identifying problems, developing solutions and incorporating new knowledge into practice. The consortium is a nonprofit partnership between Sharp and local health systems and academic institutions.

In addition to board leadership, Sharp provides instructors and mentors to support the Evidence-Based Practice Institute's mission and guide fellows through their process improvement projects, which address issues in clinical practice and patient care. Fifty-seven project teams, composed of mentors and fellows, graduated from the 2025 program after completing projects on a variety of topics related to patient experience and workplace well-being.

Research

Sharp commits to expanding scientific knowledge in support of the broader health and research communities. The Sharp Center for Research promotes high-quality research initiatives that help advance patient care and outcomes worldwide, including the Human Research Protection Program, the Institutional Review Board and the Outcomes Research Institute.[10]

Human Research Protection Program

Sharp is accredited by the Association for the Accreditation of Human Research Protection Programs,[11] which affirms the Human Research Protection Program's commitment to following rigorous standards for ethics, quality and protections for human research.

Institutional Review Board

As part of the Human Research Protection Program, a dedicated 14-person Institutional Review Board committee reviews all proposed research studies with human participants to protect their safety and maintain responsible research conduct. Sharp's Institutional Review Board committee includes physicians, nurses, pharmacists, individuals with expertise and training in non-scientific areas of research and community members who devote hundreds of hours to reviewing and analyzing research studies.

[9] The Evidence-Based Practice Institute is offered by the San Diego Consortium for Excellence in Nursing and Allied Health.
[10] The Sharp Outcomes Research Institute ceased operations on June 30, 2025.
[11] To date, Sharp is the only health system in SDC to receive accreditation from the Association for the Accreditation of Human Research Protection Programs.

At any given time, Sharp participates in approximately 160 clinical trials, including 78 active oncology clinical trials (comprising the largest share of Sharp's clinical trials), and other studies encompassing many therapeutic areas, including:

- Behavioral health
- Emergency care
- Gastroenterology
- Heart and vascular
- Infectious disease
- Kidney
- Liver
- Neurology
- Newborn care
- Oncology
- Ophthalmology
- Pulmonology
- Orthopedics
- Surgery

Outcomes Research Institute

Sharp's Outcomes Research Institute evaluates long-term care outcomes and develops and shares best practices for health care delivery. The Outcomes Research Institute helps Sharp team members design research projects focused on patient-centered outcomes; assists with study protocol development, data collection and analysis; explores funding opportunities; and facilitates Institutional Review Board applications.

During the year, the Outcomes Research Institute engaged in several continuing research projects focused on advancing patient and community health, including:

- The University of Arizona's five-year National Institutes of Health-awarded grant study titled "Ethnicity and Lung Cancer Survival: A Test of the Hispanic Sociocultural Hypothesis."
- In consultation with oncology researchers, a project to evaluate the impact of nutrition interventions on patient outcomes, including preventable inpatient hospitalizations and survival rates.

Volunteer Service

Sharp Lends a Hand

Sharp continued to offer its systemwide community service program, Sharp Lends a Hand, during FY 2025. The program identifies opportunities for employees to volunteer at community screening events, food distributions, blood donation drives and other projects that support vulnerable populations.

Through Sharp Lends a Hand events and volunteer projects, hundreds of employees donated their time with nearly a dozen partner organizations. Several of these organizations are listed below.

- Father Joe's Villages
- Family Health Centers of San Diego
- Feeding San Diego
- Jacobs & Cushman San Diego Food Bank
- La Maestra Health Centers
- Life Rolls on Foundation
- Neighborhood Healthcare
- San Ysidro Health

For more information on Sharp Lends a Hand projects, visit sharp.com/about/lends-a-hand.

Sharp Humanitarian Service Program

The Sharp Humanitarian Service Program offers paid leave for employees to volunteer for programs that provide health care or other supportive services to underserved or adversely affected populations worldwide. In FY 2025, the program funded nearly 30 employees who partnered with nonprofit organizations on humanitarian trips and projects, several of which are highlighted below. Collectively, these efforts served more than 1,800 people.

- Delivered surgical nursing care to people living in surgical deserts in Madagascar in partnership with Mercy Ships
- In partnership with Venture to Heal Medical Missions, provided medical evaluations, minor procedures, diabetes and hypertension education and screening, pharmacy support, hand hygiene education for youth and school supplies to people living on the island of Cebu in the Philippines
- Prepared and served meals, assisted with childcare and provided facilities maintenance and faith formation in Mexico in partnership with Serving God's Kids
- Supported community-building activities, including physical improvements to an educational facility, as well as recreational activities for youth in Guapiles, Costa Rica, in partnership with the Escondido Adventist Church
- Provided nursing care and education to pediatric patients at the Holy Innocents Hospital in the town of Mbarara, Uganda, organized by the University of San Diego
- Performed surgeries in the town of Comayagua, Honduras, in partnership with Operation Hope Medical Missions
- Performed surgeries for children and adults in the town of Patzun, Guatemala, in partnership with Friends With Purpose
- Taught nurses ultrasound scanning basics to improve care for patients in remote Papua New Guinea villages in partnership with Youth With A Mission
- Provided endoscopy procedures to Sherpa communities at Khunde Hospital in Nepal in partnership with Kim International Medical Volunteer Foundation
- Provided eye surgeries and care at the Leyte Provincial Hospital, Palo Leyte, Philippines, in partnership with the An Taclobanon Association of Southern California

Community Events

Sharp demonstrates its commitment to the San Diego community by sponsoring and participating in local events. Through these efforts, employees come together to promote health, raise awareness and support causes that improve the well-being of the community.

Community Walks

Throughout the year, Sharp financially supported the following local events:

- American Cancer Society Making Strides Against Breast Cancer Walk
- American Heart Association San Diego Heart & Stroke Walk
- American Lung Association Lung Force Walk
- Parkinson's Association of San Diego Step by Step 5K Walk

Other Systemwide Initiatives

To address food insecurity, Sharp hosted food drives and contributed nearly 620 pounds of nonperishable food items to the San Diego Food Bank. Sharp also partnered with the San Diego Blood Bank, with employees donating more than 110 units of blood.

Emergency and Disaster Preparedness

Sharp collaborates with state and local organizations to prepare the community for a potential emergency or disaster. Sharp's disaster preparedness team provides education to staff, community members and community health professionals in partnership with these organizations. Several recent program highlights are listed below.

Education and Trainings

The disaster preparedness team provided several training opportunities to community members and health professionals in FY 2025:

- ARES® (Amateur Radio Emergency Service): Consists of licensed volunteers who provide advanced radio operations during severe region-wide disasters
- NIMS (National Incident Management System) and HICS (Hospital Incident Command System) classes to train health professionals in standardized on-scene emergency management systems
- Trainings for personnel from the County of San Diego Public Health Preparedness and Response Branch and Office of Emergency Services to educate community partners on Sharp's disaster preparedness efforts, including pediatric respiratory surge readiness, high consequence infectious disease response and active shooter education

Disaster Preparedness Exercises

The disaster preparedness team was also involved in various local and state disaster preparedness exercises in FY 2025:

- Led a regionwide radiation decontamination and surge tabletop exercise
- Led a decedent management initiative to improve planning and operations in the event of high-risk or mass decedents
- Co-led regionwide high consequence infectious disease planning efforts with health care and county partners
- Statewide Medical and Health Exercise, facilitated by California Department of Public Health and the California Emergency Medical Service Authority, brought over 100 regional health care partners together to test readiness to respond to a major water and utility disruption requiring large scale evacuation
- Mass evacuation exercise at a local skilled nursing facility following severe rainstorms and flooding
- Sharp's disaster leadership team presented best practices in hospital high consequence infectious disease to hundreds of emergency managers around the state at the California Hospital Association's 2025 Disaster Planning Conference

Community Leadership

Members of Sharp's disaster leadership team donated their time to various state and local organizations and committees in FY 2025:

- County of San Diego Emergency Medical Care Committee
- California Hospital Association's Emergency Management Advisory Committee
- California Department of Public Health Joint Advisory Committee
- Ronald McDonald House Operations Committee
- California Department of Public Health Statewide Medical and Health Exercise Workgroup
- San Diego International Airport Aviation Security and Public Safety Department
- High Consequence Infectious Disease Regional Subcommittee
- U.S. Department of Health and Human Services' Public Health Emergency Hospital Preparedness Program
- San Diego Healthcare Disaster Coalition

Infectious Diseases and other Public Health Threats

In recent years, the COVID-19 pandemic and subsequent emergency events have reinforced the importance of Sharp's existing relationships with other hospital systems and health organizations in SDC. Sharp continued planning and resource management efforts to collaboratively address a variety of additional threats:

- Cybersecurity readiness plan for SDC health care delivery systems
- Planning and training for high consequence infectious diseases
- Maintenance and storage of a federally funded decontamination trailer[12] for use during mass decontamination events
- Back-up water and nutrition supply at all Sharp hospitals lasting up to 96 hours
- Host and maintain federally supervised CHEMPACKs[13] as well as multiple disaster ventilators
- Host and maintain high consequence infectious disease biohazard and decedent management supplies

All Ways Green Initiative

Sharp's All Ways Green™ initiative drives environmental responsibility across the organization and the San Diego community by investing in sustainable practices and transforming operations to reduce environmental impact, with a goal of achieving carbon neutrality by 2040.

To achieve this goal, Sharp has a comprehensive Environmental Health, Wellness and Sustainability Plan that identifies systemwide improvements to reduce the organization's carbon footprint. The plan guides the work of Sharp's All Ways Green Committee, which spearheads the organization's sustainability efforts around eight core topics: good health and well-being, efficient energy, water conservation, green building and construction, waste minimization, sustainable purchasing, transportation and safer chemicals.

All Ways Green uses online, real-time dashboards to track Sharp's energy consumption, greenhouse gas emissions and key sustainability projects by entity throughout the system. Key program highlights are described below.

Natural Resource Conservation

Sharp's All Ways Green Committee includes a subcommittee that invests in natural resource conservation initiatives, including employee education. Recent key accomplishments include:

- Participation in San Diego Community Power's Power100 program, which provides 100% renewable and carbon-free electricity to eligible Sharp facilities
- Continued HVAC and lighting upgrades at 10 high-priority sites throughout the year, resulting in more than $525,000 in operating cost savings

[12] Located at SGH.
[13] CHEMPACKs are containers of nerve agent antidotes placed in secure locations in local jurisdictions around the country to allow rapid response to a chemical incident. These medications treat the symptoms of nerve agent exposure and can be used even when the actual agent is unknown. https://aspr.hhs.gov/SNS/Pages/CHEMPACK.aspx

- Partnership with Emerald Textiles on water and energy conservation, saving an estimated 160 million gallons of water, 466,000 kilowatts of electricity and 200,000 therms[14] of natural gas annually

Waste Minimization

Sharp's waste minimization initiatives, including programs focused on recycling, donating, composting, reprocessing and reusing, help divert thousands of tons of waste annually, amounting to more than one-third of all waste. As part of this systemwide effort, Sharp and its food service partner, Sodexo, continue to strengthen food waste diversion through donation and composting programs. In FY 2025, Sodexo teams diverted nearly 800,000 pounds of food waste, contributing to a 47% cumulative reduction in food waste since program launch and advancing Sharp's commitment to reducing the environmental impact of its operations.

Sustainable Food Practices

Sharp and Sodexo also work together to enhance sustainable and healthy food practices that support the well-being of patients, employees, the community and the environment. Sharp and Sodexo have committed to sourcing at least 15% of total food purchases from sustainable suppliers, including local, sustainable and organic animal proteins and produce. In FY 2025, the partnership achieved 50% sustainable purchasing, far surpassing the organizational goal and demonstrating Sharp's ongoing leadership in environmentally responsible sourcing.

Commuter Solutions

Sharp supports sustainable commuting through public transit, carpooling, biking, walking and telecommuting. Together, these efforts reduce emissions and promote a healthier, more connected community. Employees benefit from:

- **Commuter Assistance Programs**: Rideshare and emergency ride assistance via SANDAG's (San Diego Association of Governments)[15] Sustainable Transportation Services program (formerly known as the iCommute Program)
- **Cost and Environmental Savings**: Discounted bus passes and internal tools to track cost and carbon savings
- **Bike-Friendly Perks**: Racks, up to $20/month reimbursement and participation in the SANDAG Bike Anywhere Day
- **Electric Vehicle Leadership**: Forty to sixty additional electric vehicle chargers installed with discounted charging rates throughout the year
- **Priority Parking**: Spaces for carpools and motorcycles

[14] A unit for quantity of heat that equals 100,000 British thermal units. https://www.merriam-webster.com/dictionary/therm
[15] San Diego Association of Governments. https://www.sandag.org/about

Learn more about All Ways Green at https://www.sharp.com/about/all-ways-green.

Employee Well-Being

Sharp is committed to employee well-being and believes that a healthy team leads to a healthier community. To support this commitment, Sharp invests in initiatives that foster belonging, wellness and a supportive workplace culture — benefiting both employees and the broader community.

Sharp Best Health

The Sharp Best Health employee well-being program has driven initiatives to enhance the overall health, safety, happiness and productivity of Sharp's workforce since 2010. Throughout the year, Sharp Best Health reached more than a third of Sharp's employees with education about its programs and services through wellness events and outreach across the system.

To support employees' physical and mental health, Sharp Best Health provides a wide range of programs, including gym discounts, virtual stretch breaks, nutrition and weight management resources, annual wellness assessment screenings and chronic condition management. For mental well-being, Sharp Best Health offers confidential counseling through the Employee Assistance Program, mindfulness and stress reduction workshops, behavioral health resources via telehealth and resilience training.

Employee feedback and participation data indicate that Sharp Best Health programs and resources have a positive impact on various aspects of Sharp's organizational success, supporting Sharp's vision to be the "best place to work." This includes employee workplace satisfaction (87%), reduced stress levels (94%), support to stay physically active and illness-free (85%) and increased focus and energy (91%).

Sharp Equality Alliance

The Sharp Equality Alliance (SEA) is a network of Sharp employees who work together to advance diversity, equity, inclusion and belonging initiatives, educate the Sharp workforce on cultural competency topics and develop partnerships that help achieve health equity across the Sharp system and the San Diego community.

To accomplish its work, SEA hosts regular opportunities in various formats for Sharp employees and Sharp-affiliated physicians to learn and engage in meaningful conversations about current topics regarding diversity, equity, inclusion and belonging and health equity. In the last year, Sharp partnered with dozens of community organizations and subject matter experts through SEA to promote multicultural awareness and support continuing education among team members.

SEA leadership and support have consistently helped Sharp hospitals achieve recognition for their quality of care for diverse populations. As of FY 2025, Sharp holds Healthcare Equality Index leader status for each of its hospitals and Long-Term Care Equality Index leader status for each of its long-term care facilities, skilled nursing facilities and hospice homes. These designations signify Sharp's commitment to fostering policies and practices that support equity and inclusion of LGBTQ+ patients, visitors and employees.

In the community, SEA represents Sharp at numerous events annually, including the Dr. Martin Luther King Jr. Day Parade and San Diego Pride. Each year, the group also identifies other outreach opportunities in support of community health. This year's initiatives included:

- The Cooper Family Foundation Juneteenth event, where members of SEA and Sharp's clinical teams provided community members with free resources and blood pressure screenings.
- Fundraising support and participation in community walks and events for organizations, such as Chicano Federation and National Alliance on Mental Illness San Diego.

For more information on the Sharp Equality Alliance, visit https://www.sharp.com/about/diversity.

Executive Summary

Section

2 Executive Summary

At Sharp HealthCare, we take pride in our measurable impact across San Diego — expanding access to care, advancing health equity and building partnerships that make our communities stronger and healthier every day.

— Brett McClain, Executive Vice President and Chief Operating Officer, Sharp HealthCare

This Executive Summary provides an overview of community benefit planning at Sharp HealthCare (Sharp), a listing of community needs addressed in this Community Benefit Plan and Report and a summary of community benefit programs and services provided by Sharp in fiscal year (FY) 2025 (Oct. 1, 2024, through Sept. 30, 2025). The summary also reports the economic value of community benefit provided by Sharp according to the framework identified in Senate Bill 697 (SB 697) for the following entities:

- Sharp Chula Vista Medical Center
- Sharp Coronado Hospital and Healthcare Center
- Sharp Grossmont Hospital
- Sharp Mary Birch Hospital for Women & Newborns
- Sharp Memorial Hospital
- Sharp Mesa Vista Hospital and Sharp McDonald Center
- Sharp Health Plan

Community Benefit Planning at Sharp HealthCare

Sharp bases its community benefit planning on its triennial community health needs assessments (CHNA) combined with the expertise in programs and services of each Sharp hospital. For details on Sharp's CHNA process, see **Section 3: Community Benefit Planning Process**.

Listing of Community Needs Addressed in the *Sharp HealthCare Community Benefit Plan and Report*, FY 2025

Health Conditions

- Education, screening and support programs for chronic health conditions, such as heart disease, stroke, cancer and diabetes
- Participation in clinical trials
- Behavioral health and substance use education, screening and support for at-risk populations
- Women's and prenatal/postnatal health services, support and education

- Aging care and support programs, including education and screening for older adults[16] and caregivers
- End-of-life and advance care planning services

Access to Health Care

- Access to care and financial support for uninsured and underinsured community members and individuals without a medical provider
- Connecting individuals in the emergency department with appropriate services and resources for follow-up care and support
- Programs and services that provide community and social support to address health equity challenges and chronic stress
- Improved data sharing and collaboration among community nonprofit health and social service organizations

Community Safety

- Safety and support programs for people with disabilities
- Provider education and protocol development to enhance programs related to trauma-informed care, human trafficking, disaster preparedness and other community safety topics
- Partnerships with local schools and community-based organizations to increase outreach and awareness about injury prevention

Workforce

- Career pipeline programs offered in partnership with local schools
- Education and training for community health care professionals
- Engagement in regional hospital workforce-violence task force efforts
- Supervision of students and interns

Additionally, across all these areas, Sharp delivers community benefit by partnering with and supporting organizations that work to meet these needs.

Highlights of Community Benefit Provided by Sharp in FY 2025

The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2025.

[16] The term "older adults" refers to people age 65 and up, unless stated otherwise in this report.

- **Medical Care Services** included uncompensated care for patients who are unable to pay for services and the unreimbursed costs of public programs, such as Medi-Cal, Medicare, County Medical Services, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) and TRICARE.[17]

- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; education and flu vaccinations for older adults; telephone reassurance and safety-check program for isolated or homebound older adults and individuals with disabilities; financial and other support to community clinics to provide and improve access to health services; Project HELP; contribution of time to community-based organizations, such as local food banks; the Sharp Humanitarian Service Program; and support services for patients experiencing homelessness and other barriers to accessing care.

- **Other Benefits for the Broader Community** included health education and information provided on-site, virtually and in partnership with community-based organizations; participation in community health fairs and events addressing unique community needs; health screenings; and support groups. Sharp also collaborated with local schools to promote interest in health care careers. Sharp executive leadership and staff also participated in numerous community organizations, committees and coalitions to improve community health. See **Appendix B** for a listing of Sharp's involvement in community organizations. In addition, the category included costs associated with planning and operating community benefit programs, such as CHNA development and administration.

- **Health Research, Education and Training Programs** included education and training for medical, nursing and other health care students and professionals, as well as supervision and support for students and interns. Time was also devoted to generalizable, health-related research projects that were made available to the broader health care community.

Economic Value of Community Benefit Provided in FY 2025

In FY 2025, Sharp provided a total of **$751,654,612** in community benefit programs and unreimbursed services. **Table 1** displays a summary of unreimbursed costs based on the categories specifically identified in SB 697. **Figure 1** presents the percentage distribution by each category. **Figure 2** presents the percentage distribution within the Medical Care Services category and **Figure 3** presents the community benefit value by IRS Form 990 Schedule H Categories. These financial figures represent unreimbursed community benefit costs after the impact of the Medi-Cal Hospital Fee Program.

[17] The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health benefits program in which the Department of Veterans Affairs shares the cost of certain health care services and supplies with eligible beneficiaries. TRICARE is a health care program of the U.S. Department of Defense Military Health System, which provides civilian health benefits for U.S. Armed Forces military personnel, military retirees and their dependents, including some members of the Reserve Component.

Table 1: Sharp HealthCare Total Community Benefit — FY 2025[18]

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2025 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal[19]	$153,569,019
	Shortfall in Medicare[19]	521,598,237
	Shortfall in County Medical Services[19]	7,832
	Shortfall in CHAMPVA/TRICARE[19]	17,558,259
	Shortfall in Workers' Compensation[19]	247,346
	Charity Care[20]	30,044,178
	Bad Debt[20]	19,096,481
Other Benefits for Vulnerable Populations[21]	Patient transportation and other assistance for vulnerable populations[22]	3,955,550
Other Benefits for the Broader Community	Health education and information, health screenings, vaccinations, support groups, meeting room space, and donation of time to community organizations[22]	2,446,936
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals, and research to support the broader health care community[22]	3,130,774
TOTAL		**$751,654,612**

[18] Economic value is based on unreimbursed costs.
[19] Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.
[20] Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.
[21] "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs.
[22] Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

Figure 1: Sharp HealthCare Community Benefit by SB 697 Category — FY 2025

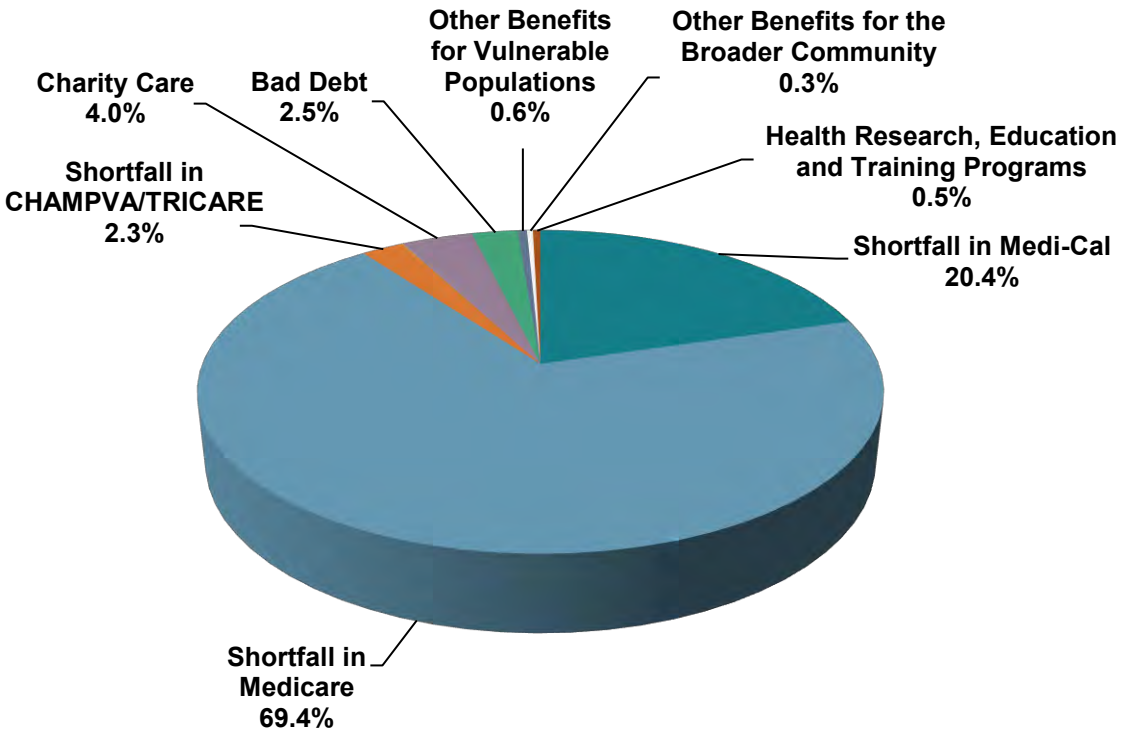


Figure 2: Sharp HealthCare Medical Care Services — FY 2025

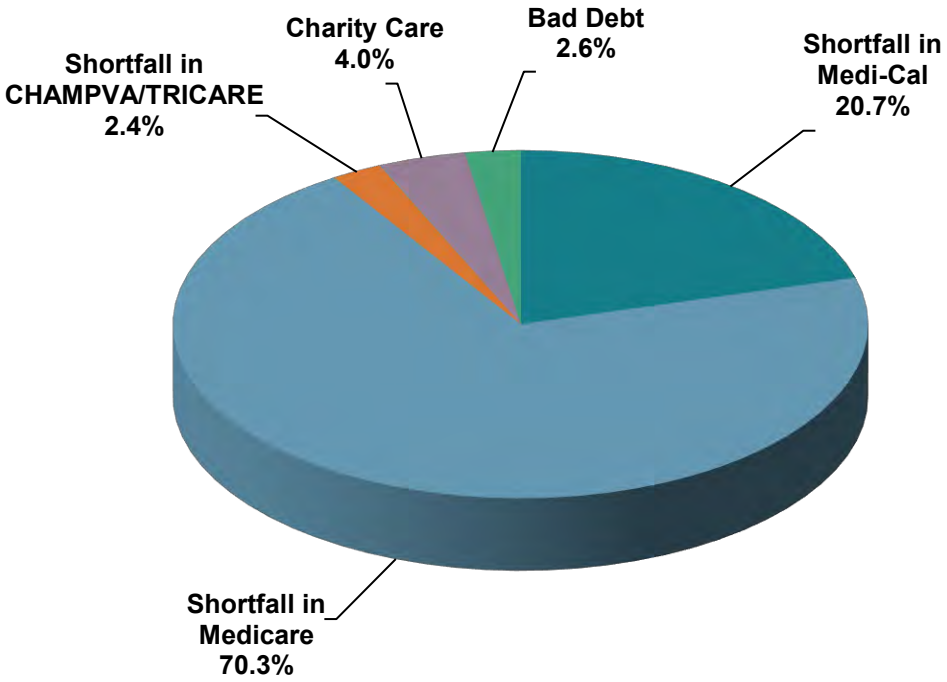
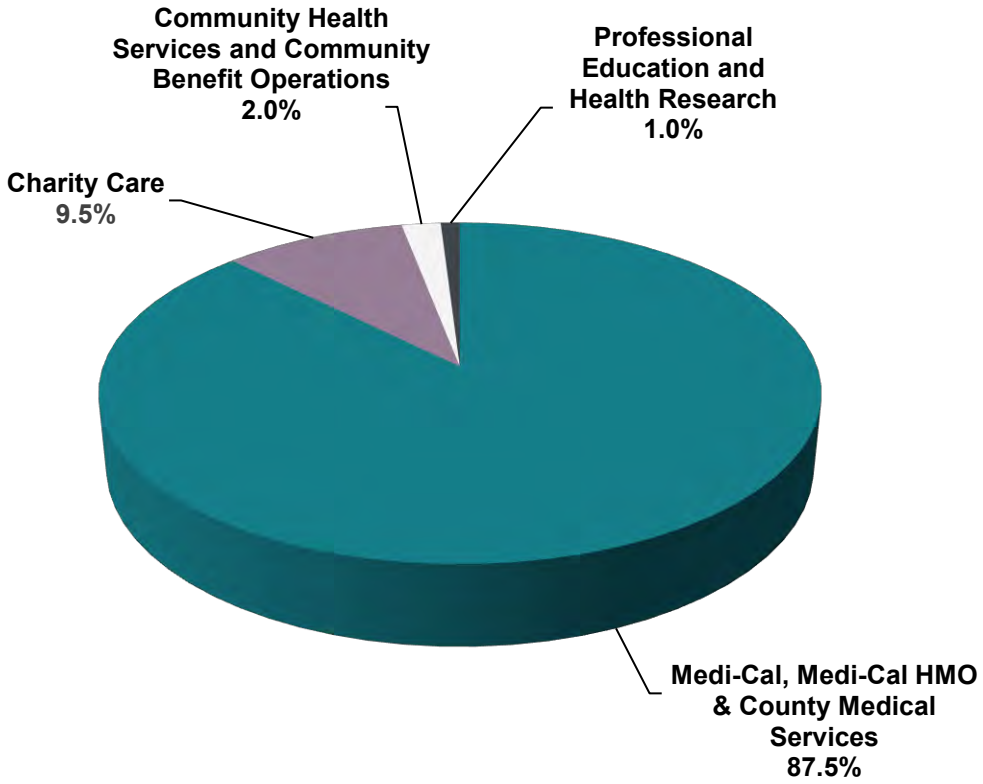


Figure 3: Sharp HealthCare Community Benefit by IRS Form 990 Schedule H Category — FY 2025



In FY 2024, the State of California and the Centers for Medicare and Medicaid Services (CMS) approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2023 through December 31, 2024, and in FY 2025 the State of California submitted another Medi-Cal Hospital Fee Program for the time period January 1, 2025 through December 31, 2025 to CMS which has not been approved. H.R. 1, also known as the One Big Beautiful Bill Act, was signed into law after the State of California had submitted the new program to CMS for approval and the legislation included several provisions that directly impact Medi-Cal Hospital Fee Programs. As a result, the State of California has until March 13, 2026 to submit a revised 2025 Medi-Cal Hospital Fee Program to CMS for approval. Absent an approved program for periods January 1, 2025 and forward, Sharp recorded estimates for the time period January 1, 2025 through September 30, 2025. This resulted in recognition of supplemental revenues totaling $329.5 million and quality assurance fees and pledges totaling $205.7 million in FY 2025. The net FY 2025 impact of the program totaling $123.8 million reduced the amount of unreimbursed medical care services for the Medi-Cal population. This reimbursement helped offset prior years' unreimbursed medical care services, however the additional funds recorded in FY 2025 understate the true unreimbursed medical care services performed for the past fiscal year. **Table 2** and **Figure 4** illustrate the impact of the Medi-Cal Hospital Fee Program on Sharp's unreimbursed medical care services in FY 2025.

Table 2: Sharp HealthCare Unreimbursed Medical Care Services: Medi-Cal Hospital Fee Program Impact — FY 2025

Provider Fee Impact	Medicare & Medicare HMO	Medicare Capitated	Medi-Cal, Medi-Cal HMO & County Medical Services	CHAMPVA & Workers' Compensation	Bad Debt	Charity Care	Total
Unreimbursed Medical Care Services Before Provider Fee	$254,897,506	$266,700,731	$276,148,303	$17,805,605	$19,096,481	$30,044,178	**$864,692,804**
Provider Fee			$(122,571,452)				$(122,571,452)
Net Unreimbursed Medical Care Services After Provider Fee	$254,897,506	$266,700,731	$153,576,851	$17,805,605	$19,096,481	$30,044,178	**$742,121,352**

Figure 4: Sharp HealthCare Unreimbursed Medical Care Services Before Medi-Cal Hospital Fee — FY 2025

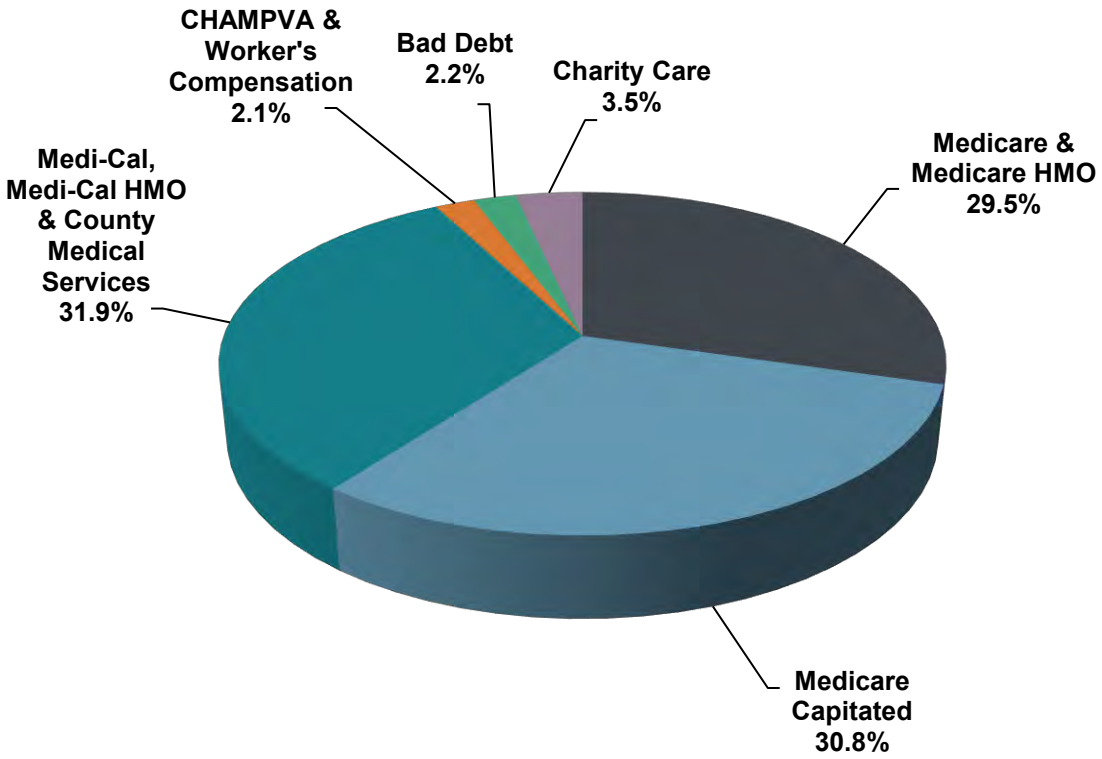


Table 3: Total Economic Value of Community Benefit Provided[18]
By Sharp HealthCare Entities — FY 2025

Sharp HealthCare Entity	Estimated FY 2025 Unreimbursed Costs
Sharp Chula Vista Medical Center	$147,298,132
Sharp Coronado Hospital and Healthcare Center	31,099,182
Sharp Grossmont Hospital	231,003,090
Sharp Mary Birch Hospital for Women & Newborns	23,383,125
Sharp Memorial Hospital	291,289,642
Sharp Mesa Vista Hospital and Sharp McDonald Center	27,507,170
Sharp Health Plan	74,271
TOTAL	**$751,654,612**

Figure 5: Percentage of Community Benefit Provided by
Sharp HealthCare Hospital Entities — FY 2025

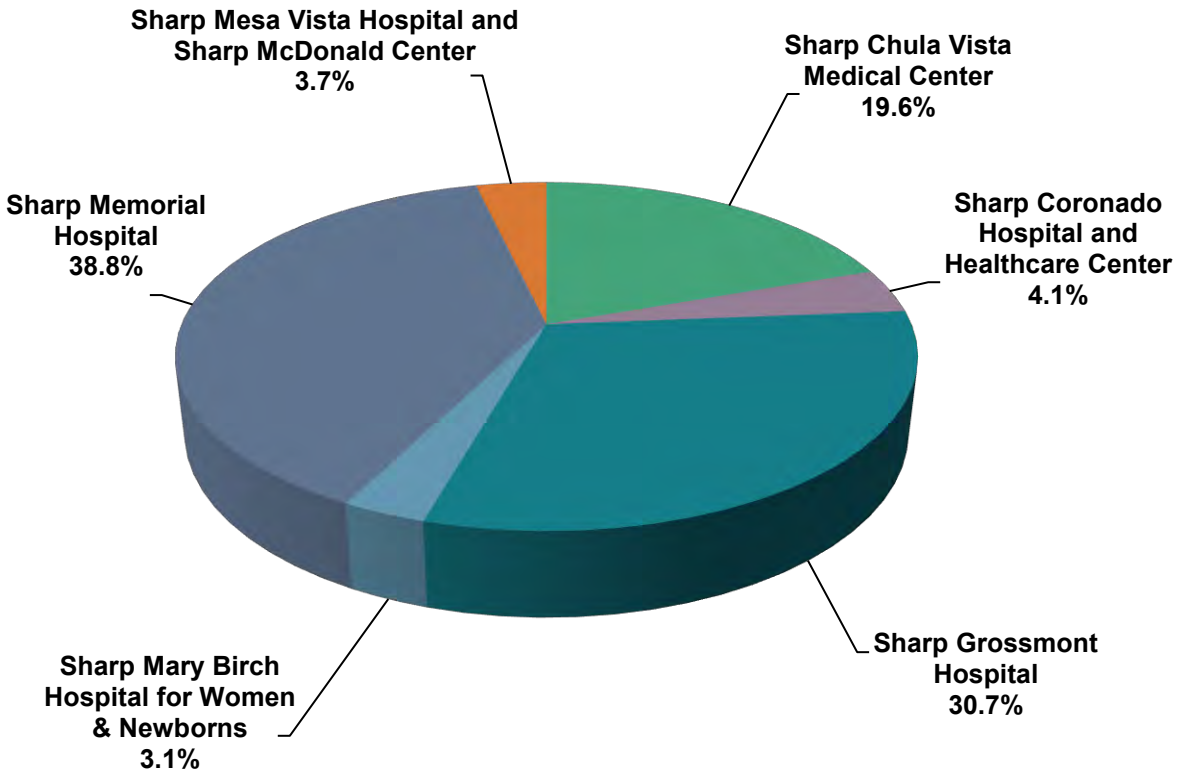


Table 4: Detailed Economic Value of SB 697 Categories[18] — FY 2025

Sharp HealthCare Entity	SB 697 CATEGORY				Estimated FY 2025 Unreimbursed Costs
	Medical Care Services	Other Benefits for Vulnerable Populations	Other Benefits for the Broader Community	Health Research, Education and Training Programs	
Sharp Chula Vista Medical Center	$146,019,667	$355,640	$226,508	$696,317	$147,298,132
Sharp Coronado Hospital and Healthcare Center	30,622,120	146,120	261,541	69,401	31,099,182
Sharp Grossmont Hospital	228,058,739	1,449,818	647,551	846,982	231,003,090
Sharp Mary Birch Hospital for Women & Newborns	22,718,293	45,755	486,399	132,678	23,383,125
Sharp Memorial Hospital	288,513,237	824,871	717,096	1,234,438	291,289,642
Sharp Mesa Vista Hospital and Sharp McDonald Center	26,189,296	1,104,630	66,036	147,208	27,507,170
Sharp Health Plan	–	28,716	41,805	3,750	74,271
TOTAL	**$742,121,352**	**$3,955,550**	**$2,446,936**	**$3,130,774**	**$751,654,612**

Community Benefit Planning Process

Section

3 Community Benefit Planning Process

At Sharp HealthCare, we invest in programs that strengthen the health of our community — reaching people where they are, removing barriers, and creating pathways to lifelong wellness.

— Jason Broad, Vice President Strategic Integration and Community Engagement, Sharp HealthCare

Sharp HealthCare (Sharp) bases its community benefit planning on findings from its Community Health Needs Assessment (CHNA). These findings, combined with hospital expertise and community input, guide program planning and implementation. This section summarizes the 2025 CHNA process and findings and outlines steps taken to prepare Sharp's Community Benefit Plan and Report.

Sharp HealthCare CHNAs

Sharp collaborates with hospitals, health care organizations and community agencies through a countywide effort led by the Hospital Association of San Diego and Imperial Counties (HASD&IC) to conduct a triennial CHNA. This process identifies and prioritizes health and social needs for San Diego County, focusing on populations experiencing the greatest inequities.

For 2025, Sharp chaired the HASD&IC collaborative. Its objectives, methodology and findings informed Sharp's individual hospital CHNAs, which combine countywide data with additional research and community input specific to Sharp's patients and service areas. The complete HASD&IC 2025 CHNA is available at https://hasdic.org/chna/.

Sharp develops and publicly reports CHNAs for all licensed hospitals:

- Sharp Chula Vista Medical Center
- Sharp Coronado Hospital and Healthcare Center
- Sharp Grossmont Hospital
- Sharp Memorial Hospital
- Sharp McDonald Center
- Sharp Mesa Vista Hospital

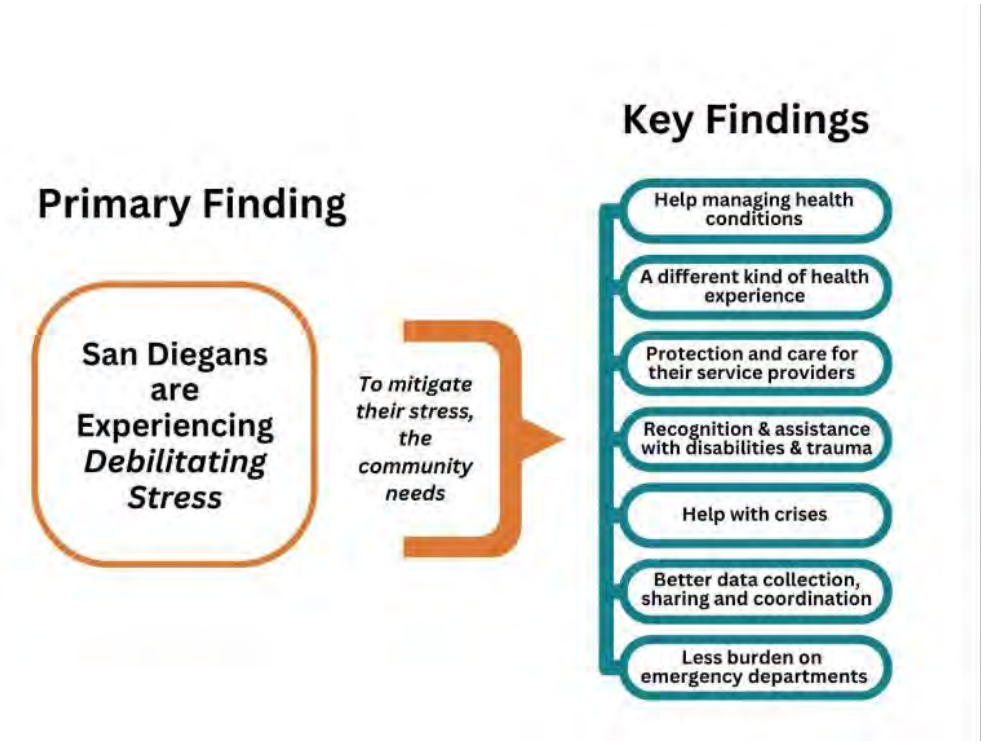
In accordance with federal regulations, the Sharp Memorial Hospital CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women & Newborns, as the two hospitals share a license and report all utilization and financial data as a single entity to the California Department of Health Care Access and Information.

Findings

The graphic below illustrates the top community needs identified by Sharp's 2025 CHNA process. Chronic stress emerged as a significant theme across all qualitative data collection methods. It is recognized as a Primary Finding, indicating its role as a barrier that affects community members' ability to effectively manage their health.

Within this Primary Finding, the 2025 CHNA explored how health care systems could help mitigate chronic stress. The community also recommended several health improvement strategies, which are highlighted as Key Findings.

Sharp 2025 CHNA Top Community Needs[23]



Next Steps

CHNA findings help inform and guide Sharp's community benefit programs and services as a critical component of the community benefit planning and reporting process.

Sharp hospitals' fiscal year (FY) 2026-2029 Implementation Strategies, which outline and track outcomes for community benefit programs and services, address these findings as follows:

[23] The findings of the Hospital Association of San Diego and Imperial Counties' 2025 Community Health Needs Assessment (CHNA) process significantly influenced Sharp HealthCare's 2025 CHNA findings.

2025 Sharp Identified Areas of Need

Sharp Identified Area of 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 of and assistance with disabilities and trauma; help with crises
Workforce	Protection and care for service providers

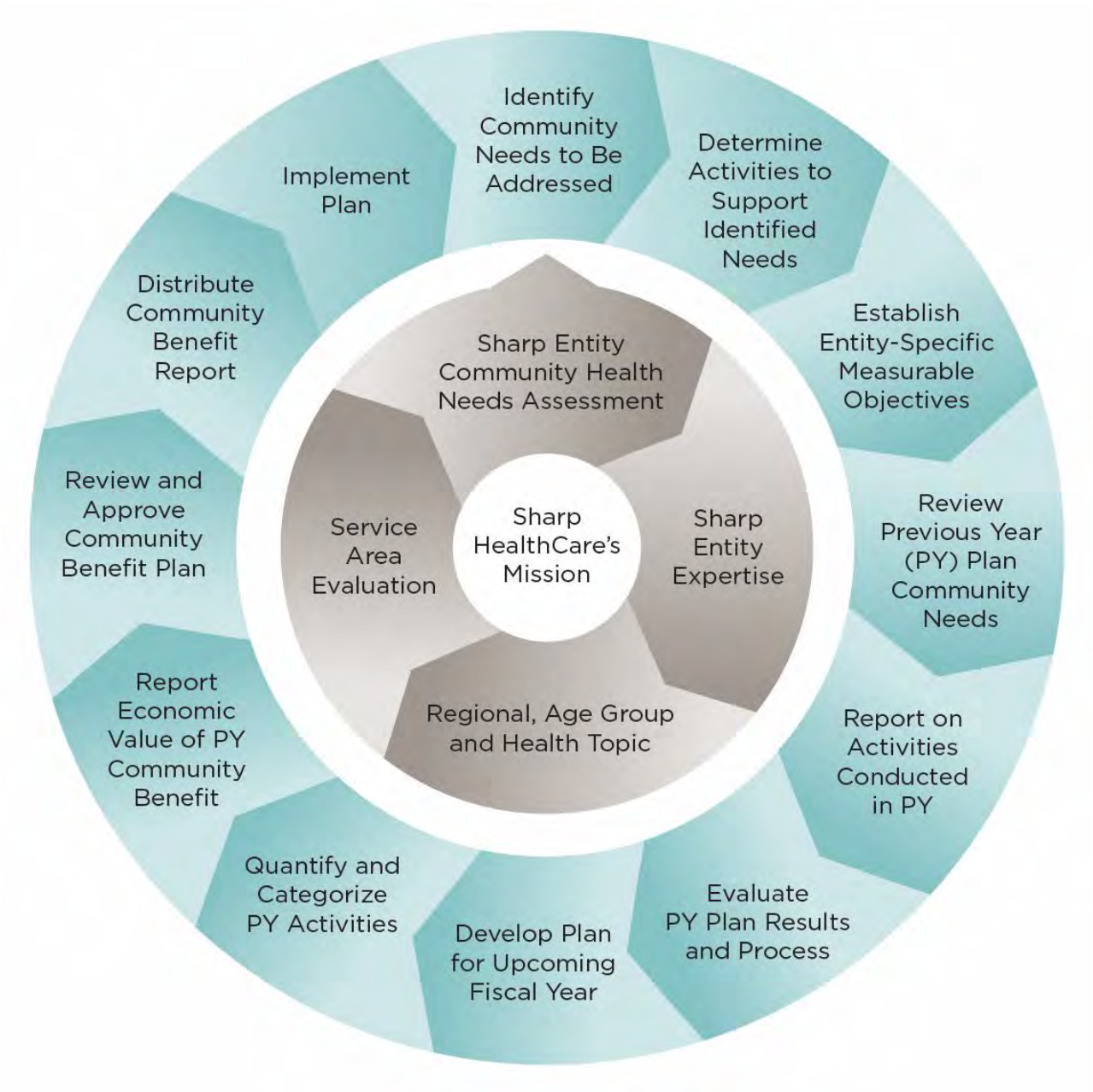
The implementation strategies for each Sharp hospital are publicly available along with their 2025 CHNAs at http://www.sharp.com/about/community/health-needs-assessments.cfm.

Preparing Sharp's Community Benefit Plan and Report

Each year Sharp hospitals perform various steps to prepare the Community Benefit Plan and Report, which may include any of the following for each entity:

- Establishes and/or reviews hospital-specific objectives, considering entity CHNA findings and an evaluation of each hospital's service area and expertise
- Reports on activities conducted in the prior year (FY 2025 Report of Activities) and categorizes the economic value of community benefit provided, in accordance with the framework outlined in California Senate Bill 697
- Develops, approves and implements a plan for the upcoming FY, including specific steps to be undertaken (FY 2026 Plan)
- Makes the Community Benefit Plan and Report publicly available on sharp.com
- Distributes and presents the Community Benefit Plan and Report and Executive Summary to community stakeholders and leaders across Sharp, including members of the Sharp Board of Directors and each individual hospital's board of directors

Sharp HealthCare Community Benefit Plan and Report Process



Sharp Chula Vista Medical Center

Section

4 Sharp Chula Vista Medical Center

Our department is small but mighty. As social workers, we play a crucial role in ensuring a patient's success when they leave the hospital by connecting them to key community services and advocating for their overall needs and well-being.

— Rhaelynne Scherr, MSW, LCSW, CCM, Senior Specialist Medical Social Work and Integrated Care Management, Sharp Chula Vista Medical Center

Fiscal Year (FY) 2025 Community Benefit Program Highlights

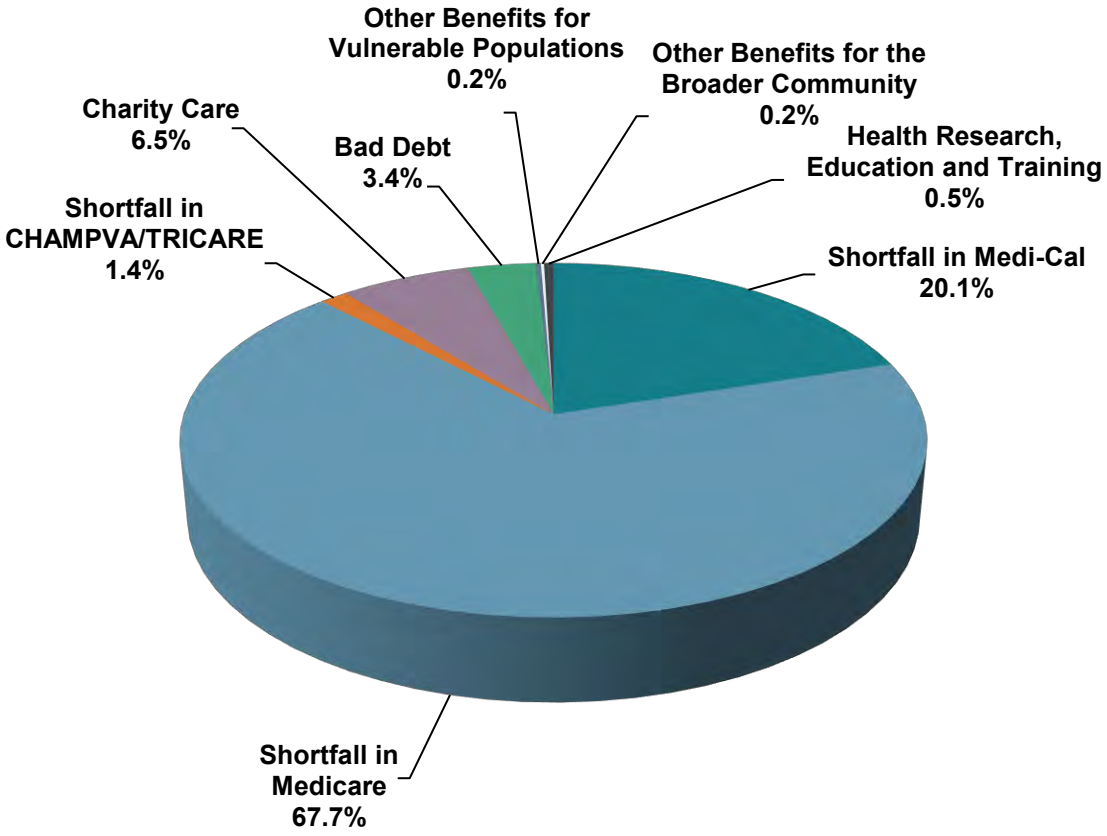
Sharp Chula Vista Medical Center (SCVMC) provided a total of **$147,298,132** in community benefit in FY 2025. See the table and figure below for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697) and the distribution of SCVMC's community benefit among those categories.

Economic Value of Community Benefit Provided
Sharp Chula Vista Medical Center — FY 2025[24]

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2025 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal[25]	$29,653,243
	Shortfall in Medicare25	99,653,464
	Shortfall in County Medical Services[25]	16
	Shortfall in CHAMPVA/TRICARE[25]	2,043,301
	Charity Care[26]	9,624,944
	Bad Debt26	5,044,699
Other Benefits for Vulnerable Populations[27]	Project HELP, patient transportation and other assistance for vulnerable populations[28]	355,640
Other Benefits for the Broader Community	Health education and information, health screenings, vaccinations, support groups, and donation of time to community organizations[28]	226,508
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals, and research to support the broader health care community[28]	696,317
TOTAL		**$147,298,132**

[24] Economic value is based on unreimbursed costs.
[25] Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.
[26] Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.
[27] "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs.
[28] Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

Percentage of Community Benefit by SB 697 Category
Sharp Chula Vista Medical Center — FY 2025



Key highlights:

- **Medical Care Services** included uncompensated care for patients who were unable to pay for services and unreimbursed costs of public programs, such as Medi-Cal, Medicare, County Medical Services and CHAMPVA/TRICARE.[29] In FY 2024, the State of California and the Centers for Medicare and Medicaid Services (CMS) approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2023 through December 31, 2024, and in FY 2025 the State of California submitted another Medi-Cal Hospital Fee Program for the time period January 1, 2025 through December 31, 2025 to CMS which has not been approved. H.R. 1, also known as the One Big Beautiful Bill Act, was signed into law after the State of California had submitted the new program to CMS for approval and the legislation included several provisions that directly impact Medi-Cal Hospital Fee Programs. As a result, the State of California has until March 13, 2026 to submit a revised 2025 Medi-Cal

[29] The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health benefits program in which the Department of Veterans Affairs shares the cost of certain health care services and supplies with eligible beneficiaries. TRICARE is a health care program of the U.S. Department of Defense Military Health System, which provides civilian health benefits for U.S. Armed Forces military personnel, military retirees and their dependents, including some members of the Reserve Component.

Hospital Fee Program to CMS for approval. Absent an approved program for periods January 1, 2025 and forward, Sharp HealthCare (Sharp) recorded estimates for the time period January 1, 2025 through September 30, 2025. This resulted in recognition of net supplemental revenues for SCVMC totaling $35.0 million in FY 2025. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2025 understate the true unreimbursed medical care services performed for the past fiscal year.

- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; education and information for older adults; Project HELP (Project Hospital Emergency Liaison Program), which provides funding for medication and transportation to assist lower-income patients; programming to help establish medical homes for low-income, medically uninsured and underserved patients in the south region; community-based organizations such as local food banks; participation in the Sharp Humanitarian Service Program; and other assistance for community members with health equity barriers.

- **Other Benefits for the Broader Community** included health education, information and support groups addressing a variety of topics in both English and Spanish; participation in community events; health screenings for lung cancer, bone density and stroke; health risk assessments; community education; and collaboration with local schools to promote interest and provide career pathways in health care. In addition, hospital staff actively participated in community boards, committees and other civic organizations. See **Appendix B** for a list of Sharp's involvement in community organizations in FY 2025. The category also includes costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation.

- **Health Research, Education and Training Programs** included time devoted to education and training of health care professionals; student and intern supervision; and generalizable, health-related research projects that were made available to the broader health care community.

Definition of Community

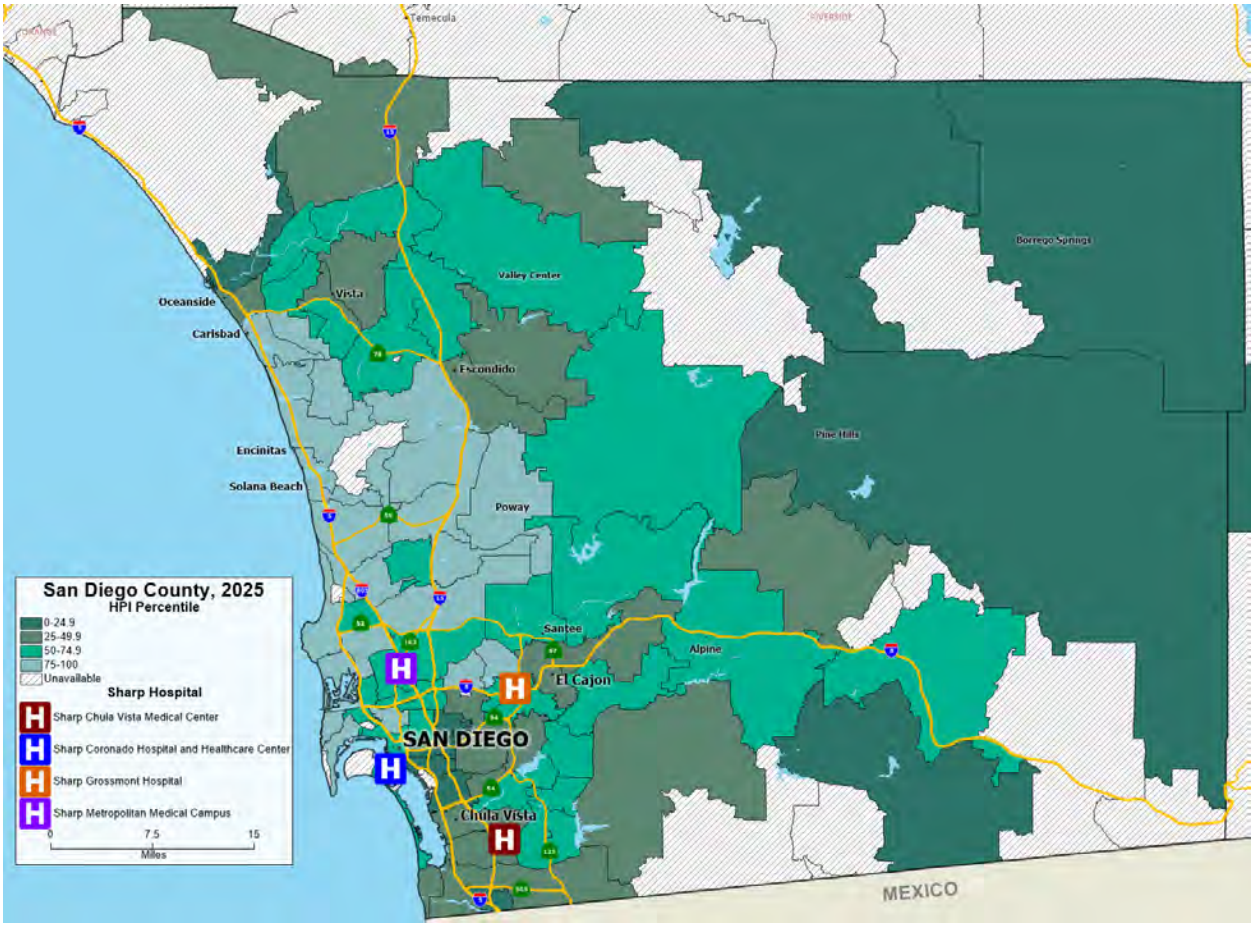
SCVMC is located at 751 Medical Center Court in Chula Vista, ZIP code 91911.

SCVMC serves the south region of San Diego County (SDC), including the subregional areas of Chula Vista, Imperial Beach, Otay Mesa, Bonita, Sweetwater, National City and Coronado. See **Appendix D** for a map of community and regional boundaries.

For SCVMC's 2025 CHNA process, the Healthy Places Index® (HPI)[30] was used to identify communities within its service area that experience greater health inequities.[31] The HPI evaluates communities by assigning them a score based on various health indicators. This score generates a percentile ranking that compares a community's overall health and well-being with others in the state. A higher percentile indicates a healthier community, while a lower percentile reflects a less healthy community.

According to the HPI, ZIP codes 91950 (National City) and 92173 (San Ysidro) are among the high-need primary communities served by SCVMC.[30] The figure below presents a map of the HPI findings across SDC.

SDC HPI®[30] Map with Sharp Locations, 2025



[30] Healthy Places Index (HPI) 3.0 (2022) was used to identify high-need communities. Accessed September 2024. The California HPI, © 2022 Public Health Alliance of Southern California

[31] Health inequities are differences in health status or in the distribution of health resources between different population groups arising from the social conditions in which people are born, grow, live, work and age. These inequities have significant social and economic costs both to individuals and societies (World Health Organization, 2018).

SCVMC has been providing health care to the south region for 50 years. In the past decade, population growth in this community has exceeded that of almost every other region in the nation. This trend is expected to continue, particularly for older adults.

Refer to **Appendix A: Description of Community Needs** for the most current demographic and health data regarding the communities served by Sharp, including SCVMC.

Community Benefit Planning Process

See the steps outlined in **Section 3: Community Benefit Planning Process** regarding community benefit planning for SCVMC.

Priority Community Needs Addressed in Community Benefit Report — SCVMC 2025 CHNA

SCVMC's 2025 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties 2025 CHNA process and findings. Refer to **Section 3: Community Benefit Planning Process** for additional information.

The following needs were identified for the communities served by SCVMC through its 2025 CHNA (listed in no specific order):

- Help Managing Health Conditions
- A Different Kind of Health Care Experience
- Protection and Care for Service Providers
- Recognition/Assistance with Disability and Trauma
- Help with Crises
- Better Data Collection, Sharing, and Coordination
- Less Burden on Emergency Departments (ED)

The following pages detail SCVMC programs, activities and services that specifically address these needs, either directly or indirectly. For additional entity-level and systemwide initiatives addressing the priority needs identified in the 2025 CHNA, refer to **Patient Access to Care Programs**.

SCVMC also annually reviews and updates its implementation strategy — a description of hospital programs designed to address the priority health and social needs identified in the CHNA. The most recent CHNA and implementation strategy are available at https://www.sharp.com/about/health-needs-assessments.

SCVMC Community Benefit Programs and Services, FY 2025

SCVMC addresses the needs of its community through the programs and services listed below. The following pages describe the hospital's community benefit objective(s), activities conducted in FY 2025 and plans for FY 2026 in each of these areas:

- **Stroke Education, Support and Screening**
- **Cancer Education, Support, Screening and Research**
- **Diabetes Education, Prevention and Support**
- **Health Education, Support and Screening Activities**
- **Health Professions Education, Training and Career Pathway Initiatives**
- **Access to Health Care and Social Support**

Stroke Education, Support and Screening

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objective

- Provide stroke education, support and screening services for SDC's south region

FY 2025 Report of Activities

Sharp's systemwide stroke program, including SCVMC, served approximately 1,220 community members at various events. Team members provided education on stroke risk factors, signs and symptoms, the BE-FAST acronym and when to call 911, as well as blood pressure screenings in some venues. Events included:

- San Diego Oasis Community Center's Stroke Education Event
- Sharp Women's Health Conference
- Stroke Awareness Night at the San Diego Padres game

In addition, SCVMC partnered with community stakeholders to enhance stroke care for San Diegans. Efforts included:

- Providing data to the County of San Diego EMS' (Emergency Medical Services) stroke registry to help identify gaps and determine trends
- Participating in quarterly meetings for the San Diego County Stroke Consortium, a collaborative effort with other county hospitals to improve stroke care and discuss issues impacting local stroke services
- Collaborating with the San Diego County Stroke Consortium to develop educational materials for 911 first responders
- Partnering with the County of San Diego and University of California San Diego on research to improve EMS protocols for transporting stroke patients with large vessel

occlusions to thrombectomy-capable centers, including SCVMC, Sharp Grossmont Hospital, and Sharp Memorial Hospital.
- Participating in the San Diego County Continuous Quality Improvement initiative to improve witness information collection by paramedics, which is often needed to determine eligibility for stroke treatment

FY 2026 Plan

SCVMC Stroke Program will do the following:

- Participate in and partner with the San Diego County Stroke Consortium to educate and train 911 first responders, with a focus on identifying large vessel occlusion
- Collaborate with the County of San Diego EMS to provide south region data for tracking within the SDC stroke registry
- Provide stroke education, screenings and outreach to community members in the south region through social media and in-person events
- Provide stroke risk factor and BE-FAST acronym education to community health professionals

Cancer Education, Support, Screening and Research

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Provide cancer education, resources and support groups to community members in SDC's south region
- Provide cancer support services to community members in SDC's south region
- Collaborate with community organizations to provide cancer screenings to under- and uninsured community members
- Participate in cancer clinical trials, including screening and enrolling patients

FY 2025 Report of Activities

The Cancer Centers of Sharp HealthCare[32] (Cancer Centers of Sharp) include the Douglas & Nancy Barnhart Cancer Center at SCVMC (Barnhart Cancer Center), David and Donna Long Center for Cancer Treatment at Sharp Grossmont Hospital, and Laurel Amtower Cancer Institute and Neuro-Oncology Center at Sharp Memorial Hospital.

To address access barriers for under- and uninsured community members, Sharp led a systemwide cancer screening effort throughout the year in partnership with local FQHCs and other community-based organizations. Through a series of community events, Sharp

[32] The Cancer Centers of Sharp are accredited by the American College of Surgeons Commission on Cancer as an Integrated Network Cancer Program as well as the American Society for Radiation Oncology as an Accreditation Program for Excellence.

provided no-cost mammograms, stool tests and low-dose lung CT scans to eligible participants. More than 1,300 residents were screened, with several positive colorectal and breast cancer findings that resulted in follow-up care. Partners included Family Health Centers of San Diego, San Ysidro Health, La Maestra Health Centers, Neighborhood Healthcare and Father Joe's Villages.

Throughout the year, the Cancer Centers of Sharp served more than 1,000 individuals impacted by cancer through several support groups. Groups were offered either in person or online and included:

- Brain tumor support groups
- Breast cancer support group
- Bring Your Own Project support group
- Cancer care partner support group
- Cancer survivor support group
- General cancer support group
- Head and neck cancer support group
- Living with advanced cancer support group
- Man Cave: Men's cancer support group
- Women's cancer support group
- Young cancer patients' support groups
- Sharp Healthcare Cancer Patient Community private Facebook group

Throughout the year, the Cancer Centers of Sharp served more than 1,100 individuals impacted by cancer through several educational classes, webinars and workshops. These were offered either in person or online and included:

- Cancer and a Good Night's Sleep: How to Manage Sleep and Fatigue
- Cancer and the Arts
- Chemo Brain: Improving Memory and Concentration
- Chemo Brain: What Can I Do?
- Energy Management During Cancer Treatment and Beyond
- How to Help Someone with Chemo Brain: A Class for Loved Ones
- Living with a Brain Tumor
- Lunch and Learn Cancer webinars
- Managing Sleep and Fatigue
- New Brain Tumor Diagnosis
- New Cancer Diagnosis
- Out of the Fog MAAT (memory and attention adaptation training)
- Relaxation and Quieting the Mind
- Scanxiety: Managing the Fear of Cancer Recurrence
- Surviving Cancer: Thriving After a Diagnosis
- Survivorship: Life After Cancer

The Cancer Centers of Sharp provided cancer education and resources to nearly 1,100 community members at various conferences and events, including:

- Cancer Survivors Day hosted by the Cancer Centers of Sharp
- Logan Heights Library Health Fair
- Sharp Goes Pink at SCVMC
- Sharp Women's Health Conference

For more than 20 years, Sharp's Clinical Oncology Research Department has conducted clinical trials to help discover new and improved cancer treatments and advance scientific knowledge. Throughout the year, the department pre-screened more than 4,000 patients for participation in oncology clinical trials. For eligible, consenting patients, these trials focused on multiple cancer types, including, but not limited to, blood, brain, breast, colon, head and neck, lung, lymphoma, pancreatic and prostate.

FY 2026 Plan

The Barnhart Cancer Center at SCVMC will do the following:

- Partner with local organizations and agencies to provide underserved community members with health education, access to cancer screenings and cancer-related resources
- Collaborate with the Cancer Centers of Sharp to offer virtual workshops and prerecorded classes on cancer wellness topics, including Spanish-language options
- Offer cancer support groups and classes for individuals impacted by cancer, including classes focused on cognitive impairments
- Offer monthly educational classes on nutrition for cancer prevention and nutrition during cancer treatment in both English and Spanish
- Offer classes to address cognitive impairments related to cancer and cancer treatment
- Provide wigs, prosthetics, bras, hats and scarves to patients with cancer
- Provide transportation for patients to medical appointments and to the pharmacy
- Maintain the private Sharp HealthCare Cancer Patient Community Facebook group
- Conduct clinical trials to help discover new cancer treatments, promote trial participation and inform the broader health and research community
- Participate in and support fundraising events for cancer research

Diabetes Education, Prevention and Support

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Provide diabetes education, prevention and support in the south region of SDC
- Collaborate with community organizations and projects to provide diabetes education to community members with barriers to health equity

FY 2025 Report of Activities

Throughout the year, the Sharp Diabetes Education Program provided diabetes education and support to approximately 1,170 community members through classes, presentations and participation in conferences and events. Topics included, but were not limited to, diabetes prevention, signs and symptoms of diabetes, disease management, nutrition, exercise and the power of lifestyle changes. This included:

- **Gestational Diabetes Mellitus Class**: Offered weekly for individuals with gestational diabetes mellitus
- **Sharp Women's Health Conference**: Offered education and resources
- **Diabetes Education and Support for Renal Disease**: Collaborated with the Balboa Institute of Transplantation and the Sharp Kidney and Pancreas Transplant Program to provide ongoing diabetes education and support to community members who were either anticipating or had undergone a kidney transplant or experienced kidney disease

The Sharp Diabetes Education Program also provided specialized education and support to underserved populations throughout the year. This included:

- **Collaboration with Community Clinics**: Ongoing collaboration with community clinics to teach underserved pregnant women and breastfeeding mothers with diabetes how to manage their blood sugar levels, including evaluating patients and working with the clinics to prevent complications. At SCVMC, this initiative assisted nearly 460 community members.
- **Culturally Sensitive Diabetes Education and Support**: Support for culturally diverse populations within SDC included:
    - Food diaries and logbooks to help track blood sugar levels
    - Staff who speak English and Spanish
    - Diabetes education materials in Arabic, Somali, Tagalog, Vietnamese and Spanish
    - Live interpreter services in hundreds of languages via the Stratus Video Interpreting iPad application

FY 2026 Plan

The SCVMC and the Sharp Diabetes Education Programs will do the following:

- Participate in community outreach and engagement activities, such as events, conferences and educational presentations to raise prediabetes and diabetes awareness throughout SDC, including the south region
- Collaborate with community organizations that focus on diabetes prevention and care and food insecurity
- Explore additional opportunities and partnerships to provide clinic- and community-based diabetes education classes and resources
- Maintain up-to-date, linguistically and culturally appropriate resources about diabetes treatment and prevention to support community members with diabetes
- Provide prenatal nutrition education and gestational diabetes resources to underserved pregnant and breastfeeding women at Sharp and community clinics
- Provide discharged patients with resources (e.g., 211 San Diego) to connect with a local physician and promote care continuity

Health Education, Support and Screening Activities

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Provide community health education classes, support groups and screenings
- Host and participate in community health fairs and events
- Provide fundraising support for nonprofit health organizations

FY 2025 Report of Activities

SCVMC participated in numerous community events where team members provided health education and screenings addressing a range of needs, including chronic disease prevention, heart and bone health, aging care, orthopedic and musculoskeletal health and overall well-being. Throughout the year, these efforts reached hundreds of community members and provided approximately 150 free blood pressure screenings. Events included:

- Assemblymember David Alvarez's annual District Health and Wellness Fair
- Bone and Joint Health Expos
- Chula Vista Fire Department (Station 5) first responder recognition event
- Philippine Independence Day Celebration at Balboa Park
- Rotary Club of Chula Vista Bike and Safety Fair at Loma Verde Community Center
- Sharp Women's Health Conference
- St. Paul's Senior Services Health Fair

- TrueCare Flourish & Nourish Health Fair

The Sharp orthopedic service line staff, including SCVMC, hosted in-person community lectures. These included:

- **Oasis San Diego**: Through a partnership with Oasis San Diego, the service line director presented to 35 community members on hip and knee arthritis.
- **Viejas Tribal Members**: A spine surgeon presented to approximately 30 Viejas tribal members on back pain prevention.

For more than 550 parents and families in the community, Sharp Chula Vista Center for Women & Newborns provided pregnancy-related education and support:

- Led a free weekly breastfeeding support group in both English and Spanish
- Offered Baby Care Basics, Childbirth Preparation and Breastfeeding webinars in English and Spanish
- Hosted four virtual Path to Pregnancy events in partnership with other Sharp hospital women's centers, covering topics such as preparing the body for pregnancy, having a baby later in life, reproductive planning and fertility

Throughout the year, SCVMC employees were also active members of various community nonprofit organization boards and committees, including:

- American Heart Association
- American Hospital Association Regional Policy Board
- American Lung Association
- Health Sciences High and Middle College
- Private Essential Access Community Hospitals
- Rotary Club of Chula Vista
- San Diego Association of Directors of Volunteer Services
- San Diego Consortium for Excellence in Nursing and Allied Health
- South Bay Community Services
- South Bay Family YMCA

SCVMC also collaborated with regional partners to support the growth, health and prosperity of SDC's south region. As part of these efforts, SCVMC leadership participated in the 2025 South County Economic Development Council Summit, serving on a panel focused on how new medical facilities, emergency response infrastructure and expanded access points are being designed to meet the evolving needs of residents. This engagement helped highlight SCVMC's role in advancing long-term community resilience, equity and wellness throughout the south region.

FY 2026 Plan

SCVMC will do the following:

- Provide health screenings, education and resources for community members
- Conduct blood drives in partnership with the San Diego Blood Bank
- Assist community nonprofit organizations through support and fundraising activities
- Host support groups and classes for parents and families focused on pregnancy-related education and support

Health Professions Education, Training and Career Pathway Initiatives

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Collaborate with local schools, colleges and universities to offer opportunities for students to explore a vast array of health care professions
- Provide education and resources to health professionals and students
- Participate in local and national conferences to share best practices in health care delivery and community health improvement

FY 2025 Report of Activities

Throughout the year, SCVMC collaborated with more than nearly 20 local, state and national schools, colleges and universities to provide learning opportunities for students to explore and train for careers in health care. SCVMC provided clinical training to more than 600 nursing, advanced practice provider and ancillary (non-nursing) students, who spent nearly 97,000 hours on campus. See the table below for a summary of internship impacts by student type.

SCVMC Internships — FY 2025

Nursing		Advanced Practice Provider		Ancillary		Total	
Students	Hours[5]	Students	Hours	Students	Hours	Students	Hours
526	62,181	8	1,210	84	33,451	**618**	**96,842**

For more information on Sharp's involvement in student training efforts, see **Health Professions Training**.

SCVMC also provided additional professional development and early career pipeline opportunities through several unique community partnerships:

- **Health Sciences High and Middle College**: SCVMC provided early professional development opportunities and hands-on experiences for approximately 60 high school students (see **Health Sciences High and Middle College** for more information).
- **Barnes Tennis Center**: Eighty participants, including sports medicine professionals, attended a presentation by an orthopedic surgeon and physical therapists on sports injury recovery.
- **San Diego State University Dietetics Program**: Provided a presentation on diabetes education as a profession to a San Diego State University dietetic student
- **San Diego WIC (Women, Infants and Children) Dietetic Internship**: The Sharp Diabetes Education Program supported the San Diego WIC Dietetic Internship through board leadership.
- **2024 American Heart Association Scientific Sessions**: The Sharp Diabetes Education Program director presented on types of diabetes treatments and their effects on patients with Type 2 diabetes, as well as the connection between inpatient and outpatient care, to 150 attendees.
- **Insulin Pump Training Center**: The Sharp Diabetes Education Program served as an insulin pump training center for endocrinologists and primary care groups throughout SDC.

In addition, Sharp, including SCVMC, advances scientific knowledge and medical innovation by participating in clinical trials to enhance patient care and outcomes. See **Research** for more information.

FY 2026 Plan

SCVMC will do the following:

- Collaborate with local and regional colleges, universities and vocational programs to train and mentor health care students
- Provide high school students and recent graduates with opportunities to experience the hospital work environment
- Conduct educational symposiums for health care professionals focused on improving outpatient and inpatient diabetes care
- Participate in local and national conferences to share best practices in diabetes treatment and control with the broader health care community
- Partner with community physicians to help improve patient outcomes using technology, including insulin pumps and blood glucose monitors
- Conduct clinical trials to improve patient care and outcomes

Access to Health Care and Community and Social Support

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Empower and establish medical homes for the safety net population
- Provide timely assessment and intervention for behavioral health and social needs among safety net patients in the ED
- Assist individuals with financial barriers by providing transportation, community clinic referrals, prescription assistance and connection to community services

FY 2025 Report of Activities

SCVMC provides specialized programming to support low-income, uninsured and medically underserved patients in SDC's south region who receive care at its facilities. In FY 2025, this included several programs that provided patients with timely referrals to primary care and behavioral health services, as well as assistance with establishing medical homes[33] (e.g., primary care) at local community clinics.

To help individuals overcome financial barriers and manage chronic conditions, the following resources were provided:

- Low-cost generic prescriptions and discount cards for select medications
- Enrollment assistance for prescription discount programs
- Medication assistance through community clinics and programs for various conditions through County of San Diego Public Health Services
- More than $74,200 in free medication, transportation and financial assistance through hospital Project HELP funds
- Partnership with Jacobs & Cushman San Diego Food Bank's Diaper Bank program to provide essential items for low-income families
    - More than 30,000 diapers to nearly 500 families
    - Secured funding to supply car seats for approximately 35 families

In addition, comprehensive behavioral health support offered by SCVMC's social services team ensured safety net patients had access to critical care and resources:

- Mental health evaluations and appropriate hospital or community placements for individuals presenting in the ED with severe mental illness
- Referrals to community resources tailored to patient needs

[33] The American Academy of Family Physicians defines a medical home as one that is based on the Joint Principles of the Patient-Centered Medical Home and includes five comprehensive primary care functions: access and continuity, planned care and population health, care management, patient and caregiver engagement, and comprehensiveness and coordination. Medical Home | AAFP

- More than 11,500 social service interventions across the hospital and Birch Patrick Convalescent Center, equaling nearly 6,500 hours of patient care
- Substance use disorder and behavioral health counseling for various patient populations
- Customized resources to support holistic, patient-centered care

In addition to these patient-centered supports, SCVMC contributed to broader community health efforts by hosting employee blood drives. These efforts strengthened the region's blood supply, with more than 100 units of blood collected to support timely access to lifesaving care for more than 300 individuals.

For individuals at risk for psychiatric, developmental and substance use disorders, assessments were paired with referrals for housing, medication management and supportive community services. Key efforts included:

- Partnerships with community organizations for prioritized access to opioid use treatment for patients discharging from the ED[34]
- Distribution of free NARCAN® and fentanyl testing strips to any requesting community member
- Partnerships with community organizations[35] to support patients experiencing homelessness at discharge for shelter placement and temporary housing resources
- Collaborative outpatient treatment planning with safety net providers and patient education on appropriate ED use
- Care for approximately 1,200 ED and hospital patients experiencing homelessness, including integrated substance use treatment
- Medical home initiatives to reduce ED reliance and improve access and quality of care for vulnerable community members

For additional information on Sharp programs and services that help increase access to health care and community and social support, see **Patient Access to Care Programs** and **Community Information Exchange**.

FY 2026 Plan

SCVMC will do the following:

- Collaborate with community clinics to provide referrals and establish appointments for low-income, underserved and uninsured individuals in the south region
- Provide safety net patients with opportunities for education on the proper use of the ED as well as help them establish medical homes

[34] In conjunction with its medication assisted treatment (MAT) program, Sharp hospitals partner with local organizations to establish referral and treatment pathways for those with opioid disorders. MAT was introduced through the California Bridge Program, launched in 2021 to serve patients with opioid use disorder.

[35] Partners for this effort include the following organizations: Family Health Centers of San Diego's Downtown Homeless Navigation Center, City of San Diego Homelessness Response Center, Alpha Project, St. Vincent de Paul Village and the City of Chula Vista.

- Explore new funding opportunities for programs that help safety net patients establish a medical home and connect to community resources
- Assist those in need through Project HELP
- As part of the SoCal Safe Shelter Collaborative, facilitate safe discharges of survivors of human trafficking or domestic violence to local shelters
- Partner with the Jacobs & Cushman San Diego Food Bank to provide free diapers to low-income parents in SDC

SCVMC Program and Service Highlights

For a list of SCVMC's programs and services offered, visit https://www.sharp.com/locations/hospitals/sharp-chula-vista#chula-vista-services.

Sharp Coronado Hospital and Healthcare Center

Section

5 Sharp Coronado Hospital and Healthcare Center

Impacting my community means showing up with intention and compassion through small, consistent actions that build trust. By going the extra mile and advocating for others, we create a ripple effect that fosters a strong and compassionate community.

— Bridget Henderson, LCSW, CCM, Senior Specialist Medical Social Work, Sharp Coronado Hospital

Fiscal Year (FY) 2025 Community Benefit Program Highlights

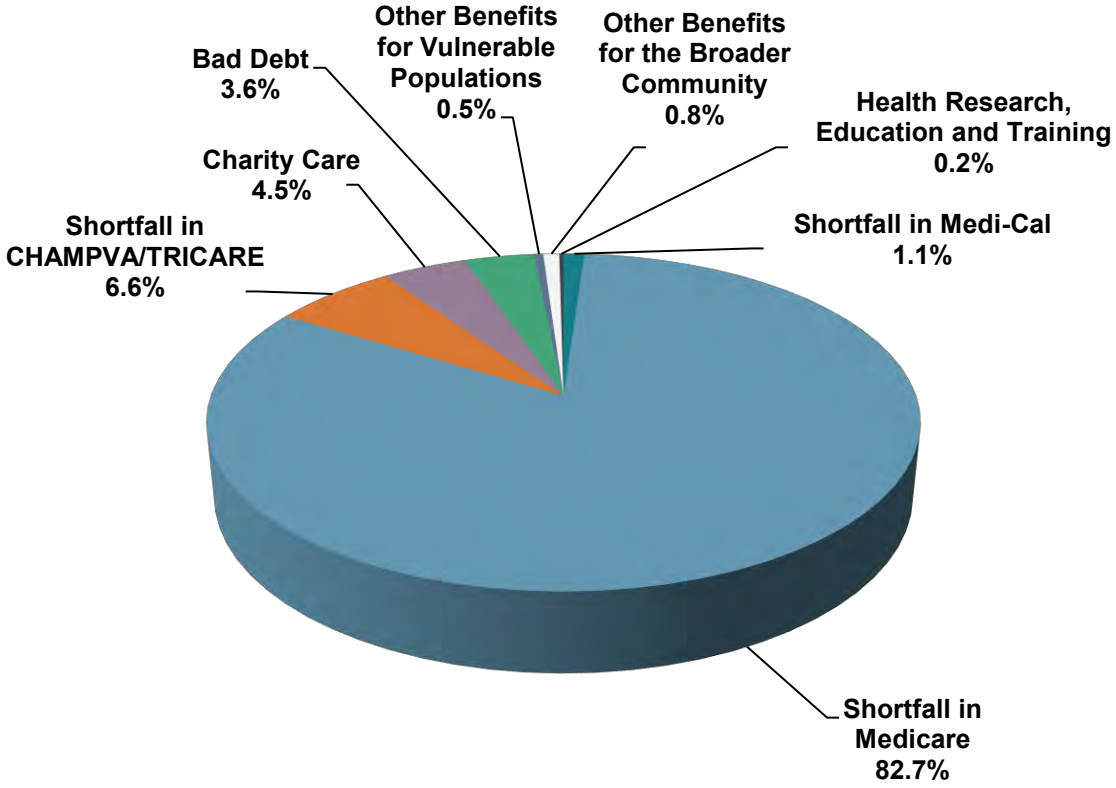
Sharp Coronado Hospital and Healthcare Center (SCHHC) provided a total of **$31,099,182** in community benefit in FY 2025. See the table and figure below for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697), and the distribution of SCHHC's community benefit among those categories.

Economic Value of Community Benefit Provided
Sharp Coronado Hospital and Healthcare Center — FY 2025[36]

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2025 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal[37]	$341,409
	Shortfall in Medicare[37]	25,705,745
	Shortfall in CHAMPVA/TRICARE[37]	2,040,296
	Charity Care[38]	1,398,455
	Bad Debt[38]	1,136,215
Other Benefits for Vulnerable Populations[39]	Project HELP, patient transportation and other assistance for vulnerable populations[40]	146,120
Other Benefits for the Broader Community	Health education and information, health screenings, vaccinations, support groups, meeting room space and donation of time to community organizations[40]	261,541
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals, and research to support the broader health care community[40]	69,401
TOTAL		**$31,099,182**

[36] Economic value is based on unreimbursed costs.
[37] Methodology for calculating shortfalls in public programs is based on Sharp payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.
[38] Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.
[39] "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs.
[40] Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

Percentage of Community Benefit by SB 697 Category
Sharp Coronado Hospital and Healthcare Center — FY 2025



Key highlights:

- **Medical Care Services** included uncompensated care for patients who were unable to pay for services and unreimbursed costs of public programs, such as Medi-Cal, Medicare and CHAMPVA/TRICARE.[41] In FY 2024, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2023, through December 31, 2024. This resulted in recognition of net supplemental revenues for SCHHC totaling $16.3 million in FY 2024. These supplemental revenues were funded through SCHHC's traditional and managed care Medi-Cal programs, but SCHHC's managed care Medi-Cal program was only in a shortfall position of $12.2 million prior to the fee. As such, the net impact of the program was to reduce SCHHC's shortfall in managed care Medi-Cal to $0.00 (zero). This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2024 understate the true unreimbursed medical care services performed for the past fiscal year.

[41] The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health benefits program in which the Department of Veterans Affairs shares the cost of certain health care services and supplies with eligible beneficiaries. TRICARE is a health care program of the U.S. Department of Defense Military Health System, which provides civilian health benefits for U.S. Armed Forces military personnel, military retirees and their dependents, including some members of the Reserve Component.

- **Other Benefits for Vulnerable Populations** included Project HELP (Project Hospital Emergency Liaison Program), which provides funding for medication and transportation to assist lower-income patients; participation in the Sharp Humanitarian Service Program; and other assistance for vulnerable community members.

- **Other Benefits for the Broader Community** included education and information on a variety of health topics; participation in community health fairs and events; health screenings for blood pressure, cancer and bone density; health risk assessments; provision of flu vaccinations; collaboration with local schools to promote student interest and career pathways in health care; and provision of meeting room space for community activities. In addition, SCHHC staff actively participated in community boards, committees and other civic organizations. See **Appendix B** for a list of Sharp HealthCare's (Sharp) involvement in community organizations in FY 2025. The category also includes costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation.

- **Health Research, Education and Training Programs** time devoted to education and training of health care professionals; student and intern supervision; and generalizable, health-related research projects that were available to the broader health care community.

Definition of Community

SCHHC is located at 250 Prospect Place in Coronado, ZIP code 92118.

The communities served by SCHHC include the city of Coronado, downtown San Diego and the incorporated city of Imperial Beach. Most Coronado residents use SCHHC for their care. Coronado is an island connected to central San Diego by a bridge to the east and by the Silver Strand, an isthmus, to the south. SCHHC is geographically isolated and located in central Coronado.

There are also eight military sites in Coronado, including one of the largest naval commands, with housing located both on and off base.[42] Certain secondary data sources are not available specifically for some communities near Coronado. In these cases, broader summaries of San Diego County (SDC) are provided. See **Appendix D** for a map of community and region boundaries in SDC.

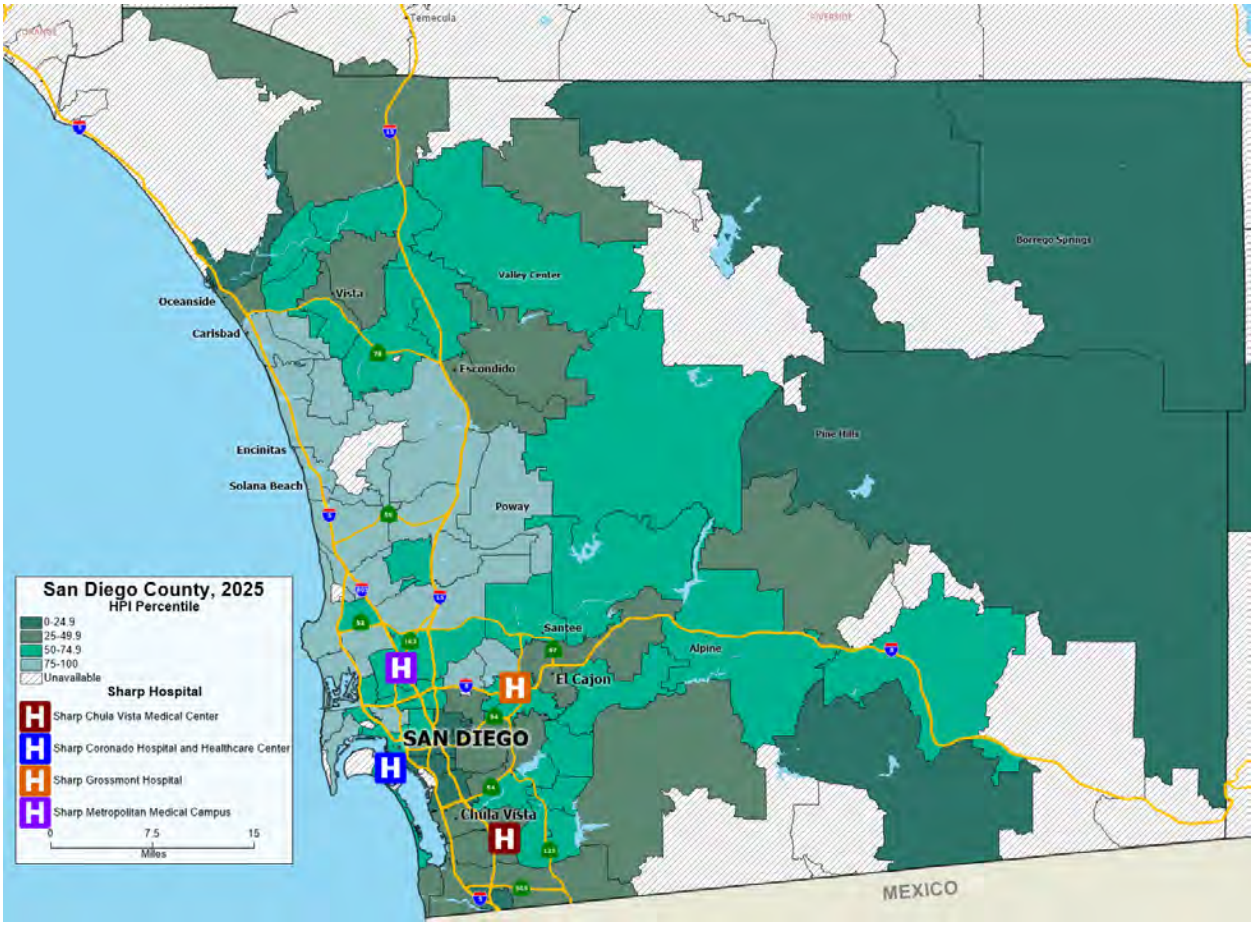
Individuals age 65 and older make up 16.3% of Coronado's population, while adults ages 45 to 64 make up 24.2%. Between 2025 and 2030, the older adult population is projected to grow by 16.2% on Coronado and by 21% in SCHHC's service area, which includes Coronado, Imperial Beach and Otay Mesa, among other communities.[43] Given the unique geography and demographic composition of these communities, many of the hospital's services address the health needs of older adults.

[42] Naval Base Coronado. MilitaryINSTALLATIONS. https://installations.militaryonesource.mil/in-depth-overview/naval-base-coronado
[43] SpeedTrack©, Inc.; U.S. Census Bureau.

For SCHHC's 2025 CHNA process, the Healthy Places Index® (HPI)[44] was used to identify communities within its service area that experience greater health inequities.[45] The HPI evaluates communities by assigning them a score based on various health indicators. This score generates a percentile ranking that compares a community's overall health and well-being with others in the state. A higher percentile indicates a healthier community, while a lower percentile reflects a less healthy community.

According to the HPI, ZIP codes 91950 (National City), 92102 (East San Diego), 92113 (Southeast San Diego) and 92173 (San Ysidro) are among the high-need primary communities served by SCHHC.[44] The figure below presents a map of the HPI findings across SDC.

SDC HPI® Map with Sharp Locations, 2025



Refer to **Appendix A: Description of Community Needs** for the most current demographic and health data regarding the communities served by Sharp, including SCHHC.

[44] Healthy Places Index (HPI) 3.0 (2022) was used to identify high-need communities. Accessed September 2024. The California HPI, © 2022 Public Health Alliance of Southern California

[45] Health inequities are differences in health status or in the distribution of health resources between different population groups arising from the social conditions in which people are born, grow, live, work and age. These inequities have significant social and economic costs both to individuals and societies (World Health Organization, 2018).

Community Benefit Planning Process

See steps outlined in **Section 3: Community Benefit Planning Process** regarding community benefit planning at SCHHC.

Priority Community Needs Addressed in Community Benefit Report — SCHHC 2025 CHNA

SCHHC's 2025 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties 2025 CHNA process and findings. Refer to **Section 3: Community Benefit Planning Process** for additional information.

The following needs were identified for the communities served by SCHHC through its 2025 CHNA (listed in no specific order):

- Help Managing Health Conditions
- A Different Kind of Health Care Experience
- Protection and Care for Service Providers
- Recognition/Assistance with Disability and Trauma
- Help with Crises
- Better Data Collection, Sharing and Coordination
- Less Burden on Emergency Departments (ED)

The following pages detail SCHHC programs, activities and services that specifically address these needs, either directly or indirectly. For additional entity-level and systemwide initiatives addressing the priority needs identified in the 2025 CHNA, refer to **Patient Access to Care Programs**.

SCHHC also annually reviews and updates its implementation strategy — a description of hospital programs designed to address the priority health and social needs identified in the CHNA. The most recent CHNA and implementation strategy are available at https://www.sharp.com/about/health-needs-assessments.

SCHHC Community Benefit Programs and Services, FY 2025

SCHHC addresses the needs of its community through the programs and services listed below. For each of these areas, the following pages describe the hospital's community benefit objective(s), activities conducted in FY 2025 and plans for FY 2026. Refer to **Appendix A: Description of Community Needs** for supporting data on each of these program and service areas:

- **Stroke Education, Support and Screening**
- **Additional Health Education, Screening and Support Services**
- **Access to Health Care and Social Support**

- **Health Professions Education, Training and Career Pathway Initiatives**

Stroke Education, Support and Screening

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objective

- Provide stroke education, support and screening services for SDC's central and south regions

FY 2025 Report of Activities

Sharp's systemwide stroke program, including SCHHC, served approximately 2,170 community members at various events. Team members provided education on stroke risk factors, signs and symptoms, the BE-FAST acronym and when to call 911, as well as blood pressure screenings in some venues. Events included:

- American Heart Association Go Red for Women Luncheon
- Coronado Public Safety Open House
- Imperial Beach Parks, Recreation & Community Services' Seniors & Veterans Resource Fair 2025
- John D. Spreckels Center
- Live Well San Diego's Love Your Heart initiative
- Logan Heights Branch Library Health Fair
- Safe Harbor Coronado's Mental Health & Wellness Fair
- Sharp Women's Health Conference
- Stroke Awareness Night at the San Diego Padres game

In addition, SCHHC partnered with community stakeholders to enhance stroke care for San Diegans. Efforts included:

- Provision of data to the County of San Diego EMS' (Emergency Medical Services) stroke registry to help identify gaps and determine trends
- Participation in quarterly meetings for the San Diego County Stroke Consortium, a collaborative effort with other county hospitals to improve stroke care and discuss issues impacting local stroke services
- Collaboration with the San Diego County Stroke Consortium to develop educational materials for 911 first responders
- Participation in the San Diego County Continuous Quality Improvement initiative to improve witness information collection by paramedics, which is often needed to determine eligibility for stroke treatment

FY 2026 Plan

SCHHC Stroke Program will do the following:

- Collaborate with Coronado Fire and Coronado Police departments to improve stroke identification in the community as well as provide resources to decrease time to treatment
- Collaborate with the County of San Diego EMS by providing data for tracking within the SDC stroke registry
- Identify new opportunities for community outreach on stroke with a focus on underserved populations in Imperial Beach
- Increase awareness among the Coronado community about stroke signs and symptoms and call 911
- Participate in and partner with the San Diego County Stroke Consortium to educate and train 911 first responders, with a focus on identifying large vessel occlusion
- Provide stroke education, screenings and outreach to community members through social media and in-person events

Additional Health Education, Screening and Support Services

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Provide health education and resources at community events
- Provide community education and screenings addressing CHNA-identified health needs, including health conditions (e.g., aging, behavioral health, obesity, diabetes, cancer and cardiovascular disease), chronic stress and community safety
- Provide fundraising support for nonprofit health organizations

FY 2025 Report of Activities

During the year, SCHHC provided health education and screenings for a variety of health needs, reaching more than 2,000 community members in SDC's central and south regions. Audiences and locations included:

- Bariatric Surgery support group
- Bone and Joint Health Expos
- Logan Heights Branch Library Health Fair
- Safe Harbor Coronado's Mental Health & Wellness Fair
- Safe Harbor Coronado's Drug Store event at Coronado Middle School
- Sharp cancer screening events (in partnership with local FQHCs)
- Sharp Women's Health Conference
- SunCoast Market Co-op

- Women's Health and Wellness Program at the Coronado Public Library

In addition, SCHHC partnered with the John D. Spreckels Center and Bowling Green (Spreckels Center) to provide a series of educational presentations that reached more than 60 older adult community members. Presentations included:

- Coping with Grief During the Holidays
- Dementia and Brain Health
- Discovering Hospice and Palliative Care
- Fitness and the Aging Body
- Healthy Eating
- Introduction to Stress Management
- Music Therapy for Health and Wellness
- Safe and Smart: Managing Your Medications
- Understanding How Medicare Works and the Annual Enrollment Period

The Sharp orthopedic service line staff, including SCHHC, hosted in-person community lectures. These included:

- **Oasis San Diego**: Through a partnership with Oasis San Diego, the service line director presented to 35 community members on hip and knee arthritis.
- **Viejas Tribal Members**: A spine surgeon presented to approximately 30 Viejas tribal members on back pain prevention.

The Sharp Coronado Hospital Sewall Healthy Living Center helps community members stay active and socially connected through a variety of virtual and in-person group fitness and wellness classes. These classes promote stress relief, range of motion, balance, flexibility and overall wellness. Offerings were either free or required a nominal fee and ranged from qigong, yoga, strength and balance, mindfulness and cardio circuit training. Throughout the year, the Center offered more than 110 free, in-person fitness classes.

Throughout the year, SCHHC employees were members of various health care and community nonprofit organizations, including:

- Association of California Nurse Leaders
- County of San Diego Health Services Capacity Task Force
- County of San Diego Senate Bill 43 Educational Subcommittee
- Hospital Association of San Diego and Imperial Counties
- Healthcare Financial Management Association
- San Diego Regional Human Trafficking and Commercial Sexual Exploitation of Children Advisory Council
- Coronado Chamber of Commerce
- Safe Harbor Coronado

FY 2026 Plan

SCHHC will do the following:

- Offer virtual community education and fitness opportunities, including prerecorded classes and workshops
- Provide health education and blood pressure, various cancer and fall risk screenings to address needs such as aging, behavioral health, cancer and chronic conditions
- Collaborate with the Spreckels Center to provide health education to community members
- Provide education and fall risk screenings at the SunCoast Farmers Market in Imperial Beach
- Collaborate with local schools and first responders to provide community safety activities
- Expand education and outreach to high-need groups in SDC's central and south region communities
- Provide diabetes education at the Spreckels Center

Access to Health Care and Social Support

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Provide free flu vaccinations to community members, including older adults
- Assist individuals experiencing economic hardship through financial assistance for transportation, pharmaceuticals, clothing and food
- Increase the education and awareness of health care professionals and community members in San Diego about violence and trauma, including human trafficking
- Serve as a blood donation site in support of Sharp's systemwide blood drive effort

FY 2025 Report of Activities

SCHHC provides supportive programs that address a variety of social determinants of health impacting older adults and community members with barriers to health equity, including access to health care. Efforts included:

- **ED High Utilizers Task Force**: An interdisciplinary group at SCHHC used medical record-based clinical alerts to identify frequent users of the ED and connect them with community resources. Preliminary data shows the effort has reduced ED visits by 54.2% among those served since its launch.
- **Safe Shelter Collaborative**: Maintained a partnership with SoCal Safe Shelter Collaborative to connect victims of domestic violence, human trafficking and

sexual assault to services and shelter providers. With SCHHC's leadership, the program has grown to include all Sharp acute care hospitals.

- **Seasonal Flu Vaccinations**: To help protect community members from the flu, SCHHC provided free seasonal vaccinations to more than 300 individuals at its annual community flu clinics. This effort was a partnership with Southwestern Community College nursing students and offered both drive-thru and walk-up vaccinations. The clinics served the Coronado Fire Department as well as the general community.
- **Sharp-Sponsored Blood Drives**: SCHHC contributed to broader community health efforts by hosting employee blood drives. These efforts strengthened the region's blood supply, with nearly 140 pints of blood collected to support timely access to lifesaving care for more than 410 individuals.
- **Project HELP**: SCHHC continued to provide individuals with economic support through its Project HELP financial assistance program, providing approximately $4,400 in free medication and transportation.

For additional information on Sharp programs and services that help increase access to health care and community and social support, see **Patient Access to Care Programs** and **Community Information Exchange**.

FY 2026 Plan

SCHHC will do the following:

- Administer Project HELP funds to individuals in need
- As a member of the SoCal Safe Shelter Collaborative, help survivors of human trafficking and domestic violence access local shelters
- Provide staff training, resources and referrals to community partners to address human trafficking and other community safety needs
- Through the SCHHC ED High Utilizers Task Force, facilitate access to community resources for individuals who frequently present to the ED
- Provide free flu vaccinations, including drive-thru and walk-up options, at SCHHC's annual community flu clinic
- Serve as a blood donation site in support of Sharp's systemwide blood drive effort

Health Professions Education, Training and Career Pathway Initiatives

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Collaborate with local schools, colleges and universities to provide opportunities for students to explore and train for a variety of health care professions

- Disseminate best practices and clinical research findings to the health care community
- Participate in local and national conferences to share best practices in health care delivery and community health improvement

FY 2025 Report of Activities

SCHHC continued to invest in the next generation of health professionals through workforce development programs, collaborating with six local, state and national schools, colleges and universities to provide a variety of hospital-based learning opportunities for students. During the year, SCHHC provided more than 24,600 hours of training and supervision for more than 60 students pursuing health care careers. See the table below for a summary of internship impacts by student type.

SCHHC Internships — FY 2025

Nursing		Ancillary		Total	
Students	**Hours**[5]	**Students**	**Hours**	**Students**	**Hours**
46	17,511	20	7,160	**66**	**24,671**

For more information on Sharp's involvement in student training efforts, see **Health Professions Training**.

SCHHC also provided opportunities for approximately 75 middle and high school students to explore potential health care careers:

- **Health Sciences High and Middle College**: SCHHC provided early professional development opportunities and hands-on experiences for more than 30 high school students through this partnership (see **Health Sciences High and Middle College** for more information).
- **Sacred Heart Catholic School***:* SCHHC leadership and staff hosted approximately 30 sixth grade students for a day on the hospital campus, providing insight into their roles and the hospital environment, as well as answering questions.
- **Coronado High School Hospital Internship**: Fifteen second-year sports medicine students participated in the program, rotating through five hospital departments

SCHHC staff also participated in professional activities to promote best practices in the health care community:

- **Emergency Nursing Association Conference 2025**: SCHHC ED nurses presented a poster on increasing registered nurse confidence with human trafficking cases to approximately 20 attendees.

- **Barnes Tennis Center**: Eighty participants, including sports medicine professionals, attended a presentation by an orthopedic surgeon and physical therapists on sports injury recovery.
- **San Diego State University Dietetics Program**: Provided a presentation on diabetes education as a profession to a San Diego State University dietetic student
- **San Diego WIC (Women, Infants and Children) Dietetic Internship**: The Sharp Diabetes Education Program supported the San Diego WIC Dietetic Internship through board leadership
- **2024 American Heart Association Scientific Sessions**: The Sharp Diabetes Education Program director presented on diabetes treatment and effects on patients with Type 2 diabetes, as well as the connection between inpatient and outpatient care, to 150 attendees
- **Insulin Pump Training Center**: The Sharp Diabetes Education Program served as an insulin pump training center for endocrinologists and primary care groups throughout SDC.

In addition, Sharp, including SCHHC, advanced scientific knowledge and medical innovation by participating in clinical trials to enhance patient care and outcomes. See **Research** for more information.

FY 2026 Plan

SCHHC will do the following:

- Collaborate with colleges and universities on internships, externships and other professional training opportunities for students
- Participate in the Health Sciences High and Middle College program to provide students with opportunities to explore career paths in health care
- Partner with Coronado High School to provide students with learning opportunities and exposure to health care careers
- Participate in conferences and events to share findings from clinical research studies with the broader health care community
- Conduct clinical trials to improve patient care and outcomes
- Conduct educational symposiums for health care professionals focused on improving outpatient and inpatient diabetes care
- Participate in local and national conferences to share best practices in diabetes treatment and control with the broader health care community
- Partner with community physicians to help improve patient outcomes using technology, including insulin pumps and blood glucose monitors

SCHHC Program and Service Highlights

For a list of SCHHC's programs and services offered, visit https://www.sharp.com/locations/hospitals/sharp-coronado#coronado-services.

Sharp Grossmont Hospital

Section

6 Sharp Grossmont Hospital

To change a community, one must first understand its needs, values, history and opinions. Communities need servant leaders who are known and loved by the community itself; it comes back to long-term relationship building and trust.

— Peter Hogan, Director of Cardiac, Vascular, Pulmonary, Wound and Hyperbaric Services, Sharp Grossmont Hospital

Fiscal Year (FY) 2025 Community Benefit Program Highlights

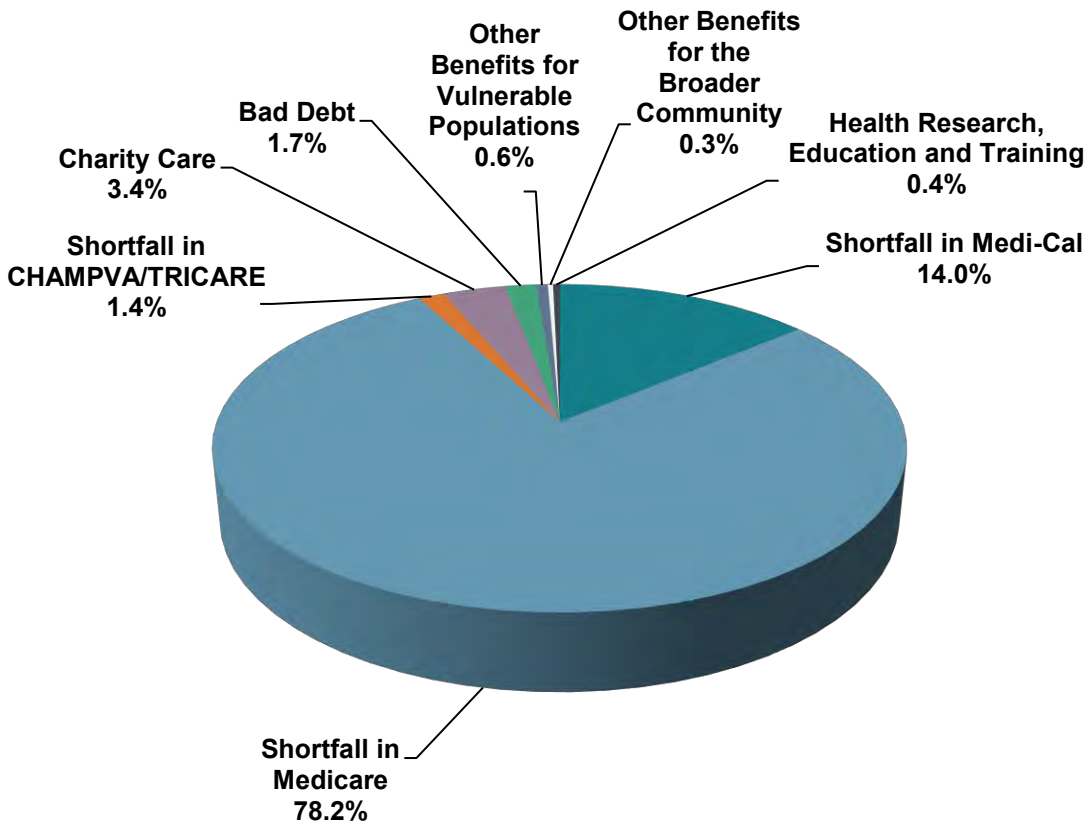
Sharp Grossmont Hospital (SGH) provided **$231,003,090** in community benefit in FY 2025. See the table and figure below for a summary of unreimbursed costs based on the categories identified in Senate Bill (SB 697) and the distribution of SGH's community benefit among those categories.

Economic Value of Community Benefit Provided
Sharp Grossmont Hospital — FY 2025[46]

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2025 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibility forms[47]	$32,280,367
	Shortfall in Medicare[47]	180,797,499
	Shortfall in County Medical Services[47]	7,816
	Shortfall in CHAMPVA/TRICARE[47]	3,210,735
	Charity Care[48]	7,888,071
	Bad Debt[48]	3,874,251
Other Benefits for Vulnerable Populations[49]	Project HELP, patient transportation and other assistance for vulnerable populations[50]	1,449,818
Other Benefits for the Broader Community	Health education and information, health screenings, vaccinations, support groups, meeting room space, and donation of time to community organizations[50]	647,551
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals, and research to support the broader health care community[50]	846,982
TOTAL		**$231,003,090**

[46] Economic value is based on unreimbursed costs.
[47] Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received.
[48] Charity care and bad debt reflect the unreimbursed costs of providing services to patients who lack the ability to pay for services at the time the services were rendered.
[49] "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs.
[50] Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

Percentage of Community Benefit by SB 697 Category
Sharp Grossmont Hospital — FY 2025



Key highlights:

- **Medical Care Services** included uncompensated care for patients who were unable to pay for services and the unreimbursed costs of public programs, such as Medi-Cal, Medicare, County Medical Services and CHAMPVA/TRICARE.[51] In FY 2024, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2023, through December 31, 2024. This resulted in recognition of net supplemental revenues for SGH totaling $71.2 million in FY 2024. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2024 understate the true unreimbursed medical care services performed for the past fiscal year.

[51] The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health benefits program in which the Department of Veterans Affairs shares the cost of certain health care services and supplies with eligible beneficiaries. TRICARE is a health care program of the U.S. Department of Defense Military Health System, which provides civilian health benefits for U.S. Armed Forces military personnel, military retirees and their dependents, including some members of the Reserve Component.

- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; specialized education and information for older adults; comprehensive prenatal clinical and social services to low-income, low-literacy women enrolled in Medi-Cal; financial and other support to Neighborhood Healthcare; Project HELP (Project Hospital Emergency Liaison Program), which provides funding for medication and transportation to lower-income patients; contribution of time to Mama's Kitchen; participation in the Sharp Humanitarian Service Program; support for Meals on Wheels San Diego County; the provision of durable medical equipment; the Care Transitions Intervention Program; and other assistance for community members with health equity barriers.

- **Other Benefits for the Broader Community** included provision of meeting room space for community activities; health education and information on a variety of topics; support groups; participation in community health events; health screenings for cancer, blood pressure, stroke, vision, fall prevention, body composition and more; diabetes risk assessments; community education and resources provided by the SGH cancer patient navigator program; and specialized education for older adults, families and caregivers through the Sharp Community Resource Center. SGH also collaborated with local schools to promote interest and provide career pathways in health care. SGH staff actively participated in community boards, committees and civic organizations. See **Appendix B** for a list of Sharp HealthCare's (Sharp) community involvement. The category also includes costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation.

- **Health Research, Education and Training Programs** included time devoted to education and training for health care professionals, student and intern supervision and time devoted to generalizable, health-related research projects that were made available to the broader health care community.

Definition of Community

SGH is located at 5555 Grossmont Center Drive in La Mesa, ZIP code 91942.

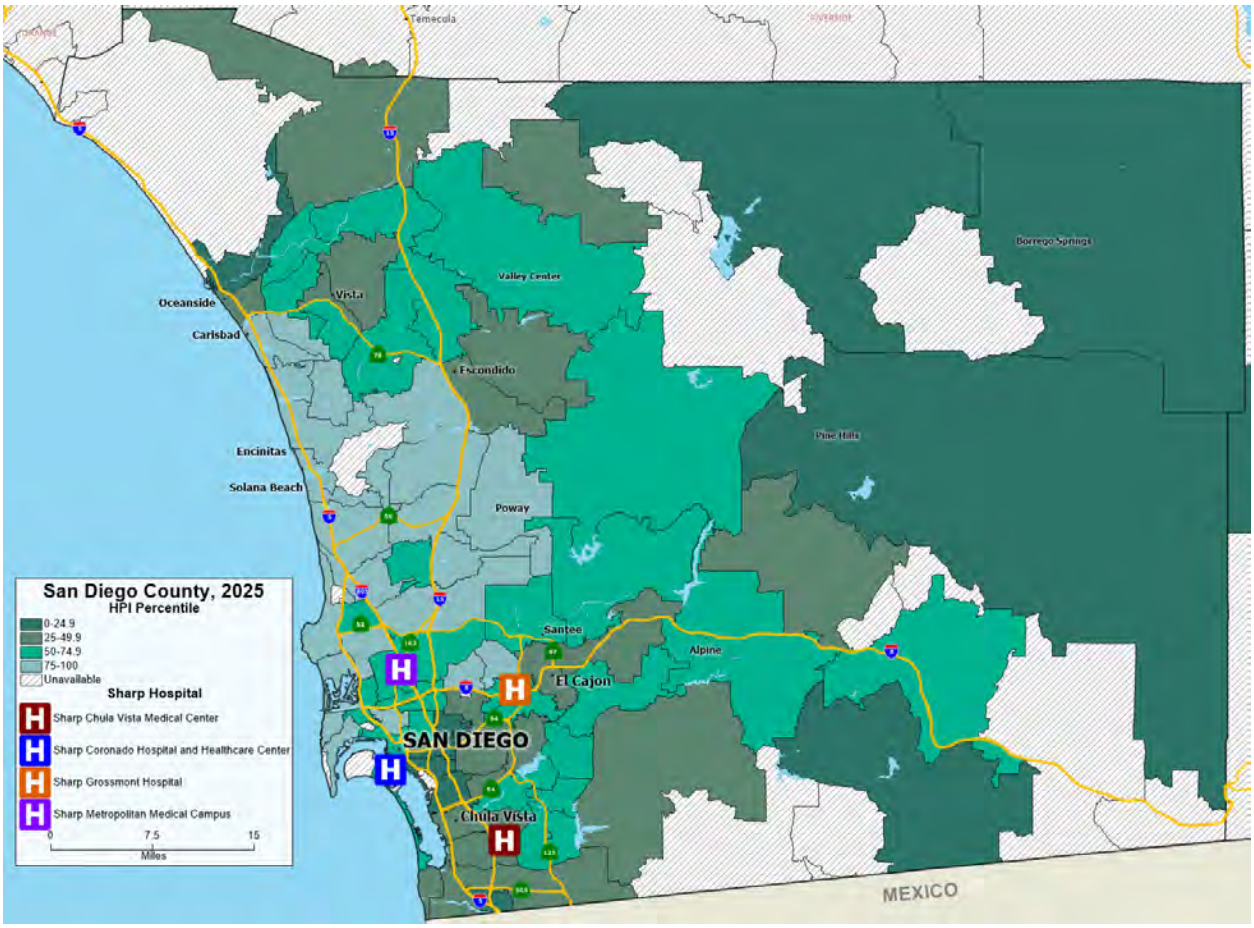
The communities served by SGH includes the entire east region of San Diego County (SDC), including the subregional areas of Jamul, Spring Valley, Lemon Grove, La Mesa, El Cajon, Santee, Lakeside, Harbison Canyon, Crest, Alpine, Laguna-Pine Valley, Campo and Mountain Empire. In addition, much of the region includes remote, unincorporated communities. Approximately 15.7% of the population lives in remote or rural areas of this region.[52] See **Appendix D** for a map of community and region boundaries in SDC.

[52] County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit. (2023). City Demographic and Health Profiles. Retrieved December 17, 2025, from www.SDHealthStatistics.com.

For SGH's 2025 CHNA process, the Healthy Places Index® (HPI)[53] was used to identify communities within its service area that experience greater health inequities.[54] The HPI evaluates communities by assigning a score based on various health indicators. This score generates a percentile ranking that compares a community's overall health and well-being with others in the state. A higher percentile indicates a healthier community, while a lower percentile reflects a less healthy community.

According to the HPI, ZIP codes 92004 (Borrego Springs), 92036 (Julian) and 91906 (Campo) are among the high-need communities in SDC's East County.[53] The figure below presents a map of the HPI findings across SDC.

SDC HPI® Map with Sharp Locations, 2025



Refer to **Appendix A: Description of Community Needs** for the most current demographic and health data regarding the communities served by Sharp, including SGH.

[53] Healthy Places Index (HPI) 3.0 (2022) was used to identify high-need communities. Accessed September 2024. The California HPI, © 2022 Public Health Alliance of Southern California

[54] Health inequities are differences in health status or in the distribution of health resources between different population groups arising from the social conditions in which people are born, grow, live, work and age. These inequities have significant social and economic costs both to individuals and societies (World Health Organization, 2018).

Community Benefit Planning Process

See the steps outlined in **Section 3: Community Benefit Planning Process** regarding community benefit planning for SGH.

Priority Community Needs Addressed in Community Benefit Report — SGH 2025 CHNA

SGH's 2025 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties 2025 CHNA process and findings. Refer to **Section 3: Community Benefit Planning Process** for additional information.

The following needs were identified for the communities served by SGH through its 2025 CHNA (listed in no specific order):

- Help Managing Health Conditions
- A Different Kind of Health Care Experience
- Protection and Care for Service Providers
- Recognition/Assistance with Disability and Trauma
- Help with Crises
- Better Data Collection, Sharing and Coordination
- Less Burden on Emergency Departments (ED)

The following pages detail SGH programs, activities and services that specifically address these needs, either directly or indirectly. For additional entity-level and systemwide initiatives addressing the priority needs identified in the 2025 CHNA, refer to **Patient Access to Care Programs**.

SGH also annually reviews and updates its implementation strategy — a description of hospital programs designed to address the priority health and social needs identified in the CHNA. The most recent CHNA and implementation strategy are available at https://www.sharp.com/about/health-needs-assessments.

SGH Community Benefit Programs and Services, FY 2025

SGH addresses the needs of its community through the programs and services listed below. For each of these areas, the following pages describe the hospital's community benefit objective(s), activities conducted in FY 2025 and plans for FY 2026. Refer to **Appendix A: Description of Community Needs** for supporting data on each of these program and service areas:

- **Diabetes Education, Prevention and Support**
- **Heart and Vascular Disease Education and Screening**
- **Stroke Education, Support and Screening**

- **Aging Care and Support**
- **Cancer Education, Support, Screening and Research**
- **Maternal/Prenatal Care and Postpartum Health Services**
- **Health Professions Education, Training, and Career Pathway Initiatives**
- **Access to Health Care and Social Support**

Diabetes Education, Prevention and Support

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs**.

Objectives

- Provide diabetes education, prevention and support in the east region of SDC
- Collaborate with community organizations and projects to provide diabetes education to community members with barriers to health equity

FY 2025 Report of Activities

Throughout the year, the Sharp Diabetes Education Program provided diabetes education and support to approximately 1,250 community members through classes, presentations and participation in conferences and events. Program and patient feedback are reviewed by diabetes leadership annually. Topics included but were not limited to diabetes prevention, signs and symptoms, disease management, nutrition, exercise and the power of lifestyle changes. This included:

- **Walk with a Doc**: In collaboration with the Grossmont Healthcare District (GHD), the Sharp Diabetes Education Program provided attendees with education on the effects of exercise on blood sugar levels.
- **Wellness Wednesday: Diabetes & Your Heart**: In collaboration with GHD, the Sharp Diabetes Education Program provided attendees with education on the link between diabetes and heart health, diabetes prevention, heart disease prevention for those diagnosed with diabetes and ways to support heart health.
- **Gestational Diabetes Mellitus Class**: Offered weekly for individuals with gestational diabetes mellitus
- **Sharp Women's Health Conference**: Offered education and resources
- **Diabetes Education and Support for Renal Disease**: Collaborated with the Balboa Institute of Transplantation and the Sharp Kidney and Pancreas Transplant Program to provide ongoing diabetes education and support to community members who were either anticipating or had undergone a kidney transplant or had experienced kidney disease

The Sharp Diabetes Education Program also provided specialized education and support to underserved populations throughout the year. This included:

- **Collaboration with Community Clinics**: Ongoing collaboration with community clinics to teach underserved pregnant women and breastfeeding mothers with diabetes how to manage their blood sugar levels, including evaluating patients and working with the clinics to prevent complications. At SGH, this initiative assisted nearly 660 community members
- **Culturally Sensitive Diabetes Education and Support**: Support for culturally diverse populations within SDC included:
    - Food diaries and logbooks to help track blood sugar levels
    - Staff who speak English and Spanish
    - Diabetes education materials in Arabic, Somali, Tagalog, Vietnamese and Spanish
    - Live interpreter services in hundreds of languages via the Stratus Video Interpreting iPad application

FY 2026 Plan

The SGH and Sharp Diabetes Education Programs will do the following:

- Participate in community outreach and engagement activities, such as events, conferences and educational presentations to raise prediabetes and diabetes awareness throughout SDC, including the east region
- Collaborate with community organizations that focus on diabetes prevention, diabetes care and food insecurity
- Explore additional opportunities and partnerships to provide clinic- and community-based diabetes education classes and resources
- Maintain up-to-date, linguistically and culturally appropriate resources about diabetes treatment and prevention to support diverse populations living with diabetes
- Offer free outpatient phone visits for uninsured patients recently discharged from SGH who are newly diagnosed with diabetes and need additional assistance to prevent readmission
- Provide prenatal nutrition education and gestational diabetes resources to underserved pregnant and breastfeeding women at Sharp and community clinics
- Provide discharged patients with resources (e.g., 211 San Diego and Care Transitions Intervention Program through SGH) to connect with a local physician and promote care continuity

Heart and Vascular Disease Education and Screening

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs**.

Objectives

- Provide heart and vascular education and screenings for community members of all ages
- Participate in community programs to improve the care and outcomes of individuals with heart and vascular disease

FY 2025 Report of Activities

In FY 2025, SGH conducted a variety of efforts to improve community heart health, including education, support groups, health screenings, fundraising and collaboration with community partners.

SGH reached over 3,000 community members through the following education, support and screening activities:

- **Monthly Congestive Heart Failure Class and Support Group**: Team members educated attendees on a variety of topics to support heart health.
- **Heart Month Lecture**: Held in collaboration with the Sharp Community Resource Center at the GHD, team members presented on goal setting and establishing new exercise habits for heart health.
- **Community Hands-Only CPR Event**: Part of American Heart Month activities at the GHD, attendees learned the two-step, hands-only CPR method from the SGH cardiovascular team.
- **Eric Paredes Save a Life Foundation Heart Screening Events**: SGH staff provided blood pressure and echocardiogram screenings as well as CPR education to teens and young adults.
- **Community Blood Pressure Screenings**: Offered at the following sites:
    - Rock Church
    - La Mesa Safety Fair
    - Cooper Family Foundation's Juneteenth Celebration
    - Sharp Women's Health Conference

SGH also participated in several community partnerships focused on cardiovascular health, including:

- **Live Well San Diego's Love Your Heart**: An annual initiative around Valentine's Day in which organizations across the county offer free blood pressure screenings (see **Patient Access to Care Programs** for more information)

- **San Diego Heart and Stroke Walk**: Raised funds to help the American Heart Association fight against heart disease and stroke
- **San Diego County STEMI (ST-elevation myocardial infarction or acute heart attack)**: Provided STEMI data to the County of San Diego EMS (Emergency Medical Services) and participated in the quarterly County of San Diego Cardiac Advisory Committee for STEMI
- **SoCal VOICe**: Participated in the Southern California Vascular Outcomes Improvement Collaborative (SoCal VOICe), a voluntary group of vascular disease specialists who gather to review regional vascular data to improve care and outcomes for patients with vascular disease
- **County of San Diego ECPR Pilot Program**: The ECPR Pilot Program provides rapid treatment for cardiac arrest patients to save more lives

FY 2026 Plan

SGH will do the following:

- Provide a monthly congestive heart failure class and support group
- Provide blood pressure screenings and information on heart health at community health fairs and events
- Provide data on STEMI to the County of San Diego EMS
- Participate in SoCal VOICe to improve outcomes and advance the care of vascular patients
- Participate in the County of San Diego Cardiac Advisory Committee and ECPR Advisory Committee

Education, Support and Screening for Stroke

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs**.

Objective

- Provide stroke education, support and screening services for SDC's east region

FY 2025 Report of Activities

Sharp's systemwide stroke program, including SGH, served approximately 1,450 community members at various events. Team members provided education, such as stroke risk factors, signs and symptoms, the BE-FAST acronym and when to call 911, as well as blood pressure screenings in some venues. Events included:

- Arbor Hills Skilled Nursing Facility
- Covenant Living at Mount Miguel Senior Living

- La Mesa Safety Fair, hosted by the La Mesa Police Department and Heartland Fire and Rescue Department
- Local fire departments, including Barona, Viejas, Heartland, Lakeside and Santee
- San Diego Oasis Community Center's Stroke Education Event
- Sharp Women's Health Conference
- Stroke Awareness Night at the San Diego Padres game
- The Rock Church El Cajon

In addition, SGH partnered with community stakeholders to enhance stroke care for San Diegans. Efforts included:

- Provision of data to the County of San Diego EMS' stroke registry to help identify gaps and determine trends
- Participation in quarterly meetings for the San Diego County Stroke Consortium, a collaborative effort with other county hospitals to improve stroke care and discuss issues impacting local stroke services
- Collaboration with the San Diego County Stroke Consortium to develop educational materials for 911 first responders
- Partnership with the County of San Diego and UC San Diego on research to improve EMS protocols for transporting stroke patients with large vessel occlusions to thrombectomy-capable centers, including Sharp Chula Vista Medical Center, SGH and Sharp Memorial Hospital (SMH)
- Participation in the San Diego County Continuous Quality Improvement initiative to improve witness information collection by paramedics, which is often needed to determine eligibility for stroke treatment

FY 2026 Plan

SGH Stroke Center will do the following:

- Participate in and partner with the San Diego County Stroke Consortium to educate and train 911 first responders, with a focus on identifying large vessel occlusion
- Provide stroke education, screenings and outreach to community members in the east region through social media, webinars and in-person events
- Provide education for individuals with identified stroke risk factors
- Offer a stroke support group in conjunction with the hospital's Outpatient Rehabilitation Department
- Collaborate with the County of San Diego EMS by providing east region data for tracking within the SDC stroke registry
- Provide a community presentation on stroke education and prevention featuring a Sharp-affiliated physician

Aging Care and Support

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs**.

Objectives

- Provide free educational classes, workshops and support groups for older adults and their families and caregivers
- Share aging-related education and resources at community health fairs and events
- Provide daily telephone wellness checks and medication reminders for older adults living independently
- Provide information and referrals to community support services for older adults
- Maintain and grow partnerships with community organizations to expand support for older adult community members and their families and caregivers

FY 2025 Report of Activities

SGH supports healthy aging through the provision of free education and resources, health screenings, community referrals and a variety of other outreach and support.

Located at SGH but serving all of SDC, the Sharp Community Resource Center includes specialized programs for older adults and their caregivers and families. In FY 2025, the Sharp Community Resource Center provided a range of educational classes, workshops and support groups with attendance surpassing 2,380. Offerings including but were not limited to:

- Balance and Fall Prevention
- Caring for Yourself
- Estate Planning Made Easy
- Food Resources in San Diego
- Grief During the Holidays
- How to Choose the Right Advisors and Trustee
- Lasting Benefits in 2025
- Medicare and Medicare Fraud
- Mindful Journaling
- Monthly Caregiver Support Group
- New Year, New Scams
- Protecting Your Assets and Caring for Loved Ones Now and in the Future
- Quarterly Caregiver Basics Workshop
- Transportation Options
- Walk With a Doc
- Weekly Grossmont Mall Walkers Fitness Program
- Why So Much Stuff? A Class About Clearing Out the Clutter
- Your Family Binder – Survival Kit for Your Heirs

SGH and the Sharp Community Resource Center also engaged more than 2,100 individuals at community health fairs and events throughout the year. Team members provided aging related education and resources, shared information about the center's programs and services and distributed Vials of Life. Events included but were not limited to:

- Bone and Joint Health Expos
- Caring for Aging Loved Ones and Building a Community Legacy
- Covenant Living at Mount Miguel Annual Country Fair
- Fall Prevention and Balance Screening Event
- GHD Wellness Wednesdays (community health education)
- Jackie Robinson YMCA's Monthly Community Health & Resource Fair
- La Mesa Women's Club Wellness Event
- MLK Jr. Recreation Center Community Health and Resource Fair
- Next Steps: Aging, Planning and Coping
- Oasis San Diego classes
- Outreach to Viejas Tribal Members
- Poway Fall Festival
- San Diego Regional East County Chamber of Commerce/GHD Fall Health Fair
- Sharp Women's Health Conference
- Southern Indian Health Council Health Fair
- Tierrasanta Village of San Diego Healthy Living Senior Resource Fair
- Your Health, Your Choice: A Guided Path to Advance Care Planning

SGH and the Sharp Community Resource Center provided additional community outreach and support programs for older adults, caregivers and families, including:

- **Sharp Checks In**: More than 6,250 automated, daily telephone wellness checks and medication reminders were made for isolated older adults, allowing them to maintain their independence while providing a safety net for concerned family and friends.
- **Vial of Life**: More than 1,980 Vials of Life were distributed, which are folders that hold important health-related information that can be placed on the refrigerator door or kept in a wallet or car so paramedics can provide a fast, accurate medical response (available in both English and Spanish).
- **Information and Referral Consultations**: More than 850 personalized telephone and walk-in consultations and over 340 mailings, were made to connect people to community resources (e.g., assisted living facilities, caregivers, transportation options, meal services, educational programs), as well as to help community members set up and use the Sharp app to manage their care.
- **Activity Calendars**: More than 5,000 activity calendars were mailed each quarter to inform community members about upcoming health programs and events and available community resources.
- **Geriatric Post-Discharge Phone Calls**: In partnership with the SGH geriatric ED program and the Sharp Coronado Hospital and Healthcare Center ED,

approximately 890 phone calls were made to geriatric patients following their hospital discharge to help connect them to community resources such as transportation, caregiving and housing placement.

Throughout the year, the Sharp Community Resource Center participated on community boards, committees and organizations dedicated to the health and social needs of San Diego's aging population, including:

- County of San Diego Aging & Independence Services Health Promotion Committee
- County of San Diego Aging & Independence Services Advisory Board
- East County Action Network
- East County Senior Service Providers

SGH also supported the aging needs of San Diegans through community education and outreach related to hospice and palliative care. See **Section 7: Sharp HospiceCare** for details about these efforts.

FY 2026 Plan

SGH will do the following:

- Provide educational classes, workshops and support on topics of interest to older adults, families and caregivers
- Provide aging-related health information, resources and screenings at community health fairs and events
- Collaborate with the GHD and SMH Trauma Center to host a fall prevention and balance screening event
- Provide a community event on advance care planning in honor of National Healthcare Decisions Day
- Provide health information and resources at Jackie Robinson YMCA's monthly health and resource fair
- Provide health information and resources at the GHD's Wellness Wednesday events
- Support caregivers by offering a monthly support group and quarterly education on the basics of caregiving
- Offer support for older adults through fitness programs including the Grossmont Mall Walkers and Walk With a Doc
- Provide telephone reassurance calls to isolated or homebound older adults through the Sharp Checks In program
- Distribute Vials of Life to community members
- Provide personalized consultations to connect people to community-based health resources and support
- Distribute digital activity calendars highlighting upcoming programs and available community resources

- Assist community members with setting up and using the Sharp app
- Provide post-discharge resources and assistance to older adults in partnership with the SGH geriatric ED program and the Sharp Coronado Hospital and Healthcare Center ED
- Maintain and grow relationships with organizations that serve the needs of older adults and caregivers

Cancer Education, Support, Screening and Research

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs**.

Objectives

- Provide cancer education, resources and support groups to community members in SDC's east region
- Provide cancer support services to community members in SDC's east region
- Collaborate with community organizations to provide cancer screenings to under- and uninsured community members
- Participate in cancer clinical trials, including screening and enrolling patients

FY 2025 Report of Activities

The Cancer Centers of Sharp HealthCare[55] (Cancer Centers of Sharp) include the David and Donna Long Center for Cancer Treatment at SGH (David and Donna Long Center), Douglas & Nancy Barnhart Cancer Center at Sharp Chula Vista Medical Center and Laurel Amtower Cancer Institute and Neuro-Oncology Center at SMH.

To address access barriers for under- and uninsured community members, Sharp led a systemwide cancer screening effort throughout the year in partnership with local FQHCs and other community-based organizations. Through a series of community events, Sharp provided no-cost mammograms, stool tests and low-dose lung CT scans to eligible participants. More than 1,300 residents were screened, with several positive colorectal and breast cancer findings that resulted in follow-up care. Partners included Family Health Centers of San Diego, San Ysidro Health, La Maestra Health Centers, Neighborhood Healthcare and Father Joe's Villages.

Throughout the year, the Cancer Centers of Sharp served more than 1,000 individuals impacted by cancer through several support groups. Groups were offered either in person or online and included:

- Brain tumor support groups
- Breast cancer support group

[55] The Cancer Centers of Sharp are accredited by the American College of Surgeons Commission on Cancer as an Integrated Network Cancer Program as well as the American Society for Radiation Oncology as an Accreditation Program for Excellence.

- Bring Your Own Project support group
- Cancer care partner support group
- Cancer survivor support group
- General cancer support group
- Head and neck cancer support group
- Living with advanced cancer support group
- Man Cave: Men's cancer support group
- Sharp Healthcare Cancer Patient Community private Facebook group
- Women's cancer support group
- Young cancer patients' support groups

Throughout the year, the Cancer Centers of Sharp served more than 1,100 individuals impacted by cancer through several educational classes, webinars and workshops. These were offered either in person or online and included:

- Cancer and a Good Night's Sleep: How to Manage Sleep and Fatigue
- Cancer and the Arts
- Chemo Brain: Improving Memory and Concentration
- Chemo Brain: What Can I Do?
- Energy Management During Cancer Treatment and Beyond
- How to Help Someone with Chemo Brain: A Class for Loved Ones
- Living with a Brain Tumor
- Lunch and Learn Cancer webinars
- Managing Sleep and Fatigue
- New Brain Tumor Diagnosis
- New Cancer Diagnosis
- Out of the Fog MAAT (memory and attention adaptation training)
- Relaxation and Quieting the Mind
- Scanxiety: Managing the Fear of Cancer Recurrence
- Surviving Cancer: Thriving After a Diagnosis
- Survivorship: Life After Cancer

The Cancer Centers of Sharp provided cancer education and resources to nearly 1,100 community members at various conferences and events, including:

- Cancer Survivors Day hosted by the Cancer Centers of Sharp
- Logan Heights Library Health Fair
- Sharp Women's Health Conference

For more than 20 years, Sharp's Clinical Oncology Research Department has conducted clinical trials to help discover new and improved cancer treatments and advance scientific knowledge. Throughout the year, the department pre-screened more than 4,000 patients for participation in oncology clinical trials. For eligible, consenting patients, these trials

focused on multiple cancer types, including, but not limited to, blood, brain, breast, colon, head and neck, lung, lymphoma, pancreatic and prostate.

FY 2026 Plan

The David and Donna Long Center at SGH will do the following:

- Partner with local organizations and agencies to provide underserved community members with health education, access to cancer screenings and cancer-related resources
- Collaborate with the Cancer Centers of Sharp to offer virtual workshops and prerecorded classes on cancer wellness topics, including Spanish-language options
- Offer cancer support groups and classes for individuals impacted by cancer, including classes focused on cognitive impairment
- Offer monthly educational classes on nutrition for cancer prevention and nutrition during cancer treatment in both English and Spanish
- Offer classes to address cognitive impairments related to cancer and cancer treatment
- Provide wigs, prosthetics, bras, hats and scarves to patients with cancer
- Provide transportation for patients to medical appointments and to the pharmacy
- Maintain the private Sharp HealthCare Cancer Patient Community Facebook group
- Conduct clinical trials to help discover new cancer treatments, promote trial participation and inform the broader health and research community
- Participate in and support fundraising events for cancer research

Maternal and Prenatal Care, and Women's and Postpartum Health Services

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs**.

Objectives

- Provide education and support to women on a variety of maternal, prenatal and postpartum health topics.
- Provide prenatal services to low-income and underserved women in SDC's east region.
- Collaborate with community organizations to help raise awareness of maternal and child health issues and services.

FY 2025 Report of Activities

Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) Grossmont provided free education, outreach and support to help meet the unique needs of women, mothers and newborns in SDC's east region.

More than 1,000 community members received prenatal and women's health education and resources at the following events:

- Path to Pregnancy (virtual pregnancy planning classes)
- Sharp Women's Health Conference

Virtual and in-person education classes also helped prepare approximately 1,380 mothers and families for their baby's arrival, including:

- Baby Care Basics
- Breastfeeding Class
- Childbirth Preparation
- Labor Comfort Measures & Relaxation Skills

Virtual and in-person support groups helped nearly 800 women and families adapt to caring for their newborn, including:

- Baby and Me Time (new parent support group)
- Breastfeeding support group
- Postpartum support group

SMBHWN Grossmont offered additional resources, support and referrals to community programs for patients in need, including:

- **First 5 San Diego Kits**: Team members provided special kits for new parents that included advice and useful tips in multiple languages to prepare new parents for the joys and challenges of parenting.
- **ADAPT (Accessible Depression and Anxiety Peripartum Treatment)**: Offered in partnership with the Vista Hill Foundation, the ADAPT program provides accessible mental health services to pregnant and postpartum women who screen positive for perinatal mood and anxiety disorders.
- **Gestational Diabetes Prevention**: Referrals, education and glucometers were provided to pregnant women with diabetes, nutritional concerns or elevated BMIs (body mass index) to reduce the risk of gestational diabetes and promote healthier pregnancy outcomes.
- **Postpartum Home Visits**: SMBHWN Grossmont refers patients to the County of San Diego's home visiting program — which is based on the Healthy Families America model — to help support new parents following the birth of a baby.

- **Community Referrals**: Referrals were made as needed to community support programs, such as 211 San Diego, WIC (Women, Infants and Children) and County of San Diego Public Health Nursing.

In addition, during the year, SMBHWN Grossmont's Prenatal Clinic provided the following support services for the hospital's underinsured patients:

- **Psychosocial Health Screenings**: Screenings were provided to women up to 10 weeks postpartum, including follow-up care by social workers when needed to prevent low birth weight.
- **In-kind Support and Midwife Coverage**: More than 980 hours of in-kind support and midwife coverage five days a week was provided at Neighborhood Healthcare in El Cajon.
- **Comprehensive Perinatal Services Program**: SMBHWN Grossmont participated in the California Department of Public Health Comprehensive Perinatal Services Program to offer comprehensive prenatal clinical and social services to low-income, low-literacy women with Medi-Cal benefits.

SMBHWN Grossmont participated in and partnered with several community organizations and advisory boards for maternal and child health, including:

- 211 San Diego
- American Association of Critical-Care Nurses
- Association of California Nurse Leaders
- Association of Women's Health Obstetric and Neonatal Nurses' local chapter
- Beacon Council's Patient Safety Collaborative
- California Maternal Quality Care Collaborative
- California Perinatal Quality Care Collaborative
- California School-Age Families Education
- County of San Diego Public Health Nursing Advisory Board
- East County Pregnancy Clinic
- Partnership for Smoke-Free Families
- Perinatal Care Network
- San Diego Adolescent Pregnancy and Parenting Program
- San Diego County Breastfeeding Coalition Advisory Board
- WIC

FY 2026 Plan

SMBHWN Grossmont will do the following:

- Provide in-person and virtual breastfeeding, postpartum and new parent support groups
- Provide in-person and virtual parenting education classes

- Offer Spanish-language health education classes focused on childbirth preparation and baby care
- Provide a new class to assist moms pumping breastmilk who are either returning to work or exclusively pumping
- Provide prenatal and women's health education and resources at community events
- Provide resources, support and referrals to community programs for patients in need
- Provide prenatal clinical and social services as well as education to low-income, low-literacy women
- Serve on and partner with community organizations and boards dedicated to maternal and child health

Health Professions Education, Training and Career Pathway Initiatives

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs**.

Objectives

- Collaborate with local middle and high schools to provide opportunities for students to explore health care professions
- Collaborate with colleges and universities to provide internships and other professional development or career pathway opportunities to students
- Offer professional development opportunities for community health professionals
- Participate in local and national conferences to share best practices in health care delivery and community health improvement

FY 2025 Report of Activities

In FY 2025, SGH collaborated with nearly 20 local, state and national schools, colleges and universities to provide learning opportunities for students to explore and train for careers in health care. SGH provided hospital-based training to more than 1,060 nursing, advanced practice provider and ancillary (non-nursing) students who spent nearly 133,960 hours on the hospital campus. See the table below for a summary of internship impacts by student type.

SGH Internships — FY 2025

Nursing		Advanced Practice Provider		Ancillary		Total	
Students	Hours[5]	Students	Hours	Students	Hours	Students	Hours
821	74,238	16	1,865	227	57,856	**1,064**	**133,959**

For more information on Sharp's involvement in student training efforts, see **Health Professions Training**.

In addition, SGH team members from a range of hospital departments provided opportunities for approximately 130 junior and high school students to explore the world of health care and potential career paths in the field. Programs included:

- **Health Sciences High and Middle College**: SGH provided early professional development opportunities and hands-on experiences for high school students from Health Sciences High and Middle College (see **Health Sciences High and Middle College** for more information).
- **HESI (Health Career Exploration Summer Institute)**: Through an immersive, four-week summer internship program offered in collaboration with the Grossmont Union High School District and GHD, SGH helped HESI interns gain real-world health care experience by rotating them through more than a dozen hospital departments.
- **HealthCare Towne**: During a field trip to SGH, middle and junior high school students from two schools connected what they learned in the classroom to real-life career opportunities in health care.

SGH team members also provided administrative support and best practice-sharing at the following professional health conferences and events, reaching nearly 500 community health professionals:

- **Sharp Grossmont Hospital Pulmonary and Neurocritical Care Conference**: This continuing medical education conference served community clinicians interested in discovering new insights in pulmonary medicine.
- **The State of Community Health: Healthcare in Action – A Vision for Our Future**: SGH provided the keynote speaker as well as presented on a workforce development panel during this event for community leaders held in collaboration with Neighborhood Healthcare.
- **Association of Oncology Social Work:** An SGH oncology medical social worker provided a presentation on cancer-related fatigue.
- **Barnes Tennis Center**: Eighty participants, including sports medicine professionals, attended a presentation by an orthopedic surgeon and physical therapists on sports injury recovery.
- **San Diego State University Dietetics Program**: Provided a presentation on diabetes education as a profession to a San Diego State University dietetic student
- **San Diego WIC Dietetic Internship**: The Sharp Diabetes Education Program supported the San Diego WIC Dietetic Internship through board leadership.
- **2024 American Heart Association Scientific Sessions**: The Sharp Diabetes Education Program director presented on types of diabetes treatments and their effects on patients with Type 2 diabetes, as well as the connection between inpatient and outpatient care to 150 attendees.

- **Insulin Pump Training Center**: The Sharp Diabetes Education Program served as an insulin pump training center for endocrinologists and primary care groups throughout SDC.

In addition, Sharp, including SGH, advanced scientific knowledge and medical innovation by participating in clinical trials to enhance patient care and outcomes. See **Research** for more information.

FY 2026 Plan

SGH will do the following:

- Provide internship and professional development opportunities to college and university students throughout SDC
- Provide health care learning experiences to high school students from Health Sciences High and Middle College
- Provide summer internships to high school students through the HESI program
- Increase participation in HESI by offering the program to more students
- Host a field trip to the SGH campus for middle and junior high school students through HealthCare Towne
- Expand the reach of HealthCare Towne to engage four to five schools, including school systems that serve tribal communities
- Conduct educational symposiums for health care professionals focused on improving outpatient and inpatient diabetes care
- Participate in local and national conferences to share best practices in diabetes treatment and control with the broader health care community
- Share evidence-based maternity care practices through presentations at professional conferences
- Partner with community physicians to help improve patient outcomes using technology, including insulin pumps and blood glucose monitors
- Conduct clinical trials to improve patient care and outcomes

Access to Health Care and Social Support

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Connect un- and under-insured patients to community resources and organizations that provide sliding scale[56] post-acute medical appointments and reduced-cost medications
- Connect individuals experiencing substance use disorders to community treatment

[56] An income-based fee structure where individuals with fewer financial resources pay a lower fee.

- Provide transportation and medication assistance for individuals with financial barriers
- Provide vaccinations on-site and at various sites throughout SDC
- Collaborate with community organizations to provide services to people experiencing chronic homelessness
- Through the Care Transitions Intervention Program, provide vulnerable, un- and under-funded patients with health coaching, support and resources to address health equity barriers and ensure a safe transition from hospital to home and continued health and safety
- Connect un- and under-insured patients to community resources and organizations that provide sliding scale[57] post-acute medical appointments and reduced-cost medications
- Connect individuals experiencing substance use disorders to community treatment
- Provide transportation and medication assistance for individuals with financial barriers
- Provide vaccinations on-site and at various sites throughout SDC
- Collaborate with community organizations to provide services to people experiencing chronic homelessness
- Through the Care Transitions Intervention Program, provide vulnerable un- and under-funded patients with health coaching, support and resources to address health equity barriers and ensure a safe transition from hospital to home and continued health and safety

FY 2025 Report of Activities

SGH provides supportive programs that address a variety of social determinants of health impacting older adults and community members, including access to health care, healthy food, transportation and other basic needs. Included below are some of the resources SGH provided to community members in need throughout the year:

- Provided more than $217,500 in home health services, medical transportation, temporary housing and medical equipment for vulnerable patients, including those experiencing homelessness or lacking financial resources
- Referred individuals to community organizations to assist with food and shelter
- Distributed free NARCAN® and fentanyl testing strips to any requesting community member
- Provided more than $274,300 in medication, transportation, lodging and financial assistance through Project HELP

Beyond these essential services, SGH operates additional programs that address the complex needs of patients and community members, which are described below.

[57] An income-based fee structure where individuals with fewer financial resources pay a lower fee.

Rural Health Program

- **Home-Based Support for Rural Patients:** Provided nurse or paramedic home visits for SGH patients living in remote East County communities with limited access to local health resources
- **Medical and Safety Interventions:** Conducted discharge reviews, chronic-condition education, home and property safety checks, fire-hazard assessments and provided walkers, canes, oximeters and other needed equipment
- **Improved Recovery Outcomes:** Helped nearly 100 vulnerable patients recover safely at home and with ongoing follow up, reduced the risk of hospital readmissions for these patients (12.9%) compared to SGH (14.2%) and national averages (15%)

Care Transitions Intervention

- **30-Day Post-Discharge Coaching:** Offered no-cost nurse and social-work coaching for uninsured, under-insured and medically or socially complex patients to support safe recovery after hospitalization
- **Education and Resource Coordination:** Reviewed medications and discharge instructions, reinforced disease-specific education, coordinated with pharmacists and case managers and connected patients to food assistance and community clinics
- **Reduced Readmissions:** Enrolled nearly 500 patients in FY 2025 and achieved a 3.3% readmission rate, which is significantly lower compared to SGH and national averages.

For additional information on Sharp programs and services that help increase access to health care and community and social support, see **Patient Access to Care Programs** and **Community Information Exchange**.

FY 2026 Plan

SGH will do the following:

- Assist vulnerable patients in obtaining post-acute care
- Provide and expand durable medical equipment donations to improve access for vulnerable patients experiencing financial hardship
- Administer Project HELP funds to those in need
- Collaborate with community organizations to establish referrals to services for patients experiencing chronic homelessness
- As a member of the SoCal Safe Shelter Collaborative, facilitate safe discharges of survivors of human trafficking or domestic violence to local shelters
- Schedule post-acute care visits at Family Health Centers of San Diego and Neighborhood Healthcare

- Explore opportunities to improve pre-admission and post-discharge information exchange with community clinics
- Provide home visiting services through the Rural Health Program
- Provide community members and patients with naloxone and fentanyl testing strips
- Provide the Care Transitions Intervention Program to vulnerable, uninsured and underinsured patients and explore opportunities to expand the program

SGH Program and Service Highlights

For a list of SGH's programs and services offered, visit https://www.sharp.com/locations/hospitals/sharp-grossmont#grossmont-services.

Sharp HospiceCare

Section

7 Sharp HospiceCare

To me, community means people of all backgrounds coming together to care for one another for the common good. Sharp HospiceCare embodies this spirit — extending compassion without boundaries and sharing that care with all we serve.

— Haley Burman, Supervisor of Social Services, Sharp HospiceCare

Fiscal Year (FY) 2025 Community Benefit Program Highlights

Sharp HospiceCare provides programs and services to all Sharp HealthCare (Sharp) hospital entities. However, Sharp HospiceCare is licensed under Sharp Grossmont Hospital and, as such, the financial value of its community benefit programs and services are included in **Section 6: Sharp Grossmont Hospital**. The following description highlights various programs and services provided by Sharp HospiceCare to San Diego County (SDC) in FY 2025 in the following Senate Bill 697 community benefit categories:

- **Other Benefits for Vulnerable Populations** included hospice and palliative care education for older adults.

- **Other Benefits for the Broader Community** included a variety of hospice and palliative care education and support for families, caregivers and other community members throughout SDC, including classes, workshops, support groups and outreach at community health fairs and events. Topics included, but were not limited to, advanced illness management (AIM), Advance Care Planning (ACP), caregiving and grief and loss. In addition, Sharp HospiceCare staff actively participated in community boards, committees and civic organizations. See **Appendix B** for a list of Sharp's involvement in community organizations in FY 2025. The category also includes costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation.

- **Health Research, Education and Training Programs** included time devoted to education and training for community students and health professionals.

Definition of Community

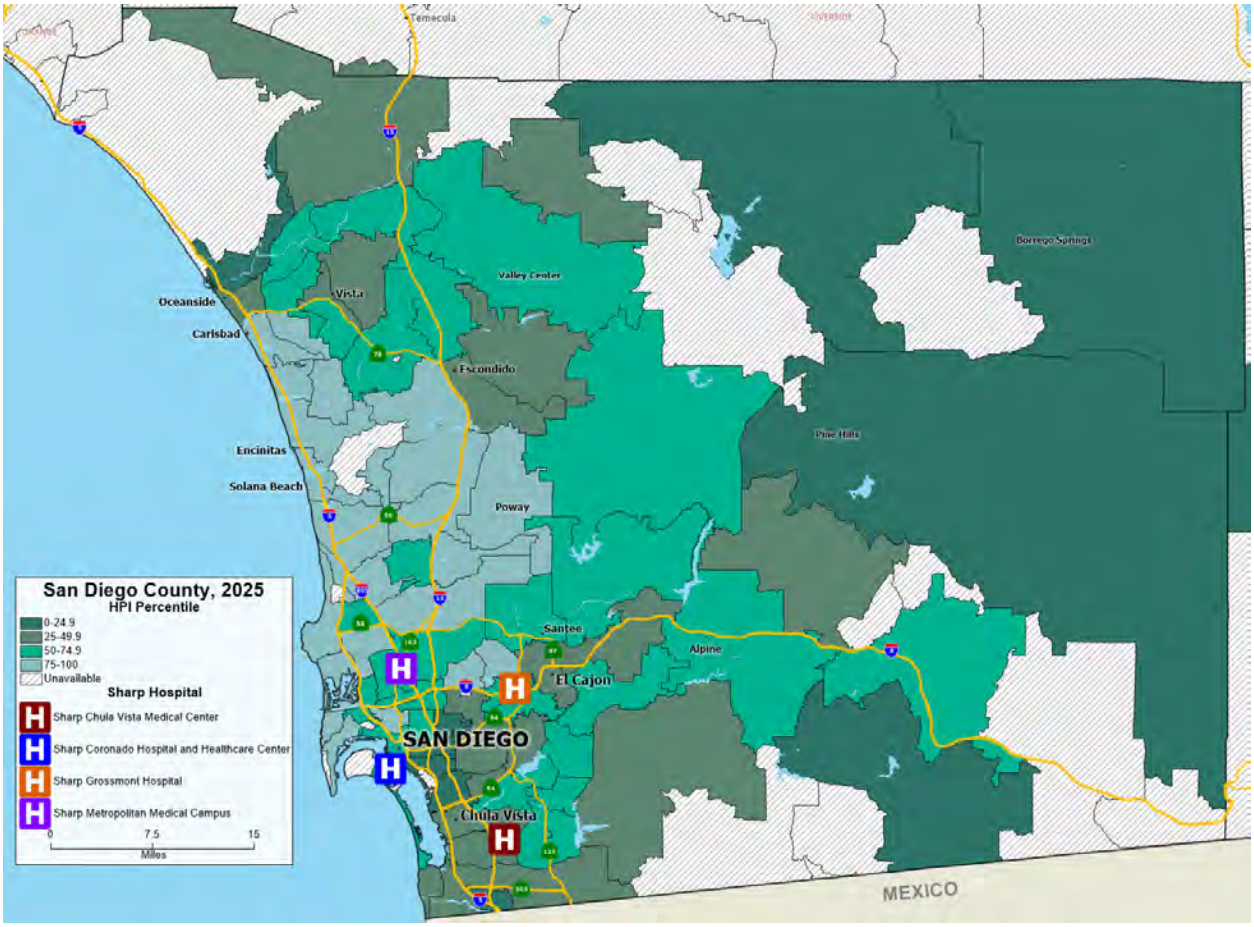
Sharp HospiceCare is located at 4000 Ruffin Road, Suite D in San Diego, ZIP code 92123.

Sharp HospiceCare provides comprehensive end-of-life hospice care, specialized palliative care and support to patients and families throughout SDC. See **Appendix D** for a map of community and region boundaries in SDC.

For Sharp's 2025 CHNA process, the Healthy Places Index® (HPI)[58] was used to identify communities within its service area that experience greater health inequities.[59] The HPI evaluates communities by assigning a score based on various health indicators. This score generates a percentile ranking that compares a community's overall health and well-being with others in the state. A higher percentile indicates a healthier community, while a lower percentile reflects a less healthy community.

According to the HPI, communities served by Sharp HospiceCare with especially high need include a number of communities in SDC's south, central and east regions.[58] The figure below presents a map of the HPI findings across SDC.

SDC HPI® Map with Sharp Locations, 2025



Refer to **Appendix A: Description of Community Needs** for the most current demographic and health data regarding the communities served by Sharp, including Sharp HospiceCare.

[58] Healthy Places Index (HPI) 3.0 (2022) was used to identify high-need communities. Accessed September 2024. The California HPI, © 2022 Public Health Alliance of Southern California

[59] Health inequities are differences in health status or in the distribution of health resources between different population groups arising from the social conditions in which people are born, grow, live, work and age. These inequities have significant social and economic costs both to individuals and societies. (World Health Organization, 2018).

Community Benefit Planning Process

See the steps outlined in **Section 3: Community Benefit Planning Process** regarding community benefit planning for Sharp HospiceCare.

Priority Community Needs Addressed by Sharp HospiceCare

Sharp HospiceCare provides hospice and palliative care services across the Sharp care continuum. Each Sharp acute care hospital completed its most recent CHNA in 2025. Refer to **Section 3: Community Benefit Planning Process** for additional information.

In addition, this year, each hospital completed its most current implementation strategy — a description of programs designed to address the priority health needs identified in the 2025 CHNAs. The most recent CHNA and implementation strategies are available at https://www.sharp.com/about/health-needs-assessments.

The following needs were identified for the communities served by Sharp HospiceCare through Sharp 2025 CHNAs (listed in no specific order):

- Help Managing Health Conditions
- A Different Kind of Health Care Experience
- Protection and Care for Service Providers
- Recognition/Assistance with Disability and Trauma
- Help with Crises
- Better Data Collection, Sharing and Coordination
- Less Burden on Emergency Departments

Sharp HospiceCare Community Benefit Programs and Services, FY 2025

Sharp HospiceCare addresses the needs of its community through the hospice and palliative care programs and services listed below. For each of these areas, the following pages describe Sharp HospiceCare's community benefit objective(s), activities conducted in FY 2025 and plans for FY 2026.

- **Education and Outreach to Community Members**
- **Health Professions Education and Training**

Education and Outreach to Community Members

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Provide education and resources on end-of-life care, AIM, aging, caregiving, ACP and other hospice and palliative care topics to San Diegans through classes and participation in community health fairs and events.
- Support community members who have lost loved ones through bereavement workshops, support groups and events.
- Empower community members to make informed health care decisions through education and consultation on ACP, advance health care directives (advance directives), Physician Orders for Life-Sustaining Treatment (POLST)[60] and the End of Life Option Act (EOLOA).[61]
- Collaborate with community organizations to support the unique hospice and palliative care needs of military veterans and their families.
- Maintain active relationships and leadership roles with local, state and national organizations.

FY 2025 Report of Activities

Sharp HospiceCare supports San Diegans in the areas of hospice and palliative care through a variety of community activities, including education, support groups, outreach and collaboration with community organizations.

In FY 2025, Sharp HospiceCare provided education and outreach on topics including AIM, caregiving and aging to more than 1,000 community members through free educational classes and participation in community health fairs and events, including:

- Dementia Skills & Resource Fairs (multiple locations)
- Discovering Hospice and Palliative Care – Compassionate Support for Life's Journey presentation
- Managing Stress Through Music Workshop
- Poway Chamber of Commerce (multiple health fairs)
- Sharp Women's Health Conference

[60] Physician Orders for Life-Sustaining Treatment (POLST) is a medical order designed for individuals with advanced progressive or terminal illness that identifies the appropriate informed substitute decision-maker as well as describes preferences for care and treatment when important health care decisions must be made.

[61] The End of Life Option Act allows an adult diagnosed with a terminal disease, who meets certain qualifications, to request the aid-in-dying drugs from their attending physician.

Throughout the year, Sharp HospiceCare helped more than 60 community members cope with grief and loss through free bereavement classes, support groups and workshops at various locations in SDC. Programs included:

- Coping with Grief During the Holidays (community presentations, multiple locations)
- Healing Notes: Exploring Grief Through Music workshop
- Nature's Lessons on Grief and Resilience: A Workshop in Nature
- Tending to the Grieving Spirit four-week support group
- Widows and Widowers winter support group

Sharp HospiceCare's ACP team also engaged individuals and community groups through free classes, webinars, workshops and events. Topics included ACP, advance directives, POLST and the EOLOA and reached approximately 285 people. Audiences and sites included:

- Chula Vista Public Library Otay Ranch
- La Vida Real senior living community health fair
- Southern Indian Health Council Elders Resource Lunch
- San Diego County Emergency Medical Services first responders
- San Diego County Fire Chiefs Association
- The Caregiver Coalition of San Diego
- The San Diego LGBT Center community health fair
- Your Health, Your Choice: A Guided Path to Advance Care Planning in 2025 (National Healthcare Decisions Day event)

ACP team members also provided free consultations to 55 community members seeking guidance with identifying their personal health care goals and preferences, appointing an appropriate health care agent, completing an advance directive and understanding the EOLOA. Sharp also supports the ACP process by offering its own advance directive form in both English and Spanish, as well as access to additional tools for completing advance directives in multiple languages. Visit https://www.sharp.com/services/advance-care-planning for more information.

Throughout the year, Sharp HospiceCare staff served on several local, state and national community boards and committees dedicated to hospice, palliative and end-of-life care, ACP and the needs of older adults and veterans in the community, including:

- California Hospice and Palliative Care Association
- California POLST eRegistry[62] development team
- Caregiver Coalition of San Diego

[62] When a paper POLST form is not readily available during an emergency, a patient's care may be hindered or conflict with their wishes. The POLST eRegistry improves provider access to critical information through a cloud-based registry for completed POLST forms to be securely submitted and retrieved. (Coalition for Compassionate Care).

- Coalition for Compassionate Care of California
- East County Senior Service Providers
- San Diego Coalition for Compassionate Care
- San Diego County Coalition for Improving Palliative and End-of-Life Care
- San Diego County Hospice-Veteran Partnership
- San Diego County Medical Society Bioethics Commission

Sharp HospiceCare also participates in the national We Honor Veterans program to empower hospice professionals and volunteers to meet the unique end-of-life needs of veterans and their families. In FY 2025, Sharp HospiceCare continued to operate as a We Honor Veterans Level IV Partner[63] to improve access and quality of care for community veterans.

FY 2026 Plan

Sharp HospiceCare will do the following:

- Collaborate with community organizations to provide hospice and palliative care education and resources to community members
- Provide bereavement support groups and workshops for people grieving the loss of a loved one
- Host a special event to support individuals with grief and loss during the holiday season
- Collaborate with community organizations to provide educational opportunities that raise community awareness of ACP, POLST and the EOLOA
- Partner with the Sharp Community Resource Center to provide a community event to promote the importance of ACP in honor of National Healthcare Decisions Day
- Provide free ACP consultations to community members
- Participate in local, state and national boards and committees dedicated to hospice, palliative and end-of-life care, ACP, caregiving and the needs of older adults and veterans
- Maintain We Honor Veterans Partner Level IV status to improve access and quality of care for community veterans

[63] By becoming a We Honor Veterans Partner, hospice organizations will be able to recognize the unique needs of America's Veterans and their families as well as learn how to accompany and guide Veterans through their life stories toward a more peaceful ending. Hospices can achieve up to five levels in the We Honor Veterans program: Hospice Partners - We Honor Veterans

Health Professions Education and Training

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Provide student learning opportunities in the hospice and palliative care setting
- Provide education and training to students and health care professionals on a variety of hospice and palliative care topics

FY 2025 Report of Activities

In FY 2025, Sharp HospiceCare collaborated with Western Governors University to provide students with learning opportunities in the hospice setting. During the year, one nursing student and one advanced practice provider student received a total of 275 hours of mentorship from Sharp HospiceCare staff.

Throughout the year, Sharp HospiceCare team members provided a variety of additional education, training and support for more than 385 community students and health professionals, including:

- Provided an interview for a San Diego State University student conducting a research project on the EOLOA
- Shared education and resources on spiritual care in palliative care at the California State University Shiley Haynes Institute for Palliative Care's 2025 National Symposium for Academic Palliative Care Education and Research
- Presented on the use of POLST in the hospice setting during two online POLST certification courses through the Coalition for Compassionate Care of California
- Provided POLST education to students and health care providers during the San Diego Coalition for Compassionate Care's monthly POLST training webinar
- Facilitated a monthly Palliative Care Community group for students and professionals focused on spirituality in compassionate care through the California State University Shiley Haynes Institute for Palliative Care
- Presented on spiritual support for caregivers to health professionals through the National Academies of Sciences, Engineering and Medicine
- Presented on a panel and facilitated a breakout session at the annual Palliative Care Professional Conference hosted by the San Diego Coalition for Compassionate Care and California State University Shiley Haynes Institute for Palliative Care
- Shared education about enhancing quality of life through hospice and palliative care with providers from the Neuron Clinic in Chula Vista

FY 2026 Plan

Sharp HospiceCare will do the following:

- Provide health professions students with an end-of-life learning environment
- Provide education and training on hospice and palliative care topics to local, state and national students and health care professionals

Sharp HospiceCare Program and Service Highlights

For a list of Sharp HospiceCare's programs and services offered, visit https://www.sharp.com/services/hospice#hospice-support-services.

Sharp Mary Birch Hospital for Women & Newborns

Section

8 Sharp Mary Birch Hospital for Women & Newborns

Benefitting my community means fostering belonging and support. At Sharp Mary Birch, I'm grateful to be able to help new families connect and find encouragement through our free community support groups.

— Tina Holland, Supervisor of Women's Support Programs,
Sharp Mary Birch Hospital for Women and Newborns

Fiscal Year (FY) 2025 Community Benefit Program Highlights

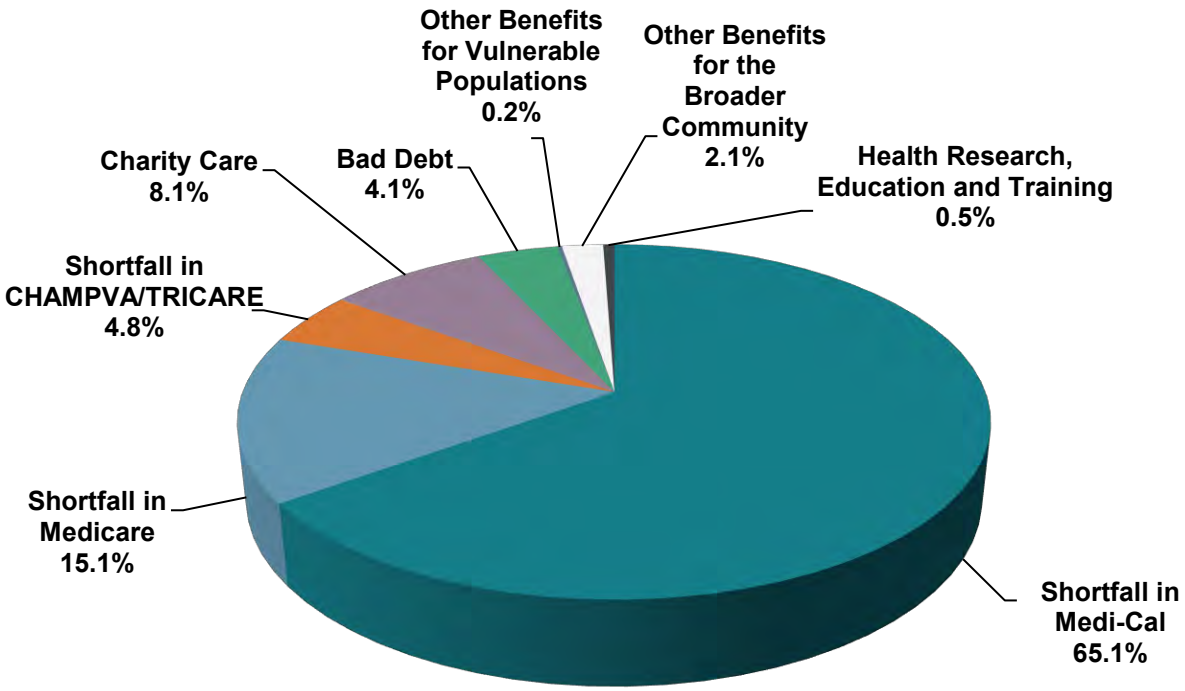
Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) provided a total of **$23,383,125** in community benefit in FY 2025. See the table and figure below for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697) and the distribution of SMBHWN's community benefit among those categories.

Economic Value of Community Benefit Provided
Sharp Mary Birch Hospital for Women & Newborns — FY 2025[64]

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2025 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal[65]	$15,217,378
	Shortfall in Medicare[65]	3,529,563
	Shortfall in CHAMPVA/TRICARE[65]	1,124,979
	Shortfall in Workers' Compensation[65]	2,636
	Charity Care[66]	1,885,470
	Bad Debt[66]	958,267
Other Benefits for Vulnerable Populations[67]	Patient transportation and other assistance for vulnerable populations[68]	45,755
Other Benefits for the Broader Community	Health education and information, support groups, meeting room space, and donation of time to community organizations[68]	486,399
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals, and research to support the broader health care community[68]	132,678
TOTAL		**$23,383,125**

[64] Economic value is based on unreimbursed costs.
[65] Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.
[66] Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.
[67] "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs.
[68] Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

Percentage of Community Benefit by SB 697 Category
Sharp Mary Birch Hospital for Women & Newborns — FY 2025



Key highlights:

- **Medical Care Services** included uncompensated care for patients who were unable to pay for services and unreimbursed costs of public programs, such as Medi-Cal, Medicare and CHAMPVA/TRICARE.[69] In FY 2024, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2023, through December 31, 2024. This resulted in recognition of net supplemental revenues for SMBHWN totaling $11.5 million in FY 2024. These supplemental revenues were funded through SMBHWN's traditional and managed care Medi-Cal programs, but SMBHWN's managed care Medi-Cal program was only in a shortfall position of $7.3 million prior to the fee. As such, the net impact of the program was to reduce SMBHWN's shortfall in managed care Medi-Cal to $0.00 (zero). This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2024 understate the true unreimbursed medical care services performed for the past fiscal year.

[69] The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health benefits program in which the Department of Veterans Affairs shares the cost of certain health care services and supplies with eligible beneficiaries. TRICARE is a health care program of the U.S. Department of Defense Military Health System, which provides civilian health benefits for U.S. Armed Forces military personnel, military retirees and their dependents, including some members of the Reserve Component.

- **Other Benefits for Vulnerable Populations** included financial assistance for van transportation for patients to and from medical appointments, the Sharp Humanitarian Service Program and other assistance for vulnerable community members.

- **Other Benefits for the Broader Community** included provision of meeting room space for community activities, health education and information on a variety of maternal and prenatal care topics, support groups and collaboration with local schools to promote interest in health care careers. In addition, SMBHWN donated meeting room space to community groups. SMBHWN staff actively participated in community boards, committees and other civic organizations. See **Appendix B** for a list of Sharp HealthCare's (Sharp) involvement in community organizations in FY 2025. This category also includes costs associated with planning and operating community benefit programs, such as community health needs assessment (CHNA) development and participation.

- **Health Research, Education and Training Programs** included time devoted to education and training for health care professionals, student and intern supervision and generalizable health-related research projects that were made available to the broader health care community.

Definition of Community

SMBHWN is located at 3003 Health Center Drive in San Diego, ZIP code 92123.

As a specialty hospital, SMBHWN serves all of San Diego County (SDC); however, the primary communities served by the hospital include the city of San Diego, Chula Vista, East County and the North Inland communities surrounding Rancho Peñasquitos. See **Appendix D** for a map of community and region boundaries.

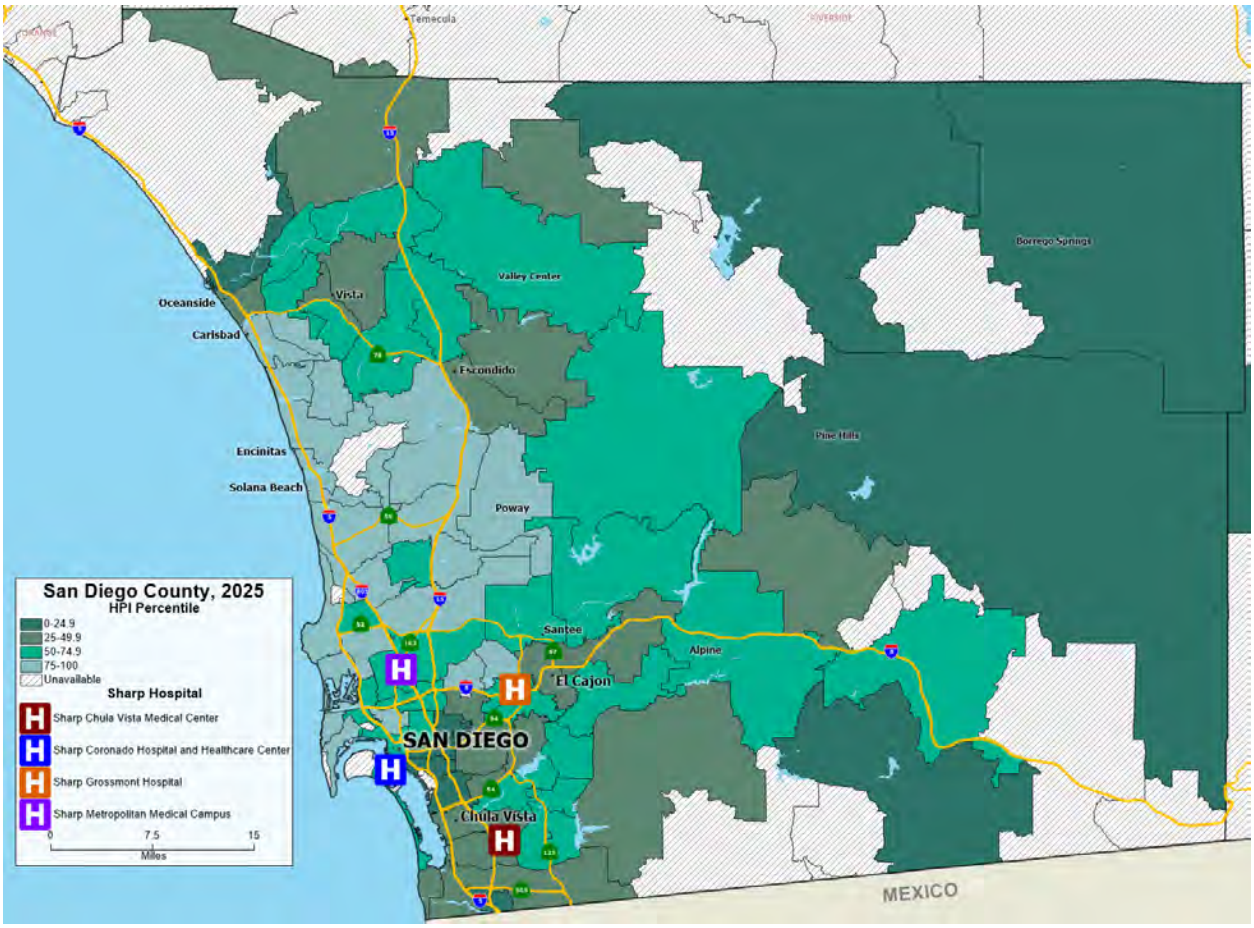
For Sharp Memorial Hospital's (SMH) 2025 CHNA process (which included the processes and findings addressing needs identified for communities served by SMBHWN), the Healthy Places Index® (HPI)[70] was used to identify communities within its service area that experience greater health inequities.[71] The HPI evaluates communities by assigning them a score based on various health indicators. This score generates a percentile ranking that compares a community's overall health and well-being with others in the state. A higher percentile indicates a healthier community, while a lower percentile reflects a less healthy community.

[70] Healthy Places Index (HPI) 3.0 (2022) was used to identify high-need communities. Accessed September 2024. The California HPI, © 2022 Public Health Alliance of Southern California

[71] Health inequities are differences in health status or in the distribution of health resources between different population groups arising from the social conditions in which people are born, grow, live, work and age. These inequities have significant social and economic costs both to individuals and societies. (World Health Organization, 2018).

According to the HPI, ZIP codes 91950 (National City), 92102 (East San Diego), 92105 (City Heights) and 92113 (Southeast San Diego) are among the high-need primary communities served by SMH and SMBHWN.[70] The figure below presents a map of the HPI findings across SDC.

SDC HPI® Map with Sharp Locations, 2025



Refer to **Appendix A: Description of Community Needs** for the most current demographic and health data regarding the communities served by Sharp, including SMBHWN.

Community Benefit Planning Process

See the steps outlined in **Section 3: Community Benefit Planning Process** regarding community benefit planning for SMBHWN.

Priority Community Needs Addressed in Community Benefit Report — SMH 2025 CHNA

SMH's 2025 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties 2025 CHNA process and findings. Refer to **Section 3: Community Benefit Planning Process** for additional information. In accordance with federal regulations, the SMH 2025 CHNA included needs identified for communities served by SMBHWN, as the two hospitals share a license and report all utilization and financial data as a single entity to the California Department of Health Care Access and Information.

The following needs were identified for the communities served by SMH and SMBHWN through the SMH 2025 CHNA (listed in no specific order):

- Help Managing Health Conditions
- A Different Kind of Health Care Experience
- Protection and Care for Service Providers
- Recognition/Assistance with Disability and Trauma
- Help with Crises
- Better Data Collection, Sharing and Coordination
- Less Burden on Emergency Departments

SMBHWN is a specialty hospital providing care for expectant mothers and newborns as well as women's services. Therefore, in alignment with identified community needs, the following pages detail programs that specifically address maternal and prenatal care, including high-risk pregnancy. Refer to the following sections for more information on entity and systemwide programs designed to address identified community needs:

- **Patient Access to Care Programs**
- **Section 9: Sharp Memorial Hospital**
- **Section 10: Sharp Mesa Vista Hospital and Sharp McDonald Center**

SMH also annually reviews and updates its implementation strategy — a description of hospital programs designed to address the priority health and social needs identified in the CHNA (including SMBHWN programs). The most recent CHNA and implementation strategy are available at https://www.sharp.com/about/health-needs-assessments.

SMBHWN Community Benefit Programs and Services, FY 2025

SMBHWN addresses the needs of its community through the programs and services listed below. For each of these areas, the following pages describe the hospital's community benefit objective(s), activities conducted in FY 2025 and plans for FY 2026. Refer to **Appendix A: Description of Community Needs** for supporting data on each of these program and service areas:

- **Maternal and Prenatal Care, Including High-Risk Pregnancy**
- **Postpartum Care — Meeting the Needs of New Mothers and their Families**
- **Health Professions Education, Training and Career Pathway Initiatives**

Maternal and Prenatal Care, Including High-Risk Pregnancy

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Develop, coordinate and provide educational programs for the community on maternal and prenatal care topics, including preterm labor and births
- Provide education to community members who are susceptible to high-risk pregnancy
- Provide financial support to community-based organizations that address maternal and prenatal care, including high-risk pregnancy
- Improve outcomes for at-risk newborns through the Sharp Mary Birch Neonatal Research Institute (NRI)

FY 2025 Report of Activities

SMBHWN conducts a variety of community education, support, fundraising and research activities to encourage healthy pregnancies for expectant mothers, including teenagers and other high-risk populations and improve outcomes for at-risk newborns.

SMBHWN offered free maternal and prenatal care classes and webinars for expectant mothers and families. Programs were conducted either in-person or online and covered a variety of topics, including preterm labor, reproductive planning, pregnancy in later stages of life, high-risk pregnancy, preparing for childbirth, basic infant care and more. Classes and webinars were evaluated via survey to ensure the educators and topics met participants' needs. Programs reached approximately 550 community members and included:

- Path to Pregnancy
- Pelvic Floor Wellness in Pregnancy, Birth and After Delivery
- Preterm Birth Prevention

In FY 2025, SMBHWN also offered low-cost[72] maternal and prenatal care classes and webinars for expectant mothers and families, including:

- Baby Care Basics
- Breastfeeding class

[72] Low-cost classes do not profit or break even. Fees for these classes were waived for pregnant teens to help improve their access to important prenatal education.

- Cesarean Birth Preparation
- Childbirth Preparation
- Dogs & Storks: Preparing Families with Dogs for Life with Baby
- Grandparenting class
- Labor Comfort Measures and Relaxation Skills
- Sleep Strategies
- Sibling class

FY 2026 Plan

SMBHWN will do the following:

- Provide free and low-cost prenatal classes for expectant mothers and families
- Provide education to high-risk pregnancy populations

Postpartum Care — Meeting the Needs of New Mothers and their Families

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Provide breastfeeding education and support to new mothers
- Provide postpartum education and support to new mothers and their families
- Provide support, community resources and certified lactation experts through an in-house boutique
- Provide resources and support to new mothers and families facing economic or other postpartum challenges

FY 2025 Report of Activities

SMBHWN provided educational classes and support groups to address the needs of new mothers and families. Programs were conducted either in-person or online and addressed a variety of postpartum concerns, including breastfeeding, mental health, recovery after birth, new parenthood, going back to work and more. All programs were evaluated via survey to ensure the educators and topics met participants' needs. SMBHWN provided the following opportunities which reached more than 1,700 members of the community:

- Baby and Me Time: New Parent Support Group
- Breastfeeding Support Group
- Feeding Your Baby, Your Way
- Fourth Trimester Workshops (postpartum recovery)
- Partner Bootcamp: How to Support Your Partner During Postpartum
- Postpartum Support Group

SMBHWN provided additional education, resources and support at community events and through partnerships with community organizations throughout the year:

- **Mothers' Milk Bank**: SMBHWN serves as a donor breastmilk depot, regularly shipping donated breastmilk to the Mothers' Milk Bank to support infants whose mothers have an insufficient breastmilk supply. During National Breastfeeding Month, SMBHWN hosted its annual Donor Breastmilk Drive where they gathered approximately 30 gallons of donated milk. Over the past nine years, SMBHWN's milk drives have collected more than 400 gallons of breastmilk to help feed premature infants and those with specialized health needs.
- **Diaper Bank Program**: As a partner in the Jacobs & Cushman San Diego Food Bank's Diaper Bank Program, SMBHWN distributed more than 12,200 diapers and over 120 packs of wipes to 125 families in need. In total, SMBHWN has provided nearly 76,000 diapers since joining the program in 2019.
- **SMBHWN's New Beginnings Boutique**: The SMBHWN New Beginnings Boutique provides access to needed supplies such as nursing bras and breastfeeding pumps for mothers and families. The boutique's lactation educators also answer questions and provide breastfeeding resources and support to anyone who calls or visits the shop, including pre- and post-consumption weighing. Boutique staff dedicated more than 2,000 hours to free breastfeeding education and support for community members.

FY 2026 Plan

SMBHWN will do the following:

- Host a donor milk drive to collect breast milk for the Mothers' Milk Bank
- Offer free virtual and in-person breastfeeding, postpartum and new parent classes and support groups
- Provide free monthly virtual Pelvic Floor Wellness classes
- Participate in the Jacobs & Cushman San Diego Food Bank's Diaper Bank Program to provide diapers to families facing economic hardship
- Provide support, community resources and certified lactation experts through the New Beginnings Boutique

Health Professions Education, Training and Career Pathway Initiatives

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Collaborate with local schools, colleges and universities to provide opportunities for students to explore and train for a variety of health care professions
- Provide obstetrical, gynecological and neonatal education and training for health care professionals
- Identify evidence-based best practices for newborn care through the NRI
- Identify and disseminate evidence-based best practices to improve outcomes of at-risk newborns through the NRI
- Participate in local and national organizations to share specialty expertise and enhance learning for the broader health care community

FY 2025 Report of Activities

SMBHWN continued to invest in the next generation of health professionals through workforce development programs, collaborating with eight local, state and national schools, colleges and universities to provide a variety of hospital-based opportunities for students. During the year, SMBHWN provided more than 19,600 hours of training and supervision for nearly 180 students pursuing health care careers. See the table below for a summary of internship impacts by student type.

SMBHWN Internships — FY 2025

Nursing		Ancillary		Total	
Students	**Hours**[5]	**Students**	**Hours**	**Students**	**Hours**
176	19,016	3	672	**179**	**19,688**

Additional highlights from SMBHWN internship and externship programs included:

- **Health Sciences High and Middle College**: SMBHWN provided early professional development opportunities and hands-on experiences for high school students through this partnership. See **Health Sciences High and Middle College** for more information.
- **Mock Interviews for PLNU Nursing Students**: SMBHWN nurses conducted mock interviews with approximately 30 undergraduate students in their final year at Point Loma Nazarene University's School of Nursing.

For more information on Sharp's involvement in student training efforts, see **Health Professions Training**.

The Sharp Mary Birch NRI discovers new, leading-edge treatments and practices in newborn care and disseminates research findings to improve outcomes for at-risk newborns throughout the world. Led by a multidisciplinary team of physicians, nurses, respiratory therapists, researchers and data analysts, the NRI has participated in more than 90 clinical trials with over 5,000 newborns enrolled since its launch in 2013. Since 2014, the NRI has published over 150 publications. Throughout the year, the NRI shared best practices in umbilical cord clamping and milking as well as conducting neonatal research trials with more than 8,500 professionals at 12 conferences around the world.

In addition, the NRI works closely with SMBHWN's Nemeth NICU (neonatal intensive care unit) Follow-Up Clinic. The services and interventions provided by the clinic help validate the results of the NRI's innovative research studies. In 2022, the NRI received a five-year Health Resources and Services Administration grant for the Safety Net Access Program at SMBHWN to increase access to neurodevelopmental follow-up visits at key developmental stages for high-risk infants and children to promote kindergarten readiness. Further, grant-funded transportation assistance is provided to families facing mobility challenges.

The NRI shared its expertise and groundbreaking research developments with the greater health and research communities. Presentation topics included neurocritical care of the neonate, state-of-the-art delivery room resuscitation, technologies to optimize delivery room resuscitation and concepts and controversies in umbilical cord management for newborns. Further, the NRI's research findings have been shared in several distinguished medical journals.

In addition, Sharp, including SMBHWN, advances scientific knowledge and medical innovation by participating in clinical trials to enhance patient care and outcomes. See **Research** for more information.

SMBHWN team members served on boards and committees for local and national organizations, including:

- Pima Community College
- Southern California Association of Neonatal Nurses
- YWCA of San Diego County

FY 2026 Plan

SMBHWN will do the following:

- Collaborate with colleges and universities on internships, externships and other professional training opportunities for students

- Conduct clinical trials to improve patient care and outcomes
- Participate in the Health Sciences High and Middle College program
- Participate in local and national collaboratives and share specialty expertise at professional conferences

SMBHWN Program and Service Highlights

For a list of SMBHWN's programs and services offered, visit https://www.sharp.com/locations/hospitals/sharp-mary-birch#mary-birch-services.

Sharp Memorial Hospital

Section

9 Sharp Memorial Hospital

Giving back means empowering others through education, advocacy and compassion. I work with hospitals, schools and organizations to build trust and create lasting trauma prevention solutions that strengthen our community.

— Miriah Boettcher, MSN, RN, Trauma Injury Prevention Coordinator, Sharp Memorial Hospital

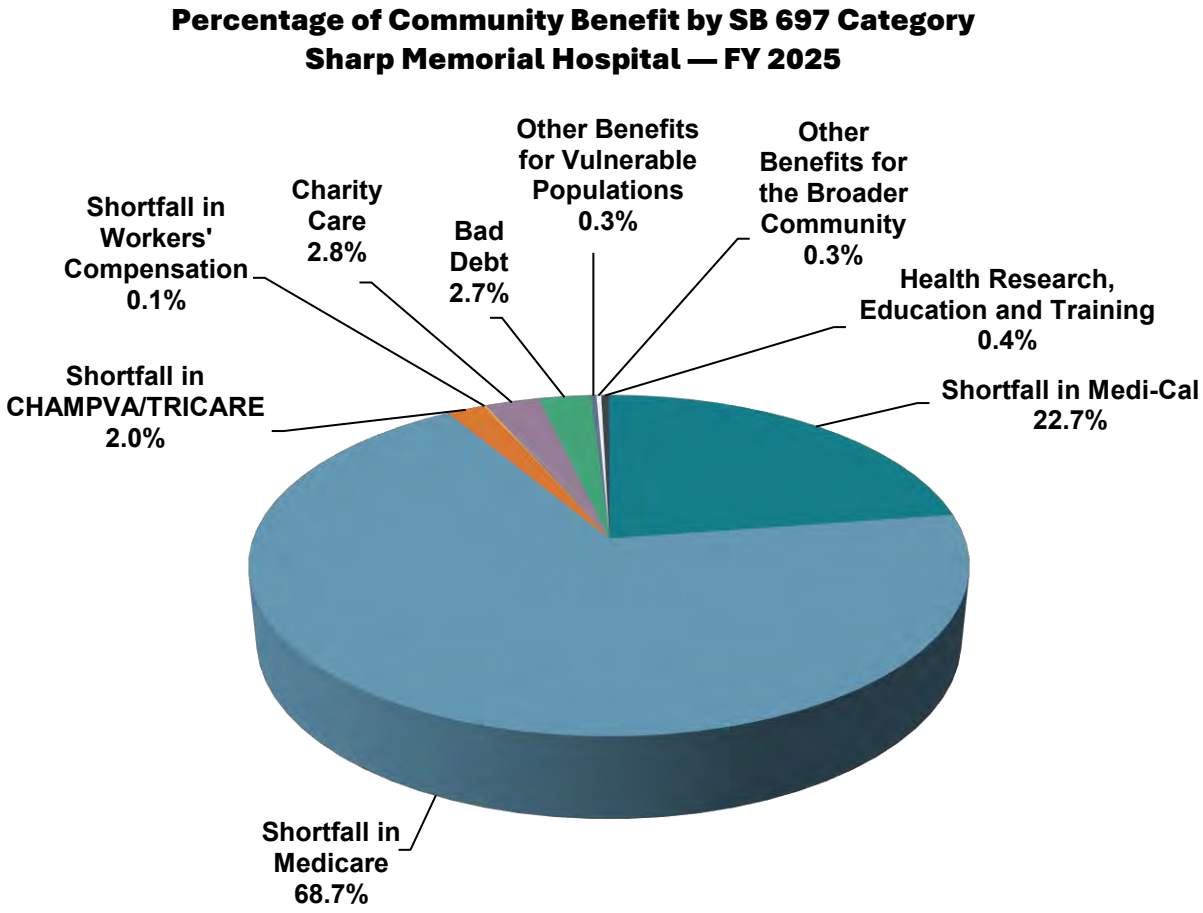
Fiscal Year (FY) 2025 Community Benefit Program Highlights

Sharp Memorial Hospital (SMH) provided a total of **$291,289,642** in community benefit in FY 2025. See the table and figure below for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697) and the distribution of SMH's community benefit among those categories.

Economic Value of Community Benefit Provided
Sharp Memorial Hospital — FY 2025[73]

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2025 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibility forms[74]	$66,049,185
	Shortfall in Medicare[74]	200,122,914
	Shortfall in CHAMPVA/TRICARE[74]	5,836,163
	Shortfall in Workers' Compensation[74]	244,710
	Charity Care[75]	8,292,314
	Bad Debt[75]	7,967,951
Other Benefits for Vulnerable Populations[76]	Project HELP, patient transportation, and other assistance for vulnerable populations[77]	824,871
Other Benefits for the Broader Community	Health education and information, health screenings, support groups, meeting room space, and donation of time to community Organizations[77]	717,096
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals, and research to support the broader health care community[77]	1,234,438
TOTAL		**$291,289,642**

[73] Economic value is based on unreimbursed costs.
[74] Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.
[75] Charity care and bad debt reflect the unreimbursed costs of providing services to patients who lack the ability to pay for services at the time the services were rendered.
[76] "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs.
[77] Unreimbursed costs may include an hourly rate for labor and benefits, plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.



Key highlights:

- **Medical Care Services** included uncompensated care for patients who are unable to pay for services and unreimbursed costs of public programs, such as Medi-Cal, Medicare and CHAMPVA/TRICARE.[78] In FY 2024, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2023, through December 31, 2024. This resulted in recognition of net supplemental revenues for SMH totaling $18.0 million in FY 2024. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2024 understate the true unreimbursed medical care services performed for the past fiscal year.

- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; specialized education and information for older adults; Project HELP (Project Hospital Emergency Liaison Program), which

[78] The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health benefits program in which the Department of Veterans Affairs shares the cost of certain health care services and supplies with eligible beneficiaries. TRICARE is a health care program of the U.S. Department of Defense Military Health System, which provides civilian health benefits for U.S. Armed Forces military personnel, military retirees and their dependents, including some members of the Reserve Component.

provides funding for medication and transportation to assist lower-income patients; participation in the Sharp Humanitarian Service Program; volunteered time to the Jacobs & Cushman San Diego Food Bank and Feeding San Diego; and other assistance for vulnerable community members.

- **Other Benefits for the Broader Community** included provision of meeting room space for community activities, education and resources on cancer, diabetes, orthopedics, stroke, heart health, rehabilitation and other health topics; participation in community health fairs and events; support groups; and blood pressure, cancer and balance screenings. In addition, SMH donated meeting room space to community groups and collaborated with local schools to promote student interest and career pathways in health care. SMH staff actively participated in community boards, committees and other civic organizations. See **Appendix B** for a listing of Sharp HealthCare's (Sharp) involvement in community organizations in FY 2025. The category also includes costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation.

- **Health Research, Education and Training Programs** included time devoted to education and training for community students and health professionals and health-related research projects that were made available to the broader health care community.

Definition of Community

- *SMH is located at 7901 Frost St. in San Diego, ZIP code 92123.*
- *James S. Brown Pavilion is located at 3075 Health Center Drive in San Diego, ZIP code 92123.*

SMH serves all of San Diego County (SDC); however, the primary communities served by the hospital include the city of San Diego, Chula Vista, East County and the North Inland communities surrounding Rancho Peñasquitos. See **Appendix D** for a map of community and region boundaries in SDC.

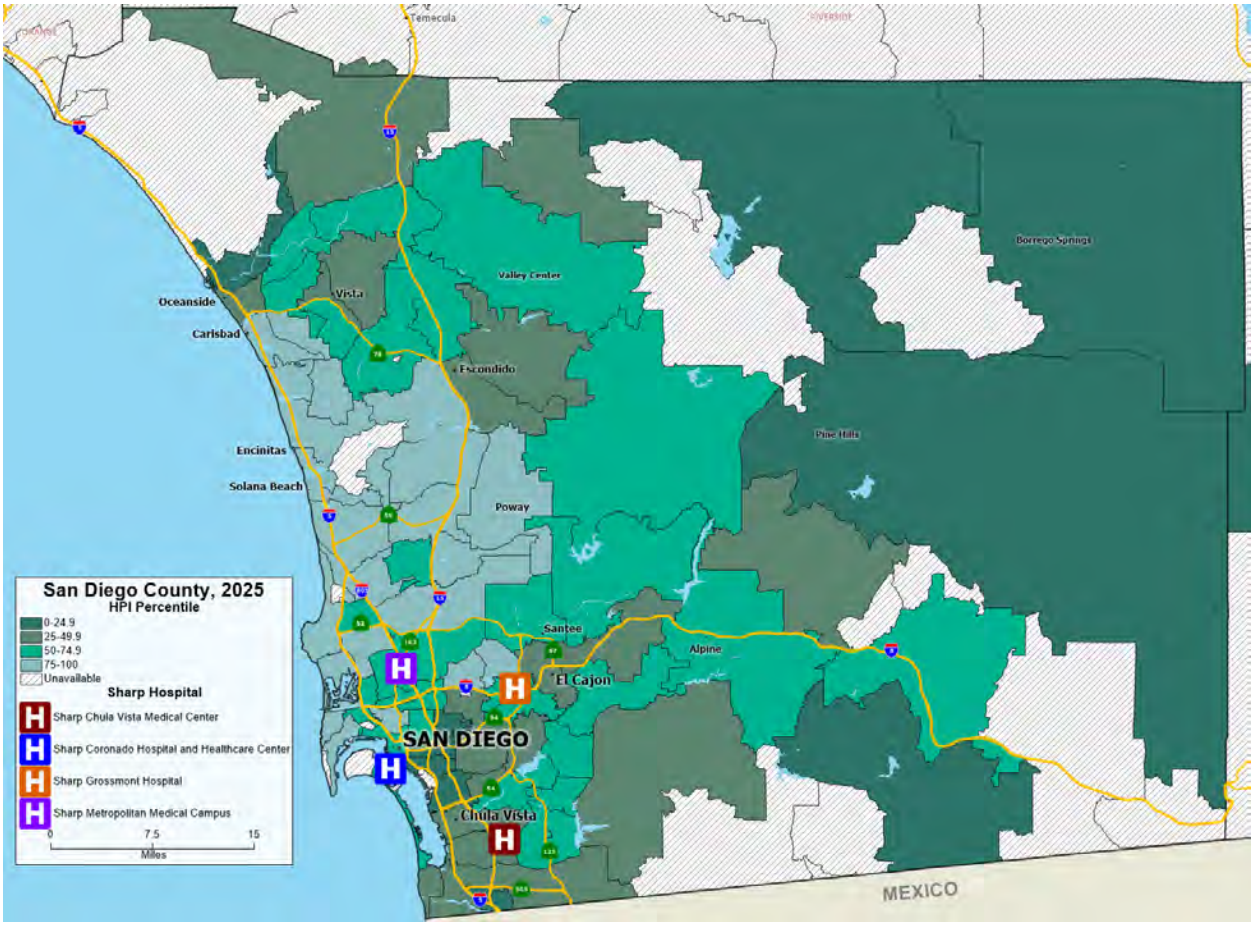
For SMH's 2025 CHNA process, the Healthy Places Index® (HPI)[79] was used to identify communities within its service area that experience greater health inequities.[80] The HPI evaluates communities by assigning them a score based on various health indicators. This score generates a percentile ranking that compares a community's overall health and well-being with others in the state. A higher percentile indicates a healthier community, while a lower percentile reflects a less healthy community.

[79] Healthy Places Index (HPI) 3.0 (2022) was used to identify high-need communities. Accessed September 2024. The California HPI, © 2022 Public Health Alliance of Southern California

[80] Health inequities are differences in health status or in the distribution of health resources between different population groups arising from the social conditions in which people are born, grow, live, work and age. These inequities have significant social and economic costs both to individuals and societies. (World Health Organization, 2018).

According to the HPI, ZIP codes 91950 (National City), 92102 (East San Diego), 92105 (City Heights) and 92113 (Southeast San Diego) are among the high-need primary communities served by SMH.[79] The figure below presents a map of the HPI findings across SDC.

SDC HPI® Map with Sharp Locations, 2025



Refer to **Appendix A: Description of Community Needs** for the most current demographic and health data regarding the communities served by Sharp, including SMH.

Community Benefit Planning Process

See the steps outlined in **Section 3: Community Benefit Planning Process** regarding community benefit planning for SMH.

Priority Community Needs Addressed in Community Benefit Report — SMH 2025 CHNA

SMH's 2025 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties 2025 CHNA process and findings. Refer to **Section 3: Community Benefit Planning Process** for additional information.

The following needs were identified for the communities served by SMH through the SMH 2025 CHNA (listed in no specific order):

- Help Managing Health Conditions
- A Different Kind of Health Care Experience
- Protection and Care for Service Providers
- Recognition/Assistance with Disability and Trauma
- Help with Crises
- Better Data Collection, Sharing and Coordination
- Less Burden on Emergency Departments

The following pages detail SMH programs, activities and services that specifically address these needs, either directly or indirectly. Refer to the following sections for more information on entity and systemwide programs designed to address identified community needs:

- **Patient Access to Care Programs**
- **Maternal and Prenatal Health: See Section 8: Sharp Mary Birch Hospital for Women and Newborns**
- **Behavioral Health: See Section 10: Sharp Mesa Vista Hospital and Sharp McDonald Center**
- **Chronic Health Conditions: See Section 11: Sharp Rees Stealy Medical Centers**

SMH also annually reviews and updates its implementation strategy — a description of hospital programs designed to address the priority health and social needs identified in the CHNA. The most recent CHNA and implementation strategies are available at https://www.sharp.com/about/health-needs-assessments.

SMH Community Benefit Programs and Services, FY 2025

SMH addresses the needs of its community through the programs and services listed below. For each of these areas, the following pages describe the hospital's community benefit objective(s), activities conducted in FY 2025 and plans for FY 2026. Refer to **Appendix A: Description of Community Needs** for supporting data on each of these program and service areas:

- **Education, Support and Screening for Stroke**
- **Health Education, Support and Wellness**
- **Cancer Education, Support, Screening and Research**
- **Community Safety and Injury Prevention**
- **Health Professions Education, Training and Career Pathway Initiatives**
- **Access to Health Care and Social Support**

Education, Support and Screening for Stroke

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Provide stroke education, support and screening services for SDC's central region

FY 2025 Report of Activities

The SMH Allison deRose Rehabilitation Center continued to provide online meeting space for Young Enthusiastic Stroke Survivors, a free monthly support group for individuals of stroke and head injuries and their loved ones, as well as professionals and educators. Notably, Young Enthusiastic Stroke Survivors reached nearly 1,000 individuals through these support groups and its mailing list.

Sharp's systemwide stroke program, including SMH, served approximately 1,400 community members at various events. Team members provided education, such as stroke risk factors, signs and symptoms, the BE-FAST acronym and when to call 911, as well as blood pressure screenings in some venues. Events included:

- Live Well San Diego Love Your Heart event
- San Diego Oasis Community Center's Stroke Education Event
- Sharp Women's Health Conference
- Stroke Awareness Night at the San Diego Padres game

In addition, SMH partnered with community stakeholders to enhance stroke care for San Diegans. Efforts included:

- Provision of data to the County of San Diego EMS' (Emergency Medical Services) stroke registry to help identify gaps and determine trends
- Participation in quarterly meetings for the San Diego County Stroke Consortium, a collaborative effort with other county hospitals to improve stroke care and discuss issues impacting local stroke services
- Collaboration with the San Diego County Stroke Consortium to develop educational materials for 911 first responders

- Partnership with the County of San Diego and UC San Diego on research to improve EMS protocols for transporting stroke patients with large vessel occlusions to thrombectomy-capable centers, including Sharp Chula Vista Medical Center, Sharp Grossmont Hospital and SMH
- Participation in the San Diego County Continuous Quality Improvement initiative to improve witness information collection by paramedics, which is often needed to determine eligibility for stroke treatment

FY 2026 Plan

SMH Stroke Program will do the following:

- Offer stroke support groups through the SMH Allison deRose Rehabilitation Center
- Participate in and partner with the San Diego County Stroke Consortium to educate and train 911 first responders, with a focus on identifying large vessel occlusion
- Provide stroke screening and education at events in SDC, including events for seniors and vulnerable adults
- Provide stroke education, screenings and outreach to community members through social media and in-person events
- Provide a community presentation on stroke education and prevention featuring a Sharp-affiliated physician
- Provide education for individuals with identified stroke risk factors
- Collaborate with the County of San Diego EMS by providing data for tracking within the SDC stroke registry

Health Education, Support and Wellness

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Host community classes and support groups on a variety of health and wellness topics
- Provide health education and screenings at community health fairs and events
- Provide fundraising support for nonprofit health organizations

FY 2025 Report of Activities

In FY 2025, SMH provided free community education, screening and support for a variety of health and wellness needs. Activities took place through on-site and virtual classes and support groups, as well as during community events. Programs served individuals of all ages at locations throughout SDC.

Throughout the year, SMH served more than 140 attendees through education and support groups on a range of health topics, including:

- Bariatric Surgery General Support Group and Nutritional Support Group
- Monthly Ehlers-Danlos Syndrome Support Group
- Weekly SPEAK OUT! Parkinson's Group Therapy Program
- Vitamin and Mineral Supplementation in Older Adults

In addition, team members offered health education and screenings to approximately 900 community members at health fairs and events throughout SDC, including:

- **Next Steps: Aging, Planning and Coping:** Workshop and resource fair focused on chronic illness and support for caregivers, hosted by Sharp, Caregiver Coalition of San Diego and San Diego County Coalition for Improving End-of-Life Care
- **Caring for an Aging Loved One & Building a Family Legacy**: Event with resources and education on caregiving, legacy-building, long-term care and financial planning and more from SMH's Generational Health team
- **Bone and Joint Health Expos**: Two free Bone and Joint Health Expos provided more than 180 attendees with handouts on shoulder, hip, knee and back pain as well as foot issues.
- **Sharp Women's Health Conference**: Provided education and resources on orthopedics, cancer, heart health, body composition and more

SMH also participated in several community partnerships focused on cardiovascular health, including:

- **Live Well San Diego's Love Your Heart**: Annual initiative around Valentine's Day in which organizations across the county offer free blood pressure screenings (see **Systemwide Health Care Screenings** for details)
- **American Heart Association's Go Red for Women:** American Heart Association's initiative to provide women's heart health information, resources and inspiration
- **San Diego Heart and Stroke Walk**: Raised funds to support the American Heart Association's fight against heart disease and stroke
- **Sharp Blood Drives**: Sharp's systemwide effort to collect and donate blood for the San Diego Blood Bank
- **County of San Diego ECPR Pilot Program**: Provides rapid treatment for cardiac arrest patients to save more lives

FY 2026 Plan

SMH will do the following:

- Provide community education classes and support groups for a variety of health needs, including, but not limited to, aging concerns, obesity, Parkinson's Disease and Ehlers Danlos Syndrome
- Provide health education, resources and screenings at community health fairs and events
- Participate in community programs focused on improving cardiovascular health
- Provide coordination, support and fundraising activities for local nonprofit organizations

Cancer Education, Support, Screening and Research

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Provide cancer education, resources and support groups to community members in SDC
- Provide cancer support services to community members in SDC
- Collaborate with community organizations to provide cancer screenings to under- and uninsured community members
- Participate in cancer clinical trials, including screening and enrolling patients

FY 2025 Report of Activities

The Cancer Centers of Sharp HealthCare[81] (Cancer Centers of Sharp) include the Laurel Amtower Cancer Institute and Neuro-Oncology Center at SMH (Laurel Amtower Institute), David and Donna Long Center for Cancer Treatment at Sharp Grossmont Hospital and Douglas & Nancy Barnhart Cancer Center at Sharp Chula Vista Medical Center.

To address access barriers for under- and uninsured community members, Sharp led a systemwide cancer screening effort throughout the year in partnership with local FQHCs and other community-based organizations. Through a series of community events, Sharp provided no-cost mammograms, stool tests and low-dose lung CT scans to eligible participants. More than 1,300 residents were screened, with several positive colorectal and breast cancer findings that resulted in follow-up care. Partners included Family Health Centers of San Diego, San Ysidro Health, La Maestra Health Centers, Neighborhood Healthcare and Father Joe's Villages.

Throughout the year, the Cancer Centers of Sharp served more than 1,000 individuals affected by cancer through several support groups. Groups were offered either in person or online and included:

[81] The Cancer Centers of Sharp are accredited by the American College of Surgeons Commission on Cancer as an Integrated Network Cancer Program as well as the American Society for Radiation Oncology as an Accreditation Program for Excellence.

- Brain tumor support groups
- Breast cancer support group
- Bring Your Own Project support group
- Cancer care partner support group
- Cancer survivor support group
- General cancer support group
- Head and neck cancer support group
- Living with advanced cancer support group
- Man Cave: Men's cancer support group
- Women's cancer support group
- Young cancer patients' support groups
- Sharp Healthcare Cancer Patient Community private Facebook group

Throughout the year, the Cancer Centers of Sharp served more than 1,100 individuals impacted by cancer through several educational classes, webinars and workshops. These were offered either in person or online and included:

- Cancer and a Good Night's Sleep: How to Manage Sleep and Fatigue
- Cancer and the Arts
- Chemo Brain: Improving Memory and Concentration
- Chemo Brain: What Can I Do?
- Energy Management During Cancer Treatment and Beyond
- How to Help Someone with Chemo Brain: A Class for Loved Ones
- Living with a Brain Tumor
- Lunch and Learn Cancer webinars
- Managing Sleep and Fatigue
- New Brain Tumor Diagnosis
- New Cancer Diagnosis
- Out of the Fog MAAT (memory and attention adaptation training)
- Relaxation and Quieting the Mind
- Scanxiety: Managing the Fear of Cancer Recurrence
- Surviving Cancer: Thriving After a Diagnosis
- Survivorship: Life After Cancer

The Cancer Centers of Sharp provided cancer education and resources to nearly 1,100 community members at various conferences and events, including:

- Cancer Survivors Day hosted by the Cancer Centers of Sharp
- Logan Heights Library Health Fair
- Sharp Women's Health Conference

For more than 20 years, Sharp's Clinical Oncology Research Department has conducted clinical trials to help discover new and improved cancer treatments and advance scientific knowledge. Throughout the year, the department pre-screened more than 4,000 patients

for participation in oncology clinical trials. For eligible, consenting patients, these trials focused on multiple cancer types, including, but not limited to, blood, brain, breast, colon, head and neck, lung, lymphoma, pancreatic and prostate.

FY 2026 Plan

The Laurel Amtower Institute at SMH will do the following:

- Partner with local organizations and agencies to provide underserved community members with health education, access to cancer screenings and cancer-related resources
- Collaborate with the Cancer Centers of Sharp to offer virtual workshops and prerecorded classes on cancer wellness topics, including Spanish-language options
- Offer cancer support groups and classes for individuals impacted by cancer, including classes focused on cognitive impairments
- Offer monthly educational classes on nutrition for cancer prevention and nutrition during cancer treatment in both English and Spanish
- Offer classes to address cognitive impairments related to cancer and cancer treatment
- Provide wigs, prosthetics, bras, hats and scarves to patients with cancer
- Provide transportation for patients to medical appointments and to the pharmacy
- Maintain the private Sharp HealthCare Cancer Patient Community Facebook group
- Conduct clinical trials to help discover new cancer treatments, promote trial participation and inform the broader health and research community
- Participate in and support fundraising events for cancer research

Community Safety and Injury Prevention

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Provide safety and injury prevention programs to community members ranging from children to older adults
- Collaborate with community partner organizations to bring safety and injury prevention programs to community members throughout SDC

FY 2025 Report of Activities

SMH Trauma Services and SMH Rehabilitation Services participated in more than 45 community safety and injury prevention events for individuals of all ages, sharing education on topics such as falls, motor vehicle collisions, e-bike accidents, hemorrhage control, violence, head and spinal cord injuries and risk factor reduction. These efforts

were made possible through collaborations with numerous community partners, including:

- El Cajon Police Department
- Heartland Fire & Rescue
- Grossmont Healthcare District
- Kaiser Permanente
- Palomar Health
- Rady Children's Hospital
- Salvation Army Kroc Center
- San Diego Association of Governments
- San Diego County Aging and Independence Services
- San Diego County Sheriff
- San Diego County District Attorney
- San Diego Unified School District
- San Miguel Fire & Rescue
- Scripps Health
- Sharp Grossmont Hospital
- United States Marine Corps
- United States Navy
- UC San Diego Health

The following programs were offered exclusively to community students, from preschool through high school and served nearly 3,200 children and teens:

- **Every 15 Minutes**: SMH participated in the California Highway Patrol's Every 15 Minutes program at Westview and Scripps Ranch high schools, a two-day event challenging high school juniors and seniors to think about drinking and driving, personal safety and the impact of their decisions on family, friends and their community.
- **ThinkFirst San Diego**: Through this program (a chapter of the ThinkFirst National Injury Prevention Foundation), SMH's Voices for Injury Prevention used their personal stories of traumatic injury to educate students at 11 high schools about modes of injury,[82] injury prevention, disability awareness, the anatomy and physiology of the brain and spinal cord and career opportunities in physical rehabilitation.
- **EmERge**: The premier medical conference for teens, EmERge gave students access to high-level medical simulations at the Sharp Prebys Innovation and Education Center.
- **Salute to Heros event at Holy Trinity School**: Team members shared helmet safety education with students ages 3 to 14 years

[82] Modes of injury include, but are not limited to, automobile collisions, violence, sports/recreation activities.

SMH provided additional safety and injury prevention education to more than 825 community adults and older adults through the following programs:

- **STOP the Bleed**: As part of the national STOP the Bleed awareness campaign — which trains, equips and empowers bystanders to assist in a bleeding emergency before professional help arrives — SMH team members provided training for community members at the Rancho San Diego and Santee sheriff stations during National Night Out Against Crime.
- **Fall Prevention and Balance Screening Event**: Held in collaboration with the Sharp Community Resource Center at Grossmont Healthcare District, this event offered balance screenings, fall risk assessments and resources to support safe aging in place.
- **Salvation Army Kroc Center Senior Resource Fairs**: Team members provided fall prevention education and balance screenings for older adults at two resource fairs.

FY 2026 Plan

SMH will do the following:

- Provide safety and injury prevention education to community students of all ages
- Provide the ThinkFirst injury prevention program to high school students throughout SDC
- Participate in California Highway Patrol's Every 15 Minutes program at community high schools
- Participate in the annual EmERge teen medical conference
- Provide community STOP the Bleed training
- Provide fall prevention education and balance screening events for older adults, including outreach to remote areas of East County
- Partner with SMH Chaplain Services to expand injury prevention efforts, such as to older adult and youth groups at community churches
- Participate in conferences, roundtables and collaborative projects with the San Diego County Office of Education College and Career Readiness program
- Provide education to health care professionals and college students interested in health care careers
- Provide at least two in-person support sessions for rehab patients through the Trauma Survivors Network
- Collaborate with the Trauma Research and Education Foundation to provide injury prevention education programs to San Diegans
- Partner with San Diego Unified School District, Grossmont Unified School District, City of El Cajon engineers and the San Diego County Board of Supervisors to implement injury prevention strategies in areas of the community with high traffic safety concerns.[83]

[83] Techniques include e-bike and helmet safety learning modules, and safety contracts with surrounding schools

Health Professions Education, Training and Career Pathway Initiatives

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Collaborate with schools, colleges and universities to provide opportunities for students to explore and train for a variety of health care professions
- Collaborate with local schools to promote interest and provide career pathways in health care
- Provide education and training for community health professionals
- Participate in local and national conferences to share best practices in health care delivery and community health improvement

FY 2025 Report of Activities

Throughout the year, SMH collaborated with more than a dozen local, state and national schools, colleges and universities to provide learning opportunities for students to explore and train for careers in health care. SMH provided clinical training to 450 nursing, advanced practice provider and ancillary (non-nursing) students, who spent nearly 85,000 hours on campus. See the table below for a summary of internship impacts by student type.

SMH Internships — FY 2025

Nursing		Advanced Practice Provider		Ancillary		Total	
Students	Hours[5]	Students	Hours	Students	Hours	Students	Hours
259	33,457	12	1,973	179	49,507	**450**	**84,937**

For more information on Sharp's involvement in student training efforts, see **Health Professions Training**.

Throughout the year, team members from a range of SMH service lines provided additional education and training to nearly 1,000 community students and health professionals, including:

- **Health Sciences High and Middle College**: SMH partnered with Health Sciences High and Middle College to provide early professional development opportunities and hands-on experiences for high school students (see **Health Sciences High and Middle College** for more information).
- **Kinesio Taping Workshop**: An SMH rehabilitation specialist held a free workshop on the Kinesio Taping Method for physical therapy professionals.

- **Association of Oncology Social Work**: An SMH oncology medical social worker provided a presentation on cancer-related cognitive impairment.
- **Barnes Tennis Center**: An SMH orthopedic surgeon and physical therapists presented on sports injury recovery to sports medicine and other professionals.
- **San Diego State University Dietetics Program**: Provided a presentation on diabetes education as a profession to a San Diego State University dietetic student
- **San Diego WIC (Women, Infants and Children) Dietetic Internship**: The Sharp Diabetes Education Program supported the San Diego WIC Dietetic Internship through board leadership.
- **2024 American Heart Association Scientific Sessions**: The Sharp Diabetes Education Program presented on types of diabetes treatments and their effects on patients with Type 2 diabetes, as well as the connection between inpatient and outpatient care.
- **Insulin Pump Training Center**: The Sharp Diabetes Education Program served as an insulin pump training center for endocrinologists and primary care groups throughout SDC.
- **Orthopedic and Musculoskeletal Education**: Members of the Sharp Hip Preservation Clinic shared orthopedic and musculoskeletal education through presentations at regional, national and international professional forums, including:
    - Canadian Physiotherapy Association – National Orthopaedic Division's 15th Symposium on Joint Preserving and Minimally Invasive Surgery of the Hip
    - Ehlers-Danlos Society ECHO presentations
    - Irish-American Orthopaedic Society
    - ISHA – The Hip Preservation Society
    - Lamplighters Orthopaedic Association Inc. 2025 Annual Meeting
    - SMH Hip Preservation Visiting Professorship
    - Western Orthopaedic Society Annual Meeting

In addition, Sharp, including SMH, advances scientific knowledge and medical innovation by participating in clinical trials to enhance patient care and outcomes. See **Research** for more information.

FY 2026 Plan

SMH will do the following:

- Provide professional development opportunities for health professions students and interns throughout SDC
- Collaborate with Health Sciences High and Middle College to provide opportunities for high school students to explore careers in health care
- Offer education and training for community health professionals
- Provide continuing education lectures to community physicians, residents, interns and Navy personnel at the SMH Hip Preservation Center

- Conduct educational symposiums for health care professionals focused on improving outpatient and inpatient diabetes care
- Participate in local and national conferences to share best practices in diabetes treatment and control with the broader health care community
- Partner with community physicians to help improve patient outcomes using technology, including insulin pumps and blood glucose monitors
- Conduct clinical trials to advance medical and scientific knowledge among the larger health and research communities

Access to Health Care and Social Support

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Collaborate with community organizations to provide follow-up medical care, mental health and substance use treatment, financial assistance and social services to individuals experiencing homelessness or lacking a safe home environment
- Collaborate with community partners to connect individuals experiencing homelessness, food insecurity or other health equity barriers to community-based services
- Provide transportation and pharmaceutical assistance to individuals with financial barriers

FY 2025 Report of Activities

SMH provides post-acute care facilitation for vulnerable patients, including individuals experiencing homelessness or lacking a safe home environment. Advocacy for safe discharge from the hospital is a top priority, regardless of funding. Below is a list of some of the resources and support SMH provided to community members in need throughout the year:

- Assessments for individuals at risk for psychiatric and developmental disorders and substance use issues, as well as referrals for housing, medication management and supportive community services
- Transportation for vulnerable patients returning home from the hospital and referrals to community organizations that provide food and shelter
- 24/7 social worker coverage in the emergency department to ensure support for vulnerable patients who present at the facility, as well as daily case management teams on campus to assist with referrals
- More than $68,500 in medication, transportation, lodging and financial assistance through Project HELP

Beyond these essential services, SMH offers additional programs that address the complex needs of underserved patients and community members, which are described below.

- **Integrated Care for Vulnerable Patients**: Partnered with recuperative care providers and the Assisted Living Waiver Program to support individuals experiencing homelessness with discharge planning, temporary lodging and access to assisted living placements
- **Community Donation Support**: Served as a donation site for regional food and blood drives, contributing to efforts addressing food insecurity and supporting patients with medical needs (see **Community Events** more information).

For more information on Sharp programs and services that help increase access to health care and community and social support, see **Patient Access to Care Programs** and **Community Information Exchange**.

FY 2026 Plan

SMH will do the following:

- Collaborate with community organizations that provide medical care and case management services to individuals experiencing homelessness
- Administer funds to individuals in need of transportation assistance or financial support for medications
- Provide financial assistance for prescription copayments and other personal items as needed
- Connect patients and community members in need to community substance use services
- Provide life-saving naloxone as needed
- As a member of the SoCal Safe Shelter Collaborative, facilitate safe discharges of survivors of human trafficking or domestic violence to local shelters

SMH Program and Service Highlights

For a list of SMH's programs and services offered, visit https://www.sharp.com/locations/hospitals/sharp-memorial#memorial-services.

Sharp Mesa Vista Hospital
and
Sharp McDonald Center

Section

10 Sharp Mesa Vista Hospital and Sharp McDonald Center

Community is built through belonging and mutual support. It's not just where we live and work, but how we connect with people from all walks of life. To me, compassion and empathy are what truly define a strong community.

— Kelsey Bradshaw, Lead Clinical Psychologist and Training Director, Sharp Mesa Vista Hospital

Fiscal Year (FY) 2025 Community Benefit Program Highlights

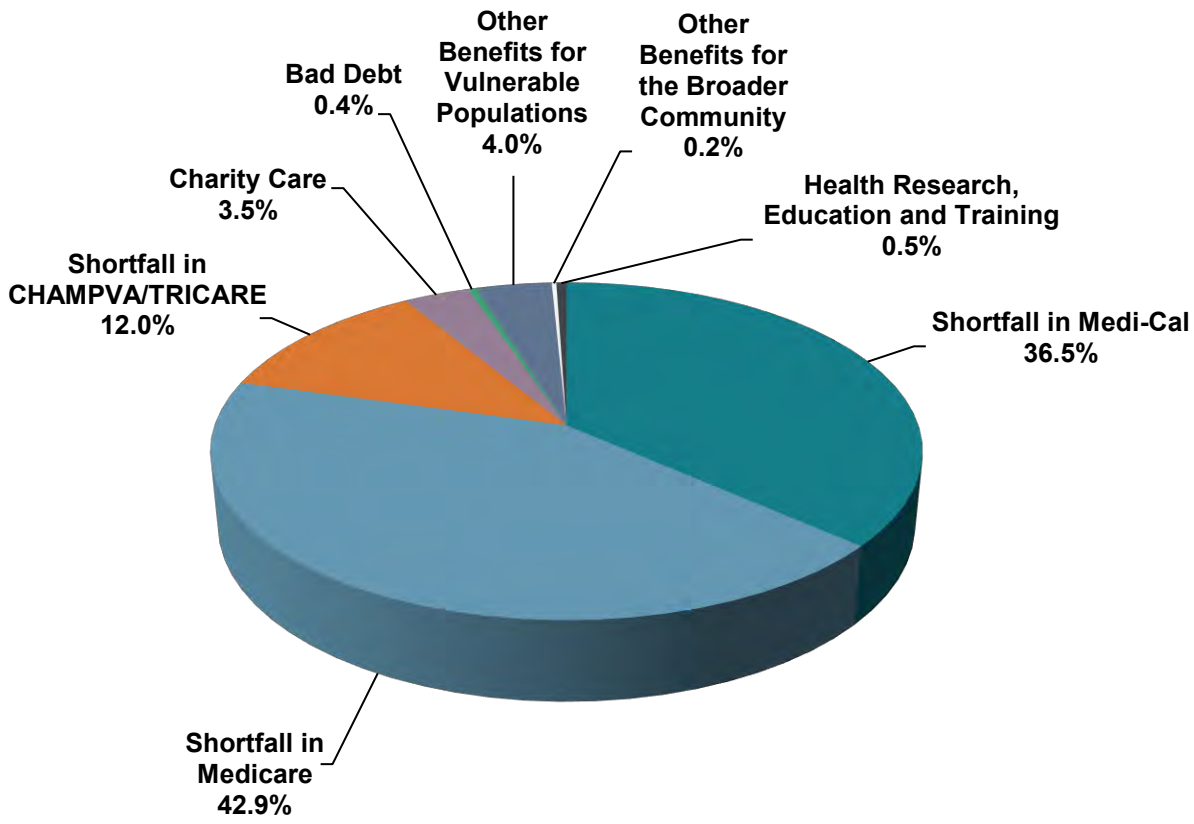
Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) provided **$27,507,170** in community benefit in FY 2025. See the table and figure below for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697) and the distribution of SMV and SMC's community benefit among those categories.

Economic Value of Community Benefit Provided
Sharp Mesa Vista Hospital and Sharp McDonald Center — FY 2025[84]

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2025 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal[85]	$10,027,437
	Shortfall in Medicare[85]	11,789,052
	Shortfall in CHAMPVA/TRICARE[85]	3,302,785
	Charity Care[86]	954,924
	Bad Debt[86]	115,098
Other Benefits for Vulnerable Populations[87]	Patient transportation and other assistance for vulnerable populations[88]	1,104,630
Other Benefits for the Broader Community	Health education and information, health screenings, support groups, meeting room space, and donation of time to community organizations[88]	66,036
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals, and research to support the broader health care community[88]	147,208
TOTAL		**$27,507,170**

[84] Economic value is based on unreimbursed costs.
[85] Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.
[86] Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.
[87] "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs.
[88] Unreimbursed costs may include an hourly rate for labor and benefits, plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

Percentage of Community Benefit by SB 697 Category
Sharp Mesa Vista Hospital and Sharp McDonald Center — FY 2025



Key highlights:

- **Medical Care Services** included uncompensated care for patients who were unable to pay for services and unreimbursed costs of public programs such as Medi-Cal, Medicare and CHAMPVA/TRICARE.[89]

- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; Sharp Humanitarian Service Program; free psychiatric and substance use assessments and referrals; memory screenings for older adults; and programs to address barriers to behavioral health services for disadvantaged, culturally diverse urban older adults.

- **Other Benefits for the Broader Community** included provision of meeting room space for community activities; health education and information on a variety of

[89] The Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) is a health benefits program in which the VA shares the cost of certain health care services and supplies with eligible beneficiaries. TRICARE is a health care program of the U.S. Department of Defense Military Health System, which provides civilian health benefits for U.S. Armed Forces military personnel, military retirees and their dependents, including some members of the Reserve Component.

behavioral health and substance use topics; and participation in community health fairs and events addressing behavioral health and substance use. SMV and SMC executive leadership and staff also participated in professional and community boards, committees and coalitions to improve community health. See **Appendix B** for a listing of Sharp HealthCare's (Sharp) involvement in community organizations. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessment (CHNA) development and administration.

- **Health Research, Education and Training Programs** included time devoted to education and training for health care professionals, as well as supervision and support for students and interns. Time was also devoted to generalizable, health-related research projects that were made available to the broader health care community.

Definition of Community

- *SMV is located at 7850 Vista Hill Ave. in San Diego, ZIP code 92123.*
- *SMC is located at 7989-8011 Linda Vista Road in San Diego, ZIP code 92111.*
- *SMV Mid-City Outpatient Programs are located at 4275 El Cajon Blvd., Suite 100 in San Diego, ZIP code 92105; SMV East County Outpatient Programs are located at 1460 East Main St. in El Cajon, ZIP code 92021.*

As specialty hospitals, SMV and SMC serve all of San Diego County (SDC); however, as the most comprehensive behavioral health hospital in San Diego, the primary communities served by SMV and SMC include all SDC regions. See **Appendix D** for a map of community and region boundaries in SDC.

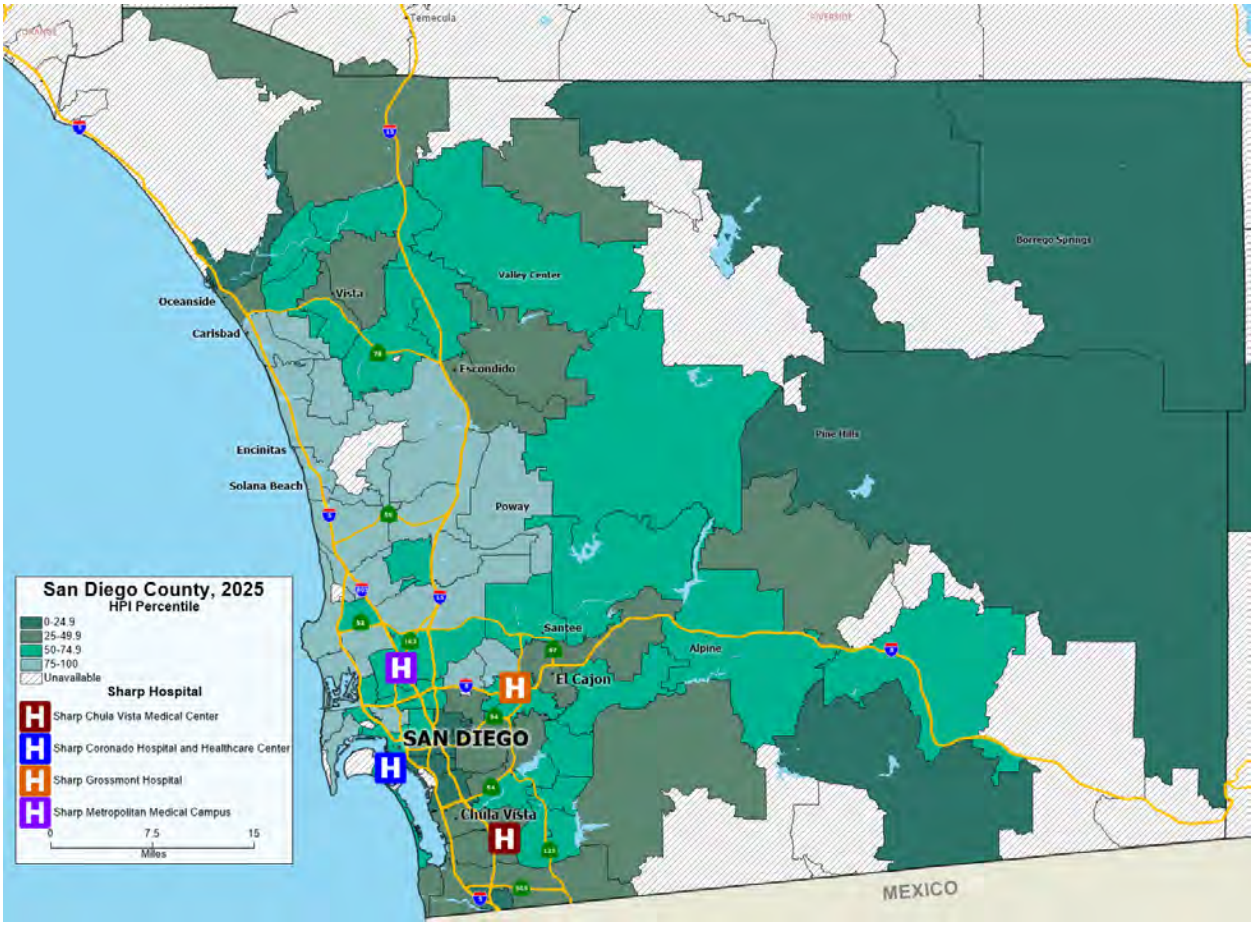
For SMV and SMC's 2025 CHNA process, the Healthy Places Index® (HPI)[90] was used to identify communities within its service area that experience greater health inequities.[91] The HPI evaluates communities by assigning them a score based on various health indicators. This score generates a percentile ranking that compares a community's overall health and well-being with others in the state. A higher percentile indicates a healthier community, while a lower percentile reflects a less healthy community.

According to the HPI, ZIP codes 91950 (National City), 92102 (East San Diego), 92105 (City Heights), 92113 (Southeast San Diego) and 92173 (San Ysidro) are among the high-need primary communities served by SMV and SMC.[90] The figure below presents a map of the HPI findings across SDC.

[90] Healthy Places Index (HPI) 3.0 (2022) was used to identify high-need communities. Accessed September 2024. The California HPI, © 2022 Public Health Alliance of Southern California.

[91] Health inequities are differences in health status or in the distribution of health resources between different population groups arising from the social conditions in which people are born, grow, live, work and age. These inequities have significant social and economic costs both to individuals and societies (World Health Organization, 2018).

SDC HPI® Map with Sharp Locations, 2025



Refer to **Appendix A: Description of Community Needs** for the most current demographic and health data regarding the communities served by Sharp, including SMV and SMC.

Community Benefit Planning Process

See the steps outlined in **Section 3: Community Benefit Planning Process** regarding community benefit planning for SMV and SMC.

Priority Community Needs Addressed in Community Benefit Report — SMV and SMC 2025 CHNAs

SMV and SMC 2025 CHNAs were significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties 2025 CHNA process and findings.

The following priority health and social needs were identified for the communities served by SMV and SMC through their CHNAs (listed in no specific order):

- Help Managing Health Conditions
- A Different Kind of Health Care Experience
- Protection and Care for Service Providers
- Recognition/Assistance with Disability and Trauma
- Help with Crises
- Better Data Collection, Sharing and Coordination
- Less Burden on Emergency Departments

SMV and SMC address the needs of their community through the programs and services listed below. For each of these areas, the following pages describe the hospitals' community benefit objective(s), activities conducted in FY 2025 and plans for FY 2026. Refer to **Appendix A: Description of Community Needs** for supporting data on each of these program and service areas:

- **Patient Access to Care Programs**
- **Section 8: Sharp Mary Birch Hospital for Women and Newborns**
- **Section 9: Sharp Memorial Hospital**

SMV and SMC also annually review and update their implementation strategy — a description of hospital programs designed to address the priority health and social needs identified in the CHNA. The most recent CHNA and implementation strategy are available at https://www.sharp.com/about/health-needs-assessments.

SMV and SMC Community Benefit Programs and Services, FY 2025

SMV and SMC address the needs of their community through the programs and services listed below. For each of these areas, the following pages describe the hospitals' community benefit objective(s), activities conducted in FY 2025 and plans for FY 2026. Refer to **Appendix A: Description of Community Needs** for supporting data on each of these program and service areas:

- **Behavioral Health and Substance Use Education and Screenings**
- **Behavioral Health and Substance Use Social Support**
- **Health Professions Education, Training and Career Pathway Initiatives**

Behavioral Health and Substance Use Education and Screenings

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Provide behavioral health and substance use education for patients, their loved ones and the community
- Sponsor and participate in community behavioral health events

- Provide the community with behavioral health and substance use screenings
- Collaborate with community organizations to address the behavioral health needs of older adults and other community members with barriers to health equity
- Provide education and memory screenings for older adults

FY 2025 Report of Activities

Throughout the year, SMV and SMC provided behavioral health and substance use education through classes and events at Sharp.

- **Cognitive behavioral therapy[92] lecture series**: SMV clinicians led an education group focused on learning the principles of cognitive behavioral therapy.
- **Sharp Women's Health Conference**: An SMV clinician presented a session on anxiety.
- **International Overdose Awareness Day**: At their respective emergency departments, SMC partnered with other Sharp entities to educate the community about substance use and help reduce the stigma surrounding addiction.

In addition, SMV and SMC sponsored several community events benefitting behavioral health organizations across SDC. More than 1,620 community members were reached through the following events:

- American Foundation for Suicide Prevention Out of the Darkness Walk
- Jayden T. Gillespie Foundation (Jayden's Helping Hand partners with SMV to provide underinsured individuals with access to SMV's Intensive Outpatient Program)
- National Alliance on Mental Illness Walk
- San Diego Padres Mental Health Awareness Night

Throughout the year, clinicians from SMV's Senior Intensive Outpatient Program provided community education and outreach on mental and social wellness to approximately 100 older adults at the Alpine Woman's Club.

SMV and SMC evaluation and intake teams provided free behavioral health evaluation and referrals, as well as substance use screening and assessment opportunities, for the community throughout the year, serving nearly 2,700 community members onsite and virtually.

SMV and the Sharp Neurocognitive Research Center provided education on aging, Alzheimer's disease and care for older adults to nearly 500 individuals through presentations and participation in community events, including, but not limited to:

[92] A form of psychotherapy, cognitive behavioral therapy is research-based and helps to identify the relationship between thoughts, feelings and behaviors and their impact on life situations.

- Alzheimer's Association town hall
- Alzheimer's San Diego's annual Walk4ALZ event
- Caring for Aging Loved Ones seminar at local senior living centers
- Clinical Trials Day at Mission Valley YMCA
- Celebrando Latinas resource fair/convention
- Empowered Aging Program at McClellan Senior Center
- Glow and Grow Wellness Gathering at Yoga Center in Chula Vista
- "Maintaining Brain Health" presentation with Alzheimer's San Diego
- Wisdom in Motion event at Sycuan Reservation

In addition, the Sharp Neurocognitive Research Center partnered with community organizations, including local YMCAs and public libraries, to provide nearly 300 free memory screenings to individuals age 55 and up who were concerned about memory loss or interested in establishing a baseline to detect future changes.

FY 2026 Plan

SMV or SMC will do the following:

- Share behavioral health education and resources at community events
- Sponsor and participate in community events to raise awareness and funds for behavioral health services
- Provide free psychiatric assessments, substance use screenings and referrals for the community
- Collaborate with local organizations to improve behavioral health outcomes and promote health equity for older adults in SDC
- Provide memory screenings to older adult community members
- Expand outreach and education to older adults in underserved communities
- Strengthen partnerships with organizations such as Alzheimer's San Diego and local senior centers

Behavioral Health and Substance Use Social Support

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Provide support for individuals impacted by behavioral health and substance use disorders

FY 2025 Report of Activities

SMV and SMC provided support groups for community members with behavioral health challenges. Nearly 100 community members were reached per month through the following groups:

- **Family Support Group**: For individuals who have a loved one living with a substance use disorder
- **Mood Disorders Support Group**: For individuals whose loved one is diagnosed with depression, bipolar disorder, post-traumatic stress disorder or anxiety
- **Dialectical Behavioral Therapy[93] Support Group**: For patients and loved ones to explore key dialectical behavioral therapy skills, identify how unhelpful behaviors develop, learn how to support clients through both validation and change, and encourage group members to share support and solve problems together
- **SMC Aftercare Group**: Helps former patients maintain a sober lifestyle following inpatient substance use treatment.

SMV also has a Client Advisory Board to engage hospital outpatients, former patients and employees in providing feedback on how to improve programs, empower patients, promote advocacy and better serve the community.

For additional information on Sharp programs and services that help increase access to health care and community and social support, see **Patient Access to Care Programs** and **Community Information Exchange**.

FY 2026 Plan

SMV or SMC will do the following:

- Offer support groups for individuals and families impacted by behavioral health conditions
- Offer a Client Advisory Board to ensure effectiveness in meeting the community's behavioral health needs
- Increase education, support and engagement related to substance use

[93] Dialectical behavior therapy is a type of talk therapy (psychotherapy). It is based on cognitive behavioral therapy, but it's specially adapted for people who experience emotions very intensely. Dialectical Behavior Therapy: What It Is & Purpose

Health Professions Education, Training and Career Pathway Initiatives

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Collaborate with schools, colleges and universities to provide opportunities for students to explore and train for behavioral health professions
- Collaborate with local schools to promote interest and provide career pathways in behavioral health
- Provide education and training for local and national health care professionals
- Participate in conferences and events to share best practices with the broader health care community

FY 2025 Report of Activities

SMV collaborated with local, state and national schools, colleges and universities to provide learning opportunities for students to explore and train for careers in health care. SMV provided clinical training to more than 330 nursing, advanced practice provider and ancillary (non-nursing) students who spent nearly 69,000 hours on the hospital campus. See the table below for a summary of internship impacts by student type.

SMV Internships — FY 2025

Nursing		Advanced Practice Provider		Ancillary		Total	
Students	Hours[5]	Students	Hours	Students	Hours	Students	Hours
285	27,277	3	1,170	49	40,180	**337**	**68,627**

Throughout the year, team members from SMV provided early professional development opportunities and hands-on experiences for high school students placed in Health Sciences High and Middle College's Mental and Behavioral Health Pathway. (See **Health Sciences High and Middle College** for more information.) One of the SMV students was interviewed with her preceptor about her experience and will be featured in Sharp News.

In addition, Sharp, including SMV, advances scientific knowledge and medical innovation by participating in clinical trials. See **Research** for more information.

Staff at SMV and SMC also regularly led or attended various community and professional health boards, committees and advisory and work groups throughout the year, including:

- Association for Ambulatory Behavioral Healthcare
- Community Health Improvement Partners

    - Behavioral Health Work Team
    - Suicide Prevention Council Means Restriction and Higher Education Subcommittees
- County of San Diego
    - Psychiatric Emergency Response Team
    - Behavioral Health Services' Older Adult Council
- National Alliance on Mental Illness San Diego
- Point Loma Nazarene University
- San Diego County AgeWell Social Participation and Inclusion Workgroup
- San Diego County Suicide Prevention Council
- San Diego Psychological Association Membership and Public Education Media Committees

FY 2026 Plan

SMV or SMC will do the following:

- Provide professional development opportunities for health professions students and interns throughout SDC
- Collaborate with local high schools to provide opportunities for students to explore careers in behavioral health
- Collaborate with Health Sciences High and Middle College to provide opportunities for high school students to explore careers in health care
- Offer education and training for community health professionals
- Conduct clinical trials to advance medical and scientific knowledge among the larger health and research communities

SMV and SMC Program and Service Highlights

For a list of SMV and SMC's programs and services offered, visit https://www.sharp.com/locations/hospitals/sharp-mesa-vista and https://www.sharp.com/locations/hospitals/sharp-mcdonald.

Sharp Rees-Stealy Medical Centers

Section

11 Sharp Rees-Stealy Medical Centers

Community is where we belong and care for one another. I believe benefiting our community means helping its members make positive lifestyle changes. We give back to the community by offering free classes that make wellness accessible for all.

— Kelly Young, MS RDN CDCES, Patient Education and Support Manager, Sharp Rees-Stealy Center for Health Management

Fiscal Year (FY) 2025 Community Benefit Program Highlights

Sharp Rees-Stealy Medical Centers (SRSMC) consists of 18 primary and specialty outpatient medical facilities with embedded ancillary services across San Diego County (SDC). SRSMC works in partnership with Sharp Rees Stealy Medical Group (SRSMG),[94] one of the region's largest and most comprehensive medical groups, to provide coordinated care to the San Diego community.

Key highlights:

- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; assistance for patients experiencing food insecurity; contribution of time to community-based organizations such as local food banks; Sharp Humanitarian Service Program; and other assistance for vulnerable community members.

- **Other Benefits for the Broader Community** included health education and information provided by Sharp Rees-Stealy Center for Health Management, participation in community health fairs and events addressing unique community needs and health screenings for skin cancer. Sharp HealthCare (Sharp) also collaborated with local schools to promote interest in health care careers. SRSMC and SRSMG executive leadership and staff also participated in professional and community boards, committees and coalitions to improve community health. See **Appendix B** for a listing of Sharp's involvement in community organizations. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessment development and administration.

- **Health Research, Education and Training Programs** included time devoted to education and training for health care professionals, as well as supervision and

[94] Sharp Rees-Stealy Medical Group (SRSMG) is not required to develop a community benefit plan as part of Senate Bill 697, nor is SRSMG required to conduct a community health needs assessment. However, as a division of Sharp HealthCare, Sharp Rees-Stealy Medical Center engaged in a variety of activities that provided direct benefit to the San Diego community during FY 2025, a selection of which are highlighted in this section.

support for students and interns. Time was also devoted to generalizable, health-related research projects that were made available to the broader health care community.

Definition of Community

For a list of SRSMC locations, visit https://www.sharp.com/locations.

SRSMC serves all of SDC; however, the primary communities served include the city of San Diego, Chula Vista, East County and the North Inland communities surrounding Rancho Peñasquitos (including Rancho Bernardo and Scripps Ranch). See **Appendix D** for a map of community and region boundaries in SDC.

Refer to **Appendix A: Description of Community Needs** for the most current demographic and health data regarding the communities served by Sharp, including SRSMC.

Community Benefit Planning Process

See the steps outlined in **Section 3: Community Benefit Planning Process** regarding community benefit planning for SRSMC.

Priority Community Needs Addressed in Community Benefit Report — Sharp Rees-Stealy Annual Population Assessment

SRSMC's Population Health Department conducts an annual population health assessment to identify the characteristics and needs of its member population, including data on social determinants of health. The assessment findings are used to identify population changes and establish priorities for program support. The table below shows the prevalence for certain chronic conditions between higher and lower needs ZIP codes.

SRSMG Prevalence of Chronic Conditions by Higher and Lower Needs ZIP Code Areas

Chronic Condition	Higher Needs ZIP Code Areas	Lower Needs ZIP Code Areas
Diabetes	14%	9%
Hypertension	29%	24%
Congestive Heart Failure	3%	2%
Chronic Obstructive Pulmonary Disease	2%	2%
Substance and Opioid Use	1%	1%

- More than a quarter (26.5%) of SRSMG's HMO patients live in higher-needs ZIP codes in SDC
- Patients who identified as Hispanic or Latino made up 25% of SRSMG patients in 2025, but represented 32.8% of patients with diabetes and 25% of patients with hypertension
- Among SRSMG patients, 16.7% have a diagnosis of depression and 1.8% have a substance use disorder

SRSMC's Population Health Department promotes resources and community programs to patients residing in higher-need communities. Patients residing in ZIP codes of highest need are sent an outreach letter containing information about available community resources to address a broad range of issues, including food, financial, housing and other types of socioeconomic assistance. Patients in these communities are also provided with the department's contact information should they require further assistance with accessing community resources. Refer to **Patient Access to Care Programs** for additional entity and systemwide programs designed to address access to health care.

SRSMC Community Benefit Programs and Services, FY 2025

SRSMC addresses the needs of its community through the program and service efforts listed below. The following pages describe the group's objective(s), activities conducted in FY 2025 and plans for FY 2026. Refer to **Appendix A: Description of Community Needs** for supporting data on each of these program and services areas:

SRSMC Community Benefit Programs and Services, FY 2025

SRSMC addresses the needs of its community through the program and service efforts listed below. The following pages describe the group's objective(s), activities conducted in FY 2025, and plans for FY 2026. Refer to **Appendix A: Description of Community Needs** for supporting data on each of these program and services areas:

- **Health Education, Screening, Support and Wellness Activities**
- **Health Professions Education and Training**
- **Access to Health Care and Social Support**

Health Education, Screening, Support and Wellness Activities

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Host community education classes on chronic health conditions, wellness and disease prevention

- Provide health education, screenings and resources at community health fairs and events
- Provide fundraising support for nonprofit health organizations

FY 2025 Report of Activities

In FY 2025, the SRSMC Center for Health Management reached more than 2,200 community members through free health education classes covering various aspects of health and wellness. Programs included:

- **Be Well for Life**: A 10-week wellness program focused on nutrition education and healthy lifestyle development
- **Healthy Hearts**: A webinar covering how a healthy diet can lower blood pressure and cholesterol, including practical tips for nutritious, low-fat cooking, shopping and dining out
- **Stress Management: Coping With Life**: A webinar designed to help participants identify and understand sources of stress and learn productive skills for stress management and personal well-being

Additionally, SRSMC provided skin cancer screenings to more than 1,000 people at various community events, including the La Jolla Cove 10 Mile Relay and YMCA's Day at the Bay. SRSMC also provided more than 100 blood pressure screenings at Live Well San Diego's Love Your Heart Day.

Throughout the year, SRSMC staff and leaders regularly led and attended various community and professional health boards, committees and advisory and work groups, including:

- America's Physician Groups
- American Medical Group Association
- Be There San Diego
- CalHIVE Behavioral Health Integration
- California Doctor of Physical Therapy Advisory Committee
- California Office of Health Care Affordability Advisory Committee
- Climate Action Campaign Public Health Advisory Council
- Community Health Improvement Partners Suicide Prevention Council
- Davos Alzheimer's Collaborative
- Integrated Healthcare Association
- Ronald McDonald House San Diego
- San Diego County Meth Strike Force

FY 2026 Plan

SRSMC will do the following:

- Provide education for community members on a variety of health topics, with a focus on healthy lifestyle development, wellness and disease prevention
- Provide health education, screenings and first-aid services at community events

Health Professions Education and Training

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Collaborate with schools, colleges and universities to provide opportunities for students to explore and train for a variety of health care professions
- Collaborate with local schools to promote interest and provide career pathways in health care
- Provide education and training for local and national health care professionals
- Participate in conferences and events to share best practices with the broader health care community

FY 2025 Report of Activities

Throughout the year, SRSMC collaborated with local, state and national schools, colleges and universities to provide learning opportunities for students to explore and train for careers in health care. SRSMC provided clinical training to 385 nursing and ancillary (non-nursing) students, who spent nearly 41,000 hours on campus. See the table below for a summary of internship impacts by student type.

SRSMC Internships — FY 2025

Nursing		Ancillary		Total	
Students	Hours[5]	Students	Hours	Students	Hours
249	9,866	136	30,815	**385**	**40,681**

For more information on Sharp's involvement in student training efforts, see **Health Professions Training**.

Throughout the year, team members from a range of SRSMC service lines provided additional education and training to students and health professionals, including:

- **Helix Charter High School Career Technical Education Patient Care Pathway***:* Through this program, SRSMC provided students with approximately 2,240 hours of hands-on experience, giving them the opportunity to apply their medical skills in

preparation for entering the health care field after obtaining their Medical Assistant certification.

- **San Diego Metropolitan Regional, Career and Technical High School**: SRSMC provided more than 440 hours of early professional development opportunities to high school students through this partnership.
- **Outreach to local elementary schools***:* An SRSMC registered nurse gave a presentation on a day in the life of a primary care nurse to third and fourth graders at South Oceanside Elementary School.
- **Share best practices with the broader health care community**: SRSMC hosted a delegation from a hospital in Da Nang, Vietnam. Staff presented on the medical group, population health efforts and hospital coordination.

In addition, Sharp, including SRSMC, advances scientific knowledge and medical innovation by participating in clinical trials. See **Research** for more information.

FY 2026 Plan

SRSMC will do the following:

- Provide professional development opportunities for health professions students and interns throughout SDC
- Collaborate with local high schools to provide opportunities for students to explore careers in health care
- Collaborate with Helix Charter High School to provide hands-on clinical experience for students who have obtained their Medical Assistant certification
- Collaborate with San Diego Metropolitan Regional, Career and Technical High School to provide a one-year mentorship program for high school students to explore careers in health care
- Offer education and training for community health professionals
- Conduct clinical trials to advance medical and scientific knowledge among the larger health and research communities

Access to Health Care and Social Support

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Collaborate with community partners to connect individuals experiencing homelessness, food insecurity and other health equity barriers with community-based services
- Assist economically disadvantaged individuals by providing transportation support and health management resources

FY 2025 Report of Activities

SRSMC provided programs and services throughout the year to help improve care coordination and access to health care for thousands of underserved or economically disadvantaged patients.

Transportation Assistance

SRSMC helped ensure patients were able to attend their medical appointments by providing a free shuttle service to those in need of transportation assistance. The service linked various clinic locations and related services (e.g., imaging), and patient service representatives helped patients schedule appointments that coincided with shuttle routes.

Health Management Resources – Blood Pressure Monitors

With support from the Sharp HealthCare Foundation, SRSMC supplied blood pressure monitors to underserved patients with hypertension. SRSMC pharmacy staff, Clinical Pharmacy Services and the Population Health Department worked throughout the year to identify patients who would benefit from having a home blood pressure monitor to help report accurate measurements. SRSMC provided nearly 580 monitors, valued at about $25,000.

FY 2026 Plan

SRSMC will do the following:

- Provide free shuttle services to people who need transportation assistance
- Provide free blood pressure monitors to patients who meet eligibility criteria

SRSMC Program and Service Highlights

For a list of SRSMC's programs and services offered, visit https://www.sharp.com/medical-groups/sharp-rees-stealy#sharp-rees-stealy-services.

Sharp Health Plan

Section

12 Sharp Health Plan

Helping a community begins with recognizing a need and nurturing it. It's like tending a plant — its roots representing the many individuals who contribute to collective growth.

— Mariah Santiago, Health Equity Program Coordinator, Sharp Health Plan

Sharp Health Plan (SHP) is located at 8520 Tech Way, Suite 200, in San Diego, ZIP code 92123. SHP is not required to develop a community benefit plan as part of Senate Bill 697 (SB 697), nor is SHP required to conduct a community health needs assessment. However, SHP partnered with and provided support to a variety of organizations in the San Diego community during fiscal year (FY) 2025, a selection of which are highlighted in this section. SHP services include health plans for both large and small employers, individual family plans and Medicare.

FY 2025 Community Benefit Program Highlights

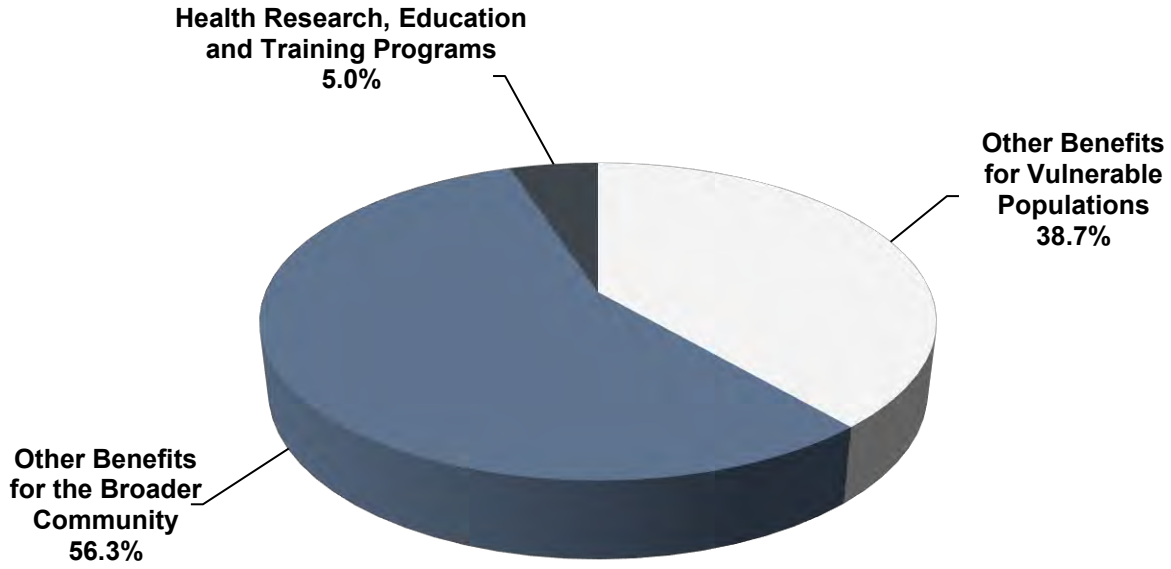
SHP provided a total of **$74,271** in community benefit in FY 2025. See the table and figure below for a summary of unreimbursed costs for SHP based on the categories identified in SB 697 and the distribution of SHP's community benefit among those categories.

Economic Value of Community Benefit Provided
Sharp Health Plan — FY 2025[95]

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2025 Unreimbursed Costs
Other Benefits for Vulnerable Populations[96]	Donations to community health centers and other agencies serving the vulnerable[97]	$28,716
Other Benefits for the Broader Community	Donations to community organizations, participation in community health events, and participation in community organizations[97]	41,805
Health Research, Education and Training Programs	Support of education and training programs for students, interns and health care professionals[97]	3,750
TOTAL		**$74,271**

[95] Economic value is based on unreimbursed costs.
[96] "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs.
[97] Unreimbursed costs may include an hourly rate for labor and benefits and costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants, and/or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

Percentage of Community Benefit by SB 697 Category
Sharp Health Plan — FY 2025



Key highlights:

- **Other Benefits for Vulnerable Populations** included contribution of time to Feeding San Diego, donations to community health centers and other agencies to support low-income and underserved populations and other assistance for vulnerable community members.

- **Other Benefits for the Broader Community** included health education, donations to community organizations and participation by senior leadership and other staff on community boards, committees and civic organizations. See **Appendix B** for a listing of Sharp HealthCare's involvement in community organizations in FY 2025. The category also includes costs associated with community benefit planning and administration, including community health needs assessment development and participation.

- **Health Research, Education and Training Programs** included time devoted to intern supervision.

SHP Community Benefit Programs and Services, FY 2025

The following pages describe SHP's objective(s), community benefit activities conducted in FY 2025 and plans for FY 2026. Refer to **Appendix A: Description of Community Needs** for supporting data.

Support for Community-Based Nonprofit Organizations

For community data and statistics related to these efforts, see **Appendix A: Description of Community Needs.**

Objectives

- Participate in community-sponsored events
- Support nonprofit community organizations that address identified community needs through financial donations, board service and other contributions

FY 2025 Report of Activities

SHP supports San Diego's community organizations through a variety of activities, including participation in and coordination of community-sponsored events, service on community boards and committees and financial support and fundraising for health and social causes.

SHP team members served on boards and committees for the following organizations:

- Asian Business Association of San Diego Board of Directors
- California Association of Health Plans
- Community Information Exchange Advisory Board
- Girl Scouts San Diego
- Health Plan Alliance
- Health Sciences High and Middle College
- Pacific Arts Movement Advisory Committee
- San Diego Community College District Corporate Council
- Second Chance Board of Directors
- The Nonprofit Institute at University of San Diego Advisory Board

SHP also provided financial support to organizations including:

- 211 San Diego
- Alliance for African Assistance
- All Kids Academy Head Start, Inc.
- American Heart Association
- Boys & Girls Club of East County
- Episcopal Community Services

- Home of Guiding Hands
- Jacobs & Cushman San Diego Food Bank
- La Maestra Community Health Centers
- Leukemia & Lymphoma Society
- MAAC (Metropolitan Area Advisory Committee on Anti-Poverty of San Diego County, Inc.)
- National Alliance on Mental Illness San Diego
- OpSam Health
- Promises2Kids
- San Diego Prosperity Foundation
- San Diego Rescue Mission
- SAY San Diego
- The Nonprofit Institute at the University of San Diego

As part of its commitment to the community, SHP proudly supported local organizations, schools, families and individuals throughout the year. SHP remained dedicated to the health needs and well-being of local families, including access to childcare, health services, education and reuniting disrupted families. Further, SHP provided community members with opportunities for advancement by supporting local social service agencies through financial giving and volunteerism, including:

- San Diego Rescue Mission's 8th Annual San Diego Rescue Mission Golf Challenge
- SAY San Diego's PLAY 4 SAY fundraiser
- Girl Scouts San Diego's 2025 Girl Scouts Urban Campout: Defying Gravity event and the 2025 United We Lead Gala
- Home of Guiding Hands' 43rd Annual Charity Golf Tournament and Roses & Reins Gala

FY 2026 Plan

SHP will do the following:

- Provide health information and education at community-sponsored events to address identified health needs for San Diegans
- Provide coordination, financial support and fundraising activities for local nonprofit organizations — particularly organizations that support vulnerable communities throughout SDC
- Serve on various community boards that support the health and well-being of the community

SHP Program and Service Highlights

For a list of SHP's programs and services, visit https://www.sharphealthplan.com/about-us.

Appendices

Appendix A

Description of Community Needs

Appendix B

Sharp HealthCare Involvement in Community Organizations

Appendix C

Map of Sharp HealthCare Locations

Appendix D

Map of the County of San Diego

Appendix

A Description of Community Needs

The following pages include data describing the demographic characteristics of the communities served and the community needs addressed by Sharp HealthCare's (Sharp) community benefit programs and services. Descriptions include findings from the Hospital Association of San Diego and Imperial Counties (HASD&IC) and Sharp 2025 Community Health Needs Assessments (CHNA) as well as relevant data from local, state and national sources.

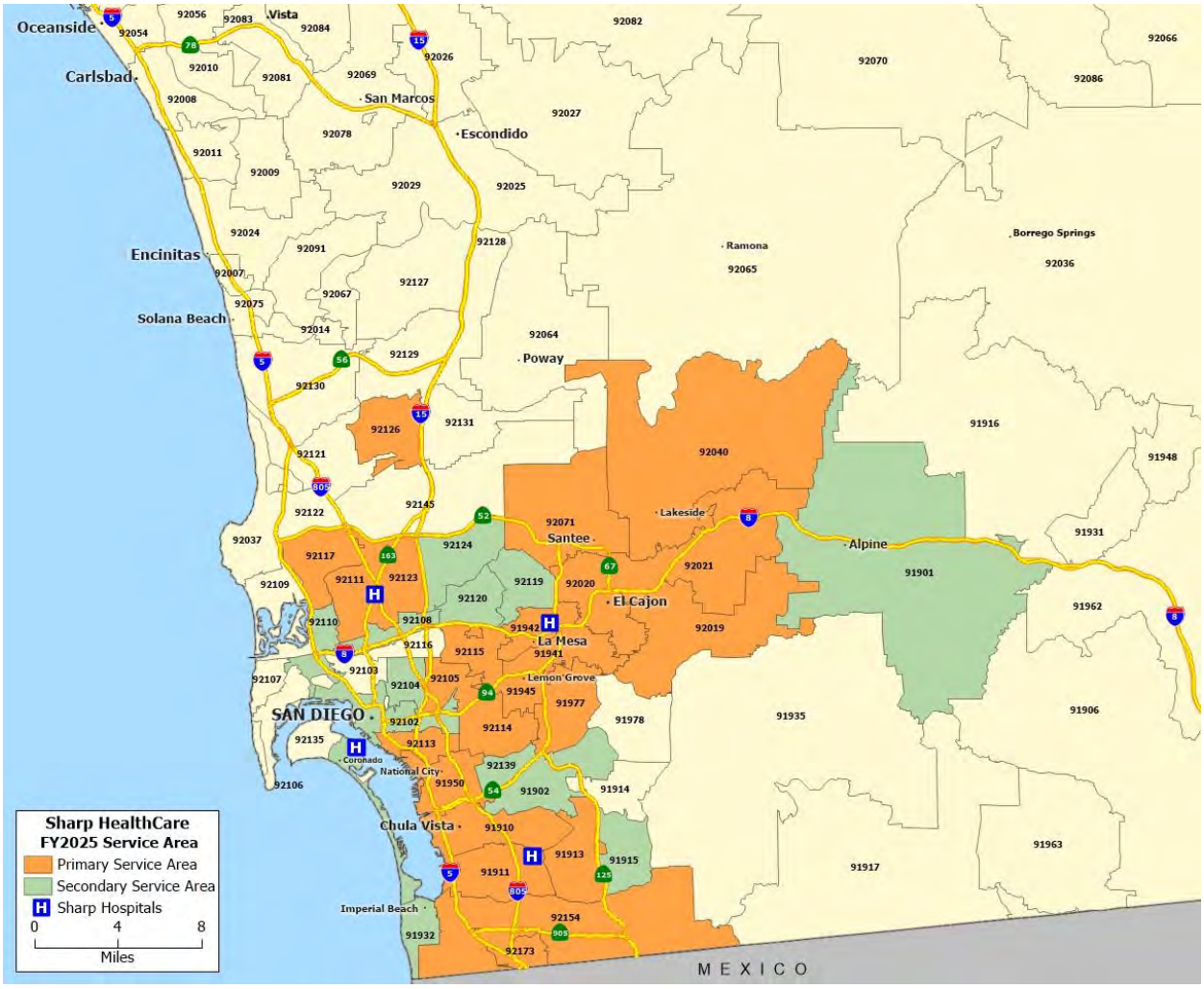
Listed below are demographic characteristics of the communities served by Sharp's community benefit programs and services.

Communities Served Demographics

Sharp HealthCare Service Area

Communities within Sharp's service area include San Diego County's (SDC) central, north central, north inland, east and south regions, as defined by the County of San Diego's Health and Human Services Agency (HHSA). See the figure below for information on the primary and secondary service areas served by Sharp. For further information on the HHSA defined regions, refer to **Appendix D**.

Sharp HealthCare Inpatient Service Area Map (all hospitals combined), Fiscal Year (FY) 2025[98]



Population

In 2023, there were approximately 3.3 million residents in SDC, making it the second most populous county in the state.[99] Refer to the table below for more information.

[98] Sharp Fiscal Year (FY) 2025, Epic via Looker (internal data warehouse. Map produced by Sharp Strategic Planning Department, 2025). Based on FY 2025 inpatient discharges, excluding normal newborns, the Primary Service Area is defined as the set of ZIP codes where 65% of inpatients reside and Secondary Service Area is defined as the set of ZIP codes where the next 15% of inpatients reside.

[99] County of San Diego, Health and Human Services Agency (HHSA), Public Health Services (PHS), Community Health Statistics Unit (CHSU). (2025). *2019-2023 Demographic Profiles*. https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_health_statistics/regional-community-data.html

SDC Population by Age, 2023[99]

HHSA Region	0-14	15-24	25-44	45-64	65+
Central	14.9%	14.6%	36.7%	21.6%	12.2%
East	18.9%	12.7%	27.9%	24.9%	15.6%
North Central	15.3%	14.0%	32.8%	23.3%	14.7%
North Coastal	18.5%	15.1%	27.3%	24.0%	15.1%
North Inland	19.5%	11.7%	26.6%	25.6%	16.6%
South	19.2%	14.3%	28.7%	24.5%	13.3%
SDC Total	**581,402**	**450,679**	**986,522**	**789,105**	**481,993**
% of Total	**17.7%**	**13.7%**	**30.0%**	**24.0%**	**14.7%**

Between 2025 and 2030, it is anticipated that SDC's older adult population will grow by 18.0%. In the same timeframe, it is anticipated that the number of women of childbearing age in SDC will increase by 1.0%.[100]

Sex

In 2023, SDC had a total population of nearly 3.3 million, 49.4% (1.6 million) females and 50.6% (nearly 1.7 million) males.[99] In addition, there were 677,122 women ages 15 to 44 residing in SDC, representing 20.6% of the population.[101] Additionally, in 2024, 1.3% of adults ages 18 and over were transgender and/or gender expansive.[102] Refer to the table below for more information.

SDC Population by Sex, 2023[99]

HHSA Region	Female	Male
Central	48.7%	51.3%
East	50.5%	49.5%
North Central	49.2%	50.8%
North Coastal	48.5%	51.5%
North Inland	49.8%	50.2%
South	49.9%	50.1%
SDC Total	**1,622,626**	**1,660,156**
% of Total	**49.4%**	**50.6%**

[100] SpeedTrack©, Inc.; U.S. Census Bureau.
[101] U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates, Table B01001.
[102] University of California Los Angeles Center for Health Policy Research. (2024). *AskCHIS*. AskCHIS is an online health query system that allows you to quickly search for health statistics on your county, region, and state. AskCHIS draws upon the responses of more than 20,000 Californians interviewed each year by CHIS (The California Health Interview Survey) – the largest state health survey in the U.S. https://ask.chis.ucla.edu/ask/SitePages/AskChisLogin.aspx?ReturnUrl=%2fAskCHIS%2ftools%2f_layouts%2fAuthenticate.aspx%3fSource%3d%252FAskCHIS%252Ftools%252F%255Flayouts%252FAskChisTool%252Fhome%252Easpx&Source=%2FAskCHIS%2Ftools%2F%5Flayouts%2FAskChisTool%2Fhome%2Easpx

Race/Ethnicity

In 2023, SDC's population was 34.5% Hispanic. Among the non-Hispanic (NH) population, 43.6% were White, 4.5% Black, 11.8% Asian, 0.4% Native Hawaiian or Pacific Islander, 0.3% American Indian/Alaska Native, 4.5% two or more races and 0.4% other. The SDC regions with the largest Hispanic populations, by percentage of the population, are the south and central regions (62.1% and 41.5%, respectively). Additionally, SDC's central and east regions had higher percentages of NH Black residents (10.0% and 5.6%, respectively) compared to SDC (4.5%). SDC's south region had the lowest proportion of NH White residents (17.2%), while SDC's east region had the highest (54.9%) compared to other HHSA regions.[99] Refer to the table below for more information.

SDC Population by Race/Ethnicity, 2023[99]

HHSA Region	NH White	Hispanic	NH Black	NH Asian	NH Native Hawaiian or Pacific Islander	NH American Indian/ Alaska Native	NH Other	Two or More Races
Central	30.6%	41.5%	10.0%	12.6%	0.6%	0.2%	0.4%	4.2%
East	54.9%	28.8%	5.6%	4.7%	0.4%	0.3%	0.4%	4.9%
North Central	53.3%	17.4%	3.2%	19.7%	0.3%	0.2%	0.5%	5.5%
North Coastal	53.4%	31.2%	2.9%	6.3%	0.5%	0.3%	0.4%	5.0%
North Inland	47.8%	31.7%	1.9%	12.7%	0.2%	0.6%	0.4%	4.6%
South	17.2%	62.1%	4.5%	12.6%	0.4%	0.1%	0.4%	2.7%
SDC Total	**1,433,598**	**1,134,647**	**149,105**	**387,969**	**12,385**	**9,338**	**13,667**	**148,992**
% of Total	**43.6%**	**34.5%**	**4.5%**	**11.8%**	**0.4%**	**0.3%**	**0.4%**	**4.5%**

Language

The majority (63.3%) of the population age 5 and up in SDC spoke only English at home in 2023. Compared to SDC overall, south and central regions had the lowest percentage of residents who spoke English at home (41.6% and 56.4%, respectively). These two regions also had a higher percentage of residents who reported speaking English less than "very well" (21.0% and 16.7%, respectively) compared to SDC (13.2%).[99] Refer to the table below for more information.

SDC Population Age 5+ by Language Spoken at Home and English-Speaking Ability, 2023[99]

HHSA Region	Speak English Only	Speak a Non-English Language at Home and Speak English "Very Well"	Speak Spanish at Home and English Less Than "Very Well"	Speak API* Language at Home and English Less Than "Very Well"	Speak Other Language at Home and English Less Than "Very Well"
Central	56.4%	26.9%	10.5%	4.7%	1.6%
East	70.1%	18.9%	5.6%	1.4%	4.0%
North Central	69.7%	20.5%	2.6%	5.3%	1.9%
North Coastal	72.9%	17.7%	7.1%	1.7%	0.6%
North Inland	66.3%	21.6%	7.7%	3.1%	1.3%
South	41.6%	37.4%	17.5%	3.3%	0.3%
SDC Total	**63.3%**	**23.5%**	**8.2%**	**3.3%**	**1.6%**

Veterans

In 2023, there were 189,272 veterans in SDC, accounting for 7.6% of the population. Of these veterans, 89.0% were male and 11.0% were female.[99] Refer to the table below for more information.

Veterans in the SDC Population by Sex, 2023[99]

	Veterans in SDC		% of Veterans by Sex	
HHSA Region	**#**	**%**	**Male**	**Female**
Central	25,391	6.4%	86.9%	13.1%
East	32,859	8.7%	89.2%	10.8%
North Central	35,696	7.0%	89.2%	10.8%
North Coastal	29,180	7.6%	89.0%	11.0%
North Inland	37,501	8.1%	89.6%	10.4%
South	28,645	7.9%	89.2%	10.8%
SDC Total	**189,272**	**7.6%**	**89.0%**	**11.0%**

Educational Attainment

In 2023, nearly 9 out of 10 adults (89.0%) had at least a high school diploma or GED,[103] while 42.1% held a bachelor's or higher degree in SDC. SDC's south region had the highest

[103] General Educational Development is a high school equivalency credential.

percentage of residents without a high school education (17.1%), and the south and east regions had the lowest percentage of residents with a bachelor's degree or higher (28.2% and 29.5%, respectively) compared to SDC overall (42.1%).[99] Refer to the table below for more information.

SDC Population Age 25+ by Educational Attainment, 2023[99]

HHSA Region	Not a High School Graduate	High School Graduate	Some College or AA/AS	Bachelor's Degree	Graduate Degree
Central	14.8%	19.7%	28.1%	23.5%	13.8%
East	10.1%	24.1%	36.3%	19.4%	10.1%
North Central	5.1%	10.9%	23.0%	33.7%	27.3%
North Coastal	10.0%	15.7%	29.2%	27.9%	17.2%
North Inland	10.8%	17.0%	28.0%	26.7%	17.5%
South	17.1%	23.1%	31.6%	19.0%	9.2%
SDC Total	**11.0%**	**17.9%**	**29.0%**	**25.6%**	**16.5%**

Household Income

Nearly 1 in 6 (16.0%) households in SDC had an annual income under $35,000 in 2023. SDC's central region had the highest percentage of households earning less than $35,000 per year (20.9%). Approximately half (51.0%) of SDC households had an annual income above $100,000 in 2023. Comparatively, SDC's central, south and east regions had a lower percentage of households earning over $100,000 per year (40.9%, 46.4% and 46.0%, respectively).[99] Refer to the table below for more information.

SDC Households by Household Income, 2023[99]

HHSA Region	Under $35,000	$35,000-$49,999	$50,000-$74,999	$75,000-$99,999	$100,000-$149,999	$150,000+
Central	20.9%	9.2%	14.6%	14.4%	19.4%	21.5%
East	17.6%	9.0%	14.9%	12.4%	19.1%	26.9%
North Central	13.0%	6.1%	11.4%	11.0%	19.2%	39.3%
North Coastal	14.0%	7.4%	13.1%	11.5%	18.5%	35.5%
North Inland	14.6%	6.8%	11.6%	11.1%	18.6%	37.4%
South	17.7%	9.1%	13.8%	13.0%	19.7%	26.7%
SDC Total	**186,148**	**90,016**	**151,569**	**140,759**	**220,978**	**370,352**
Pct. of Total	**16.0%**	**7.8%**	**13.1%**	**12.1%**	**19.1%**	**31.9%**

For more detailed information on the demographic profiles of SDC communities, visit the San Diego County Community Health Statistics Unit page.

Healthy Places Index

According to 2022 Healthy Places Index data, SDC ZIP codes that scored in the lowest Healthy Places Index quartile[104] included Southeast San Diego (92113), Borrego Springs (92004), San Ysidro (92173), Julian (92036), Campo (91906), Oceanside (92058), City Heights (92105), Warner Springs (92086), National City (91950) and East San Diego (92102).[105]

Communities Served Identified Needs

Listed below are the priority health and social needs affecting the community members served by Sharp hospitals, particularly underserved and underfunded patients who face inequities, as identified through Sharp's 2025 CHNAs. In addition, the CHNA findings emphasize workforce development as a recommended strategy to address the severity of each identified community need. This is crucial because workforce shortages deepen the primary health and social needs of the community served by Sharp hospitals.

- Chronic Stress
- Access to Health Care
- Community Safety
- Health Conditions
- Workforce

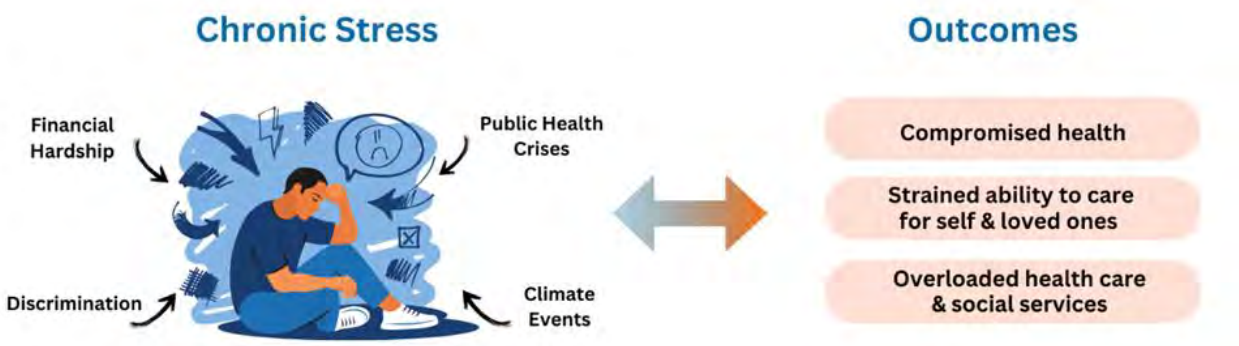
Chronic Stress

2025 CHNA Data

- Chronic stress was identified as the primary finding in both the HASD&IC and Sharp CHNAs, a theme that consistently emerged in the HASD&IC 2025 CHNA. As a primary finding, chronic stress is a barrier that affects community members' ability to manage their health and health care effectively.[106] [107]
- Community members attributed their stress to the high cost of living in SDC, rising levels of racism, prejudice and discrimination, ongoing challenges from COVID-19 and recent public health emergencies. They indicated that ongoing, debilitating stress is severely impacting their health and their ability to manage their health.[106]
- Health care and social service providers indicated that chronic stress has resulted in increasing numbers of community members who are sicker than ever, seeking help within an overburdened system. [106]

[104] The Healthy Places Index (HPI) scores communities based on key social drivers of health. Communities in the lowest quartile (0–25%) experience less healthy living conditions compared to others, while higher HPI scores indicate healthier community conditions.
[105] California HPI Map. © 2022 Public Health Alliance of Southern California. All rights reserved. https://map.healthyplacesindex.org/
[106] Hospital Association of San Diego and Imperial Counties (HASD&IC). (2025). *2025 HASD&IC CHNA Report*. https://hasdic.org/chna/
[107] Sharp HealthCare. (2025). *Sharp HealthCare Community Health Needs Assessments*. https://www.sharp.com/about/health-needs-assessments

Impact of Chronic Stress on Health and Well-being[106]



Regional Data

- Housing costs were frequently linked to poor health and constant stress about housing stability. According to service providers, older adults were seen as especially vulnerable to losing their homes.[108]
- The nutrition-insecure population includes individuals and families who struggle to consistently access three nutritious meals per day. These households often face difficult tradeoffs between food, housing, medical care and other essential needs, which can contribute to chronic stress.[108] Food prices have continued to rise, with an 11.4% increase in 2022 and an additional 5% in 2023.[109] Assistance programs like CalFresh help mitigate food insecurity, but maximum benefits fall short of covering the cost of daily home-cooked meals. In San Diego, the average cost of a home-cooked meal is $3.64, while CalFresh benefits provide only $2.83 per meal, leaving a 29% gap that families must cover.[110] [111] [112]
- According to the American Psychological Association, 45% of LGBTQIA+ adults, 43% of Black adults, 40% of Latino adults and 34% of adults with disabilities nationwide report discrimination as a significant daily source of stress. Common stressors include experiencing racism, homophobia, anti-transgender violence and witnessing hostility toward unhoused individuals.[113] [114]
- Chronic stress, caused by racial inequities, can be an outcome of inequities in social determinants of health. Individuals may engage in negative coping

[108] County of San Diego, HHSA, PHS, CHSU. (2024). *Poverty in San Diego County: Areas of Concentrated Poverty, Housing Affordability, and Food Insecurity*. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/Areas%20of%20Concentrated%20Poverty%2c%20Housing%20Affordability%2c%20and%20Food%20Insecurity%20Brief%202023_FINAL.pdf

[109] Davidenko, V., & Sweitzer, M. (2025). *U.S. food-at-home prices increased 1.2 percent in 2024 compared with 2023*. U.S. Department of Agriculture, Economic Research Service. https://www.ers.usda.gov/data-products/chart-gallery/gallery/chart-detail/?chartId=76961

[110] Urban Institute. (2025). *Does SNAP (Supplemental Nutrition Assistance Program) cover the cost of a meal in your county?* https://www.urban.org/data-tools/does-snap-cover-cost-meal-your-county

[111] Feeding San Diego. (2025). *Hunger in San Diego*. https://feedingsandiego.org/hunger-in-san-diego/

[112] This item also addresses the following identified need: *Access to Health Care*.

[113] American Psychological Association. (2023). *Stress in America 2023: A nation recovering from collective trauma [Press release]*. Stress in America 2023: A nation recovering from collective trauma

[114] This item also addresses the following identified need: *Community Safety*.

mechanisms like using alcohol, drugs or tobacco, engaging in risky behaviors and becoming aggressive. Additionally, stress can contribute to depression, self-inflicted injuries and suicide attempts in both adults and youth.[115] [116]

- In SDC, there were over 150,000 confirmed cases of COVID-19 and more than 600 related deaths in fiscal year 2022-2023[117], followed by nearly 49,000 cases and more than 360 deaths in fiscal year 2023-2024. While these numbers reflect a downward trend, the long-term effects of the pandemic continue to negatively impact the community. See the figure below for a list of negative impacts of COVID-19.[118] [119] [120] [121]

2025 HASD&IC CHNA - Impact of COVID-19[106]

Impact of COVID-19
PTSD
Grief
Burn-out
Collective trauma
Lack of social skills
Workforce shortages
Health complications
Delays in motor skills
Academic deficiencies

- While southeastern San Diego residents were among the hardest hit by the January 2024 floods, flooding across SDC has caused widespread and lasting damage. Beyond property damage, the flooding has triggered public health concerns. Mental health effects are also emerging, with displaced families facing housing insecurity, stress and trauma.[122] [123] [124]

[115] County of San Diego, HHSA, PHS, CHSU. (2024). Racial Equity: Framework & Outcomes Brief. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/Racial%20Equity%20Framework%20and%20Outcomes%20Brief%2c%20Data%20Guide%20-%202024%20update.pdf

[116] This item also addresses the following identified need: *Health Conditions*.

[117] The County of San Diego's fiscal year runs July 1–June 30. San Diego County Respiratory Virus Surveillance Report

[118] County of San Diego, HHSA, Epidemiology and Immunization Services Branch. (2023). *San Diego County annual 2022–23 respiratory virus surveillance report*. http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/Epidemiology/SDC_Annual_Respiratory_Surveillance_Report_2022-2023.pdf

[119] County of San Diego, HHSA, Epidemiology and Immunization Services Branch. (2024). *San Diego County annual 2023–24 respiratory virus surveillance report*. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/Epidemiology/SDC_Annual_2%20023-24_Respiratory_Surveillance.pdf

[120] County of San Diego, HHSA. (n.d.). *Health order*. https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019%20nCoV/health-order.html

[121] This item also addresses the following identified need(s): *Access to Health Care, Health Conditions, Workforce*.

[122] Chen, M. (2024). *Health impacts surface weeks after historic flooding in San Diego County*. KGTV 10News. https://www.10news.com/news/local-news/health-impacts-surface-after-weeks-after-historic-flooding-in-san-diego-county

[123] inewsource. (2024). *San Diego's devastating 2024 flood, told by those who were there*. https://inewsource.org/2024/03/25/san-diego-storm-2024-rescues-homes-flooded/

[124] This item also addresses the following identified need(s): *Community Safety, Health Conditions*.

Access to Health Care

2025 CHNA Data

- The HASD&IC and Sharp CHNAs found that the community needs a different kind of health care experience and identified five key themes, including: respect for their time, timely care, better transportation options, better relationships with care providers and help navigating the medical system, including insurance as well as help obtaining follow-up care. The community cited existing efforts, such as mobile health services, free onsite parking and taxi voucher programs, as steps in the right direction.[106] [107] [125]
- Among examples of ways to improve patient support, the community would like to see an expanded use of peer health care navigators, permission for advocates to accompany patients to their appointments, a phone line dedicated to care navigation, care provider introductions as standard protocol at the start of an appointment, mechanisms to immediately provide feedback about care experiences and formal systems of agreement between care providers and patients.[106] [107]
- The community needs better data collection, sharing and coordination across systems, including hospitals and community clinics, social service providers and schools. This includes better data collection in times of crisis. The lack of data coordination creates unnecessary challenges.[106] [107]
- The community is concerned about the capacity of SDC's emergency departments (ED), noting that many people rely on them for care that could be managed outside of emergency settings. The community reported several underlying causes for this usage, including difficulty obtaining primary and specialty care in a timely manner and a lack of alternative options for acute conditions, like mental illness.[106] [107] [126]
- For conditions such as substance use disorders (SUD), the community identified specialized SUD nurses within EDs who communicate and coordinate with detoxification and treatment facilities as an effective way to reduce unnecessary ED visits. Additionally, providing patients with discharge kits for conditions such as congestive heart failure — including easy-to-understand, color-coded instructions — can help reduce preventable ED readmissions.[106] [107] [127]
- The community would like hospitals to provide a longer supply of medication at discharge and for hospital social workers to assist with discharge coordination. They would also like to see an increase in the number of recuperative care beds, improved use and expansion of In-Home Supportive Services[128] and expansion of post-discharge home visit programs. These changes could improve both ED and inpatient discharges and reduce the likelihood of readmission.[106] [107]

[125] This item also addresses the following identified need: *Workforce*.
[126] This item also addresses the following identified need: *Health Conditions*.
[127] This item also addresses the following identified need: *Health Conditions*.
[128] The In-Home Supportive Services program provides in-home assistance to eligible aged, blind, and disabled individuals as an alternative to out-of-home care and enables recipients to remain safely in their own homes. https://www.cdss.ca.gov/in-home-supportive-services

- On a systemic level, the community would like hospitals and health care systems to advocate more strongly for changes to health care policy and consult with community members when addressing community health issues.[106] [107][106]

Sharp Hospitals

- In 2023, Sharp accounted for nearly a third (30%) of SDC ED discharges. Between 2021 and 2023:[129] [130]
    - The top chronic conditions among SDC residents discharged from Sharp EDs included hypertension, diabetes, hyperlipidemia, asthma, fibromyalgia and chronic pain and fatigue.
    - The top three languages spoken among SDC residents at Sharp EDs were English (82%), Spanish (13%) and Arabic (2%).
    - Patients insured by Medi-Cal made up nearly 45% of visits to Sharp EDs, while Medicare patients made up nearly 22% of ED visits.
- From March 2024 to March 2025, nearly 1 in 5 (17%) Sharp inpatients screened positive for a health equity need.[131] Of those, approximately 3 in 4 (72%) received an intervention to address their need.[107] [132]
    - Among Sharp inpatients who received a health equity screening, approximately 5% reported having a disability.[133] Across most screening categories, patients without disabilities had higher screening rates than those with disabilities. Interpersonal safety was the only category in which patients with disabilities showed a slightly higher positive rate (16.9%) compared to patients without disabilities (16.8%).[107] [134]
    - Most positive health equity screenings occurred among inpatients who were male, White, age 65 or older, English-speaking, privately insured and without a disability. [107]
    - Patients who identified as male, American Indian or Alaska Native, and were insured by Medi-Cal had the highest proportion of positive health equity screenings. The table below details the groups with the highest positive screenings rates by health equity screening type:[107] [135]

[129] SpeedTrack, Inc.; California Department of Health Care Access and Information.
[130] This item also addresses the following identified need: *Health Conditions*.
[131] Sharp health equity screenings include questions about food insecurity, housing instability, interpersonal safety, transportation needs and utility difficulties.
[132] This item also addresses the following identified need: *Community Safety*.
[133] Disability types included: cognitive disability, hearing disability, mobility disability, selfcare disability and vision disability.
[134] This item also addresses the following identified need: *Community Safety*.
[135] This item also addresses the following identified need: *Community Safety*.

Sharp Inpatient Health Equity Positive Screenings: High-Need Groups, March 2024 to March 2025[107]

Health Equity Screening	Groups with Highest Screening Rates
All Screenings	Sex: Male Race/Ethnicity: American Indian or Alaska Native Primary Payor: Medicaid (Medi-Cal)
Food Insecurity	Age: 35-49 Gender Identity: Transgender Preferred Language: English
Housing Instability	Age: 50-64 Gender Identity: Genderqueer Preferred Language: ASL
Interpersonal Safety	Age: 50-64 Gender Identity: Transgender Disability Status: Has a disability
Transportation Need	Age: 50-64 Gender Identity: Genderqueer Preferred Language: ASL
Utility Difficulties	Age: 35-49 Gender Identity: Genderqueer

Regional Data

- The Healthy People 2030 (HP2030) national target for health insurance coverage for individuals under the age of 65 is 92.4%.[136] Within SDC, insurance coverage rates fell short of this target in all age groups except children ages 0 to 18, with 89.5% of young adults ages 19 to 25, 89.8% of adults ages 26 to 44 and 92.1% of adults ages 45 to 64 insured in 2023. Young adults ages 19 to 25 in SDC's south region had the lowest rate of health insurance coverage (89.5%). The table below shows health insurance coverage rates by HHSA region in 2023.[99]

[136] Office of Disease Prevention and Health Promotion. (n.d.). *Healthy People 2030 (HP2030)*. U.S. Department of Health and Human Services. The U.S. Department of Health and Human Services' HP2030 initiative represents the nation's prevention agenda for the third decade of the 21st century. HP2030 has four overarching goals: to attain healthy, thriving lives and well-being free of preventable disease, disability, injury and premature death; to achieve health equity, eliminate disparities and attain health literacy to improve the health and well-being of all; to create social, physical and economic environments that promote attaining the full potential for health and well-being for all; to promote healthy development, healthy behaviors and well-being across all life stages; and to and to engage leadership, key constituents and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

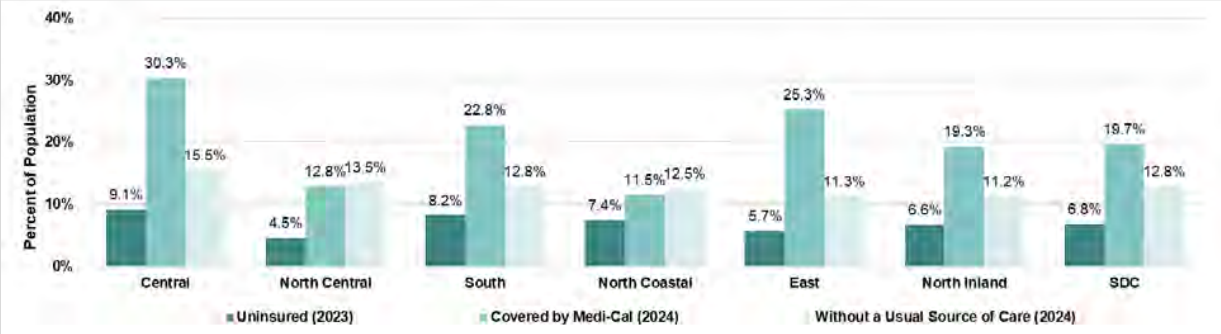
Health Insurance Coverage by HHSA Region, 2023[99]

HHSA Region	Current Health Insurance Coverage Rate				
	Children 0-18	Young adults 19-25	Adults 26-44	Adults 45-64	Older adults 65+
Central	95.1%*	87.7%†*	88.1%†*	88.7%†*	98.4%*
East	96.5%	91.9%†	91.0%†	93.4%	99.2%
North Central	97.5%	93.6%	93.1%	95.2%	99.2%
North Coastal	96.0%*	88.5%†*	87.8%†*	91.4%†*	99.2%
North Inland	96.5%	87.2%†*	89.7%†*	92.0%†*	99.3%
South	95.2%*	86.4%†*	87.7%†*	90.9%†*	98.5%*
SDC Total	**96.2%**	**89.5%†**	**89.8%†**	**92.1%†**	**99.0%**
HP2030 Target	**92.4%**	**92.4%**	**92.4%**	**92.4%**	**N/A**

† Does not meet HP2030 target. * Worse than SDC overall.

- The estimated overall uninsured rate in SDC in 2023 was 6.8%. This rate was highest among residents in central and south regions (9.1% and 8.2%, respectively).[99] The graph below shows estimated uninsured rates by HHSA region in 2023.
- In 2024, 19.7% of SDC's population was covered by Medi-Cal. Among HHSA regions, the central region had the highest proportion of residents covered by Medi-Cal (30.3%).[102] The graph below shows Medi-Cal coverage rates by HHSA region.
- In 2024, 12.8% of individuals in SDC did not have a usual place to go when sick or in need of health advice, a decrease of 6.7% 2023. SDC's central, north central and south regions had the highest proportions of residents without a usual source of care (15.5%, 13.5% and 12.8%, respectively).[102] The graph below shows the percentage of the population in each HHSA region who reported not having a usual source of care.

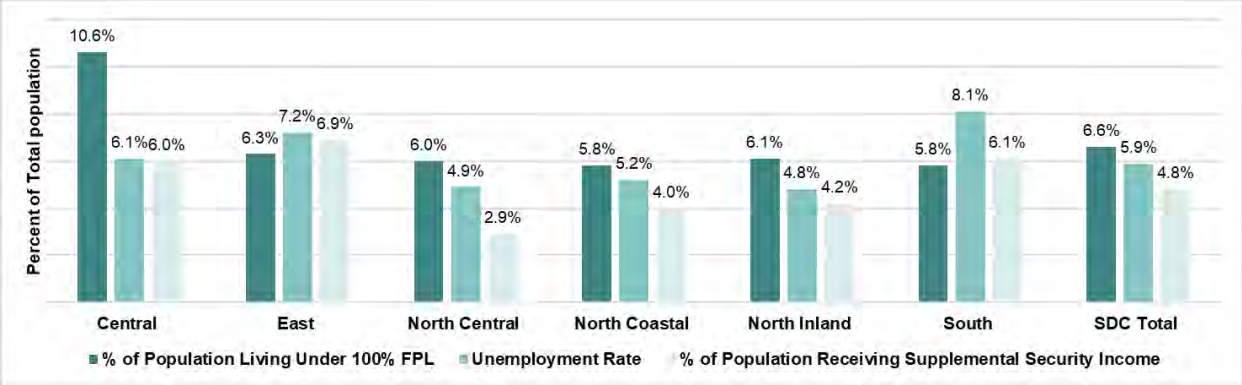
Percent of Population Uninsured,[99] Covered by Medi-Cal (Medicaid)[102] or Without a Regular Source of Health Care,[102] by HHSA Region



- In 2024, the top three social determinants of health needs identified among 211 San Diego clients were housing (42%), utilities (32%) and nutrition (16%). Approximately half of 211 San Diego clients were identified as having a health concern.[137] [138]
- The Real Cost Measure estimates the minimum income needed to meet basic needs while accounting for geographic cost-of-living differences across California, unlike the official poverty measure, which is primarily based on food costs adjusted for inflation. According to 2023 data, in SDC:[139]
    - A disproportionate number of African American and Latino households have incomes below the standard. Of the 307,091 households below the Real Cost Measure, 123,898 (40.3%) are Latino.
    - Households with children under age 6 struggle at rates higher than the rest of the county. Additionally, 70% of households with single mothers are below the Real Cost Measure.
    - Almost all households (97%) with at least one working adult are below the Real Cost Measure. A family of four (two adults, one infant, one school-aged child) would need to hold more than three full-time, minimum-wage jobs to achieve economic security.[140]
    - More than a third (42%) of households spend more than 30% of their income on housing.
- In 2023, an estimated 6.6% of SDC's population lived below 100% of the Federal Poverty Level (FPL),[141] the average unemployment rate was 5.9% and 4.8% of households received Supplemental Security Income (SSI).[142] Comparing HHSA regions, the central region had the highest percentage of people living below 100% of the FPL, the south region had the highest unemployment rate and the east region had the highest percentage of people receiving SSI. See the graph below for a comparison of unemployment and poverty indicators across HHSA regions in 2023.

[137] 211 San Diego. (n.d.). *Community Information Exchange client profile report CY2024*. https://211sandiego.org/wp-content/uploads/2025/05/211-CIE-San-Diego-Client-Profile-Report-211-San-Diego-Clients-CY2024-2025-01-29-2.pdf
[138] This item also addresses the following identified need: *Health Conditions*.
[139] United Ways of California. *The Real Cost Measure in California*. [See the Real Cost Measure in Your Region: Real Cost Measure Interactive Data Dashboard County Profiles: San Diego County.] https://unitedwaysca.org/realcost/#dashboard
[140] Minimum wage jobs based on a $15.50 hourly wage, 40 hours per week, 50 weeks a year. Median household earnings control for elder-led households and households led by a person with disabilities consistent with the Real Cost Measure.
[141] The Federal Poverty Level is a measure of income updated yearly by the Department of Health and Human Services that's used to determine eligibility for certain programs and benefits, like Marketplace savings, Medicaid and the Children's Health Insurance Program. https://www.healthcare.gov/glossary/federal-poverty-level-fpl/
[142] Supplemental Security Income provides monthly payments to people with disabilities and older adults who have little or no income or resources. https://www.ssa.gov/ssi

Select Economic Indicators, by SDC HHSA Region, 2023[99]

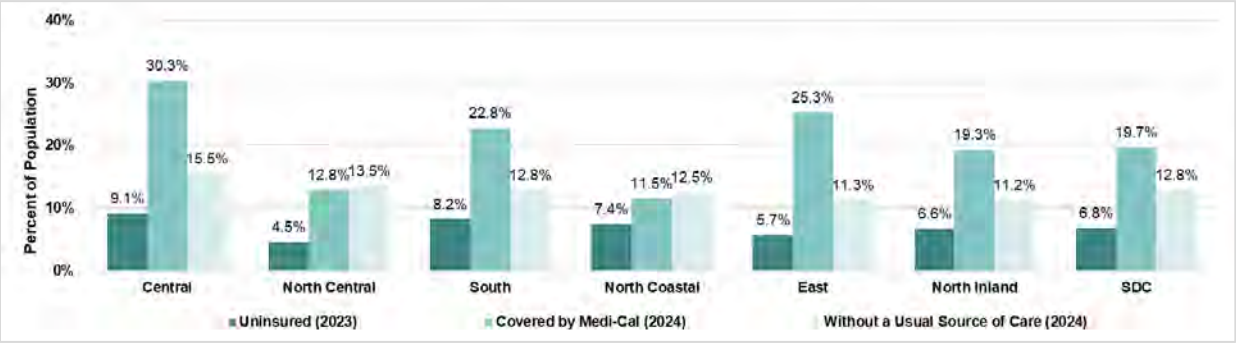


- More than 1 in 4 (26%) San Diegans and nearly 1 in 3 children (32%) experienced nutrition insecurity as of September 2025. Additionally, nearly 2 in 5 (37%) people with disabilities are food insecure. Nutrition insecurity disproportionately impacts people of color. Hispanic/Latino individuals make up 33% of the county's population, yet they constitute 50% of the nutrition insecure population, the largest disparity by race/ethnicity in the region.[143]
- In 2024, among SDC adults with an income at or below 200% FPL, 45.5% reported experiencing food insecurity. Among this group, prevalence of food insecurity in the central, east and south regions was higher than in SDC overall (63.7%, 46.7% and 46.7%, respectively).[102] The graph below compares self-reported food insecurity among adults with an income at or below 200% FPL between HHSA regions.
- In 2023, an estimated 9.0% of households in SDC received Supplemental Nutrition Assistance Program (SNAP) benefits,[144] while 15.4% of the population lived at or below 138% FPL and were eligible for the program. Compared to SDC overall, east, central and south regions had higher estimated participation in SNAP and a higher percentage of residents eligible to receive SNAP benefits.[99] The figure below compares estimated SNAP eligibility and participation by HHSA regions in 2023.

[143] San Diego Hunger Coalition. (2023). *Hunger in San Diego: September 2025 Data Release & Analysis*. https://static1.squarespace.com/static/685dde45fcfce715d0859405/t/6941ee22df62646ee2554670/1765928482159/September+2025+Issue+Brief.pdf

[144] SNAP provides food benefits to low-income families to supplement their grocery budget so they can afford the nutritious food essential to health and well-being (U.S. Department of Agriculture).

Select Nutrition Security Indicators by SDC HHSA Region[99] [102][102]



- In 2023, the average minimum income required for a single adult to be economically self-sufficient without public or private assistance (based on working 40 hours per week) in SDC was $28.24 per hour, an increase of nearly $5 from 2022 ($23.94 per hour).[145] In contrast, the current minimum wage in San Diego is $17.25 per hour, equating to $35,880 annually, which is well below the self-sufficiency threshold.[146]
- While 11% of San Diegans live below the FPL, disparities are even more pronounced among communities of color. 51% of Hispanic and 46% of Black San Diegans earn less than the self-sufficiency wage, highlighting significant inequities in economic opportunity and stability.[147]
- The average rent in San Diego is approximately $2,391, which requires an hourly wage of $45.98 to be considered affordable under the standard 30% income threshold. However, more than half of renters in the region spend over 30% of their income on housing, classifying them as housing-cost burdened. Among extremely low-income households, 82% spend more than half of their income on rent or mortgage payments.[108] [148]
- In 2025, there were at least 5,714 individuals experiencing homelessness without shelter on a given night compared to 6,110 in 2023, a decrease of 6.5%.[149]
- Between 2022 to 2024, there was a 26.1% increase in the number of unhoused veterans in SDC.[150]
- Lack of child care was identified in both the HASD&IC and Sharp CHNA as a barrier in accessing necessary services, including health care.[106] [107] In 2025, over 7,000 families in SDC were on the waiting list for state-subsidized child care, while only about 30% of eligible families received assistance. Child care remains scarce and

[145] CHSU. (2023). *Self-Sufficiency Standard Dashboard: San Diego County* [Data dashboard]. Tableau Public. https://public.tableau.com/app/profile/chsu/viz/Self-SufficiencyStandardDashboardSanDiegoCountyUpdatedMarch2024/Self-SufficiencyStandardDashboard

[146] City of San Diego. (n.d.). *Earned Sick Leave and Minimum Wage Ordinance*. https://www.sandiego.gov/compliance/labor-standards-enforcement/earned-sick-leave-minimum-wage-ordinance

[147] San Diego Foundation. (2023). *San Diego Economic Equity Report*. https://www.sdfoundation.org/wp-content/uploads/2023/10/San-Diego-Economic-Equity-Report.pdf

[148] University of San Diego, The Nonprofit Institute. (n.d.). Housing. https://www.sandiego.edu/soles/centers-and-institutes/nonprofit-institute/signature-programs/dashboard/housing.php

[149] San Diego Regional Task Force on Homelessness. (2025). *2025 PITC-Regional and Cities Breakdown*. https://www.rtfhsd.org/wp-content/uploads/2025/07/2025-PITC-Regional-Cities-Breakdown_Final-06112025.pdf

[150] San Diego Regional Task Force on Homelessness. (2022). *2022 Point-in-Time Count Data*. https://www.rtfhsd.org/document-search/

expensive, and many providers, especially those caring for infants and toddlers, earn below minimum wage.[151]

State and National Data

- The gap between incomes and the cost of health care continues to grow, placing an increasing burden on Californians. Despite an increase in wages, increases in premium and deductible costs have disproportionately outpaced household incomes in the last two decades. The figure below illustrates this gap:[152]

Average Annual Growth Rates for Premiums and Deductibles for Private Sector Workers and Median Household Income in California, 2003-2023[152]

Community Safety

2025 CHNA Data

- The HASD&IC and Sharp CHNAs identified that the community needs more recognition and assistance with disabilities and trauma. They noted that some disabilities are visible, while others, like chronic pain, learning challenges or neurodivergence, are not.[106] [153]
    - 1 in 10 San Diegans lives with a disability and has health concerns.
    - More than 12% of community members identified disability as their top concern and more than 15% of community members identified disability as their top concern for a child.

[151] White, B. (2025). *Families across San Diego County struggle with soaring childcare costs.* CBS 8. https://www.cbs8.com/article/news/local/working-for-you/families-across-san-diego-county-struggle-with-childcare-costs/509-909e278d-54cc-40fe-8a46-01bad4b5decb

[152] California Department of Health Care Access and Information. (2025). *Baseline report: Health care spending growth trends in California, 2022–2023*. https://hcai.ca.gov/wp-content/uploads/2025/06/Baseline-Report-Health-Care-Spending-Growth-Trends-in-California-2.pdf

[153] This item also addresses the following identified need(s): *Access to Health Care, Health Conditions.*

    - 9% of community members identified the lack of disability accommodations as a barrier to accessing health care.
- Community members discussed trauma and its impact on health, including: [106] [154] [155] [156] [157] [158]
    - Collective trauma from COVID-19, floods and wildfires.
    - Cultural trauma experienced by people of color.
    - Historical trauma from systemic oppression (e.g., redlining).
    - Individual trauma, including combat veterans and individuals with multiple adverse childhood experiences (ACEs).
- The community identified several areas related to disability and trauma where hospitals and health care systems could improve, including:[106] [159]
    - Allowing service animals per the Americans with Disabilities Act.
    - Ensuring Americans with Disabilities Act compliance through the correct contact.
    - Improving websites and phone systems for better accessibility.
    - Training health care workers on trauma biology and its impact on both health and care interactions.
    - Helping with documentation and eligibility for both housing accommodations and disability benefits.
    - Addressing gaps in provider knowledge about criteria for In-Home Support Services.
- SDC has been facing growing challenges related to community safety and crisis response, driven by environmental and social factors. Residents have experienced extreme heat, wildfires, flooding and environmental hazards, such as the Tijuana River Valley sewage crisis, all of which have led to physical and mental health impacts, displacement and reduced quality of life. [106] [107] [160]

Regional Data

- Hate crimes have increased steadily in SDC, with a 39% rise from 2022 to 2023. The primary motivations are race, ethnicity or national origin, followed by sexual orientation, religion and disability.[161]
- In 2024, 420,000 (17.4%) SDC residents had a disability due to a physical, mental or emotional condition.[102]

[154] American Psychological Association. (n.d.). *Trauma*. https://www.apa.org/topics/trauma
[155] ACEs Aware. (n.d.). *Principles of trauma-informed care*. https://www.acesaware.org/ace-fundamentals/principles-of-trauma-informed-care/
[156] Substance Abuse and Mental Health Services Administration. (2014). *Substance Abuse and Mental Health Services Administration's concept of trauma and guidance for a trauma-informed approach* (U.S. Department of Health and Human Services Publication No. SMA 14-4884). https://library.samhsa.gov/sites/default/files/sma14-4884.pdf
[157] Center for Health Care Strategies. (2017). *Understanding the effects of trauma on health (Fact sheet)*. https://www.chcs.org/media/Fact-Sheet-Understanding-Effects-of-Trauma-1.pdf
[158] This item also addresses the following identified need: *Health Conditions*.
[159] This item also addresses the following identified need: *Workforce*.
[160] This item also addresses the following identified need: *Health Conditions*.
[161] San Diego Association of Governments. (n.d.). *Criminal Justice Research & Clearinghouse*. https://www.sandag.org/-/media/SANDAG/Documents/PDF/data-and-research/criminal-justice

- In SDC, 10.7% of the noninstitutionalized civilian population reported having a disability in 2023. Further, the likelihood of having a disability increased as age increased. Less than 1% of people under age 5 had a disability, compared to nearly half (46.9%) of the population age 75 and older.[99] The tables below provide a snapshot of disability in SDC:[162]

Population with a Disability by Age Group, 2023[99]

HHSA Region	0-5	5-17	18-34	35-64	65+
East	0.6%	5.8%	8.0%	13.0%	78.3%
Central	0.9%	5.2%	5.9%	11.5%	73.9%
North Central	0.5%	4.0%	4.6%	7.1%	61.6%
North Coastal	0.6%	4.5%	6.9%	7.3%	59.6%
North Inland	0.3%	4.6%	6.8%	8.2%	64.6%
South	0.3%	4.2%	6.7%	10.0%	72.7%
SDC Total	**984**	**23,792**	**48,129**	**114,300**	**152,088**
% of Total	**0.5%**	**4.7%**	**6.3%**	**9.3%**	**67.6%**

SDC Disability Status and Type of Disability, 2023[99]

HHSA Region	Any Disability	Hearing Difficulty	Vision Difficulty	Cognitive Difficulty	Ambulatory Difficulty	Self-Care Difficulty	Independent Living Difficulty
East	13.5%	3.7%	2.3%	5.8%	6.7%	2.9%	6.7%
Central	11.4%	2.4%	2.2%	5.2%	5.8%	2.6%	5.4%
North Central	9.0%	2.7%	1.4%	3.7%	4.3%	1.9%	4.2%
North Coastal	9.6%	2.7%	1.4%	4.1%	4.6%	1.9%	4.5%
North Inland	10.5%	3.2%	2.0%	4.3%	5.2%	2.5%	5.3%
South	10.9%	2.6%	2.1%	4.8%	5.9%	3.0%	6.3%
SDC Total	**339,293**	**91,962**	**59,127**	**136,897**	**159,689**	**72,625**	**132,239**
% of Total	**10.7%**	**2.9%**	**1.9%**	**4.6%**	**5.4%**	**2.4%**	**5.3%**

- Improving equitable and inclusive health services for both high-risk and underserved groups is dependent on addressing barriers linked to chronic disease, trauma and disability. Individuals with disabilities and trauma histories often face

[162] This item also addresses the following identified need: *Health Conditions*.

compounded barriers, such as physical access limitations, communication challenges, stigma and confidentiality concerns.[163]

- As of early 2025, approximately 5,000 SDC residents impacted by the January 2024 winter storm remained displaced with ongoing emotional distress and housing insecurity.[164] [165]
- SDC is a proud military hub with 110,000 active-duty military personnel and 240,000 veterans.[166] Approximately 23% of veterans using VA care in SDC have experienced post-traumatic stress disorder.[167]
- Combat service increases post-traumatic stress disorder prevalence two to four times more than non-combat service.[168] Trauma is strongly linked to individuals with multiple ACEs. Adults with four or more ACEs report significantly higher rates of poor health and chronic disease.
- In 2024, SDC survey data found that 32.5% of adolescents have experienced ACEs. Among adults, nearly a quarter (23.3%) reported experiencing four or more ACEs.[102]
- Communities of color experience ongoing cultural trauma, worsened by inequities in disaster response and recovery and community planning. Historical trauma, such as redlining, rooted in systemic oppression, continues to influence health outcomes and access to care. Effects of redlining include increased vulnerability to climate-related disasters, like flooding, with slower recovery and limited access to federal assistance.[169] [170]
- Approximately 123,000 SDC residents (5.1%) reported unfair treatment in medical care due to race or ethnicity within the last five years, including 43,000 (1.8%) in the last year alone.[102]
- About 25,000 SDC adults (7.3%) reported difficulty understanding their doctor because they did not speak English "very well."[102]
- In 2024, more than 1 million SDC residents (41.7%) reported experiencing extreme weather-related events within the past two years. [102] [171]
    - 171,000 residents (7.1%) reported harm to their physical health.
    - 192,000 residents (8.0%) reported harm to their mental health.
- 790,000 residents (32.7%) experienced an extreme heat wave in the past two years.[102][172]
    - 116,000 SDC residents (14.6%) reported physical health impacts.

[163] Hardman, R., Begg, S., & Spelten, E. (2020). What impact do chronic disease self-management support interventions have on health inequity gaps related to socioeconomic status? A systematic review. *BMC Health Services Research*, *20*, Article 150. https://doi.org/10.1186/s12913-020-5010-4

[164] Boyd-Barrett, C. (2025). *How San Diego is recovering one year after historic floods*. YES! Magazine. https://www.yesmagazine.org/climate/2025/02/13/san-diego-floods-one-year-anniversary

[165] *This item also addresses the following identified need: Chronic Stress.*

[166] San Diego Military Information. (n.d.). *San Diego military information*. https://www.sandiegomilitaryinformation.com/

[167] Armed Forces Benefit Association. (2024). *How common is PTSD?* https://www.afba.com/uniformed-services-news/armed-forces/how-common-is-ptsd/

[168] Richardson, L. K., Frueh, B. C., & Acierno, R. (2010). Prevalence estimates of combat-related post-traumatic stress disorder: Critical review. *Australian and New Zealand Journal of Psychiatry*, *44*(1), 4–19. https://doi.org/10.3109/00048670903393597

[169] Boyd-Barrett, C. (2025). *How San Diego is recovering one year after historic floods*. YES! Magazine. https://www.yesmagazine.org/climate/2025/02/13/san-diego-floods-one-year-anniversary

[170] This item also addresses the following identified need(s): *Access to Health Care*, *Health Conditions.*

[171] This item also addresses the following identified need: *Health Conditions.*

[172] This item also addresses the following identified need: *Health Conditions.*

    - 124,000 residents (15.7%) reported mental health impacts.
- In 2024, 153,000 SDC residents (6.3%) experienced wildfire within the past two years.[102] [173]
    - Of these, 10,000 residents (6.8%) reported harm to their physical health.
    - 32,000 residents (20.9%) reported harm to their mental health.
- In 2024, 474,000 residents (19.6%) experienced smoke from wildfire in the past two years.[102] [174]
    - 83,000 residents (17.6%) reported physical health impacts.
    - 66,000 residents (13.9%) reported mental health impacts.
    - 181,000 residents (38.3%) did not have access to filtered air in their homes when exposed to wildfire smoke.
- In 2024, 264,000 residents (10.9%) experienced flooding, rising sea levels or mudslides in the past two years.[102] [175]
    - 171,000 residents (7.1%) reported harm to their physical health.
    - 192,000 residents (8.0%) reported harm to their mental health.
- 790,000 residents (32.7%) experienced an extreme heat wave in the past two years. [102] [176]
    - 116,000 SDC residents (14.6%) reported physical health impacts.
    - 124,000 residents (15.7%) reported mental health impacts.
- In 2024, 153,000 SDC residents (6.3%) experienced wildfire within the past two years.[102][177]
    - Of these, 10,000 residents (6.8%) reported harm to their physical health.
    - 32,000 residents (20.9%) reported harm to their mental health.
- In 2024, 474,000 residents (19.6%) experienced smoke from wildfire in the past two years. [102] [178]
    - 83,000 residents (17.6%) reported physical health impacts.
    - 66,000 residents (13.9%) reported mental health impacts.
    - 181,000 residents (38.3%) did not have access to filtered air in their homes when exposed to wildfire smoke.
- In 2024, 264,000 residents (10.9%) experienced flooding, rising sea levels, or a mudslide in the past two years.[102] [179]
    - 10,000 residents (3.9%) reported harm to their physical health.
    - 59,000 residents (22.4%) reported harm to their mental health.
- Since October 2021, over 31 billion gallons of polluted water have entered the U.S. from the Tijuana River, contributing to more than 2,000 miles of beach closures in 2024.[180]

[173] This item also addresses the following identified need: *Health Conditions*.
[174] This item also addresses the following identified need: *Health Conditions*.
[175] This item also addresses the following identified need: *Health Conditions*.
[176] This item also addresses the following identified need: *Health Conditions*.
[177] This item also addresses the following identified need: *Health Conditions*.
[178] This item also addresses the following identified need: *Health Conditions*.
[179] This item also addresses the following identified need: *Health Conditions*.
[180] County of San Diego HHSA. (2025). *Environmental dashboard: Tijuana River Valley & beach water sewage crisis*. https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/south-region-health-concerns/Environmental-Dashboard.html

- According to the 2024 CDC (Centers for Disease Control and Prevention) CASPER report:[181] [182]
    - 94% of SDC residents noticed a sewage-like smell.
    - Nearly 50% reported health problems.
    - Nearly 60% experienced symptoms of acute mental health issues.
- Reported symptoms among survey participants included:[183] [184]
    - Headaches (84%)
    - Upper respiratory issues (76%)
    - Allergic reactions (69%)
    - Sleep disturbances (70%)
    - Gastrointestinal illness (68%)
    - Cognitive complaints (51%)
- Environmental concerns were also mentioned by survey participants:[183]
    - 90% rated air quality as unhealthy or hazardous.
    - 97% perceived water quality as poor or very poor.
    - 25% experienced daily strong odors consistent with sewage or chemicals.
- SDC residents exposed to poor air quality were three times more likely to experience sleep disturbances and diarrhea. Frequent strong odors occurring five or more times per week were associated with a fivefold increase in appetite loss and a one-and-a-half-fold increase in headaches.[185]
- At Berry Elementary School in the South Bay, hydrogen sulfide stayed at an unsafe level for almost a year, from October 2024 to September 2025. During the same timeframe in San Ysidro and Imperial Beach, hydrogen sulfide rarely fell to a safe level.[186]
- In San Diego, residents in low-income neighborhoods have access to 55% less park space per person than those in the average San Diego neighborhood and 79% less than those in high-income neighborhoods.[187] Even though most SDC residents (81%) live within a 10-minute walk to a park[188], various barriers to access disproportionately affect low-income people of color in the region.[189]

[181] County of San Diego. (2025). *CDC (Centers for Disease Control and Prevention) CASPER study: Tijuana River Valley & beach water sewage crisis – Public health response*. SanDiegoCounty.gov. https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/south-region-health-concerns/casper-study.html
[182] This item also addresses the following identified need: *Health Conditions*.
[183] San Diego State University. (2025). *White paper: Health impacts in residents exposed to Tijuana River pollution* [PDF]. https://tjriver.sdsu.edu/wp-content/uploads/sites/109/2025/07/White-Paper-Health-Impacts-in-Residents-exposed-to-Tijuana-River-Pollution-7.24.25.pdf
[184] This item also addresses the following identified need: *Health Conditions*.
[185] This item also addresses the following identified need: *Health Conditions*.
[186] Elmer, M. (2025). *South Bay residents at risk from long-term toxic gas exposure*. Voice of San Diego. https://voiceofsandiego.org/2025/12/08/south-bay-has-a-gas-problem/
[187] The Trust for Public Land. (n.d.). *San Diego, California*. https://www.tpl.org/city/san-diego-california
[188] The Trust for Public Land. (n.d.). *ParkServe® mapping*. https://parkserve.tpl.org/mapping/#/?CityID=0666000
[189] University of San Diego, The Nonprofit Institute. (2025). *Outdoor Access: Park access indicator*. https://www.sandiego.edu/soles/centers-and-institutes/nonprofit-institute/signature-programs/dashboard/park-access.php

State and National Data

- California's Housing and Disability Program provides advocacy, housing aid and benefits navigation across 56 counties and 17 tribal agencies. Despite its reach, documentation challenges often slow down progress.[190]
- 2024 survey data found that Californians who experienced hate encountered an average of 5.6 acts per person in the past year, which equals roughly 17.4 million hate acts. Mental health was the most common help received (20%) but was also the most common unmet need (38%).[191] [192]

Health Conditions

The following health conditions were identified as top needs by the HASD&IC and Sharp CHNAs.

- Aging Care and Support
- Asthma
- Behavioral Health
- Cardiovascular, including Blood Pressure and Stroke
- Cancer
- Diabetes
- Maternal and Prenatal Care, Including High-Risk Pregnancy

Health Conditions: Aging Care and Support

2025 CHNA Data

- Older adults in SDC face multiple health and social challenges that impact their quality of life. Depression, anxiety, chronic stress, alcohol misuse and co-occurring mental health and SUDs remain top priorities. Mental illness was identified as one of the most serious health conditions for older adults.[106]
- Many older adults struggle with electronic medical records, scheduling appointments and maintaining continuity of care during Medicare transitions, often causing delays in prescriptions and primary care.[106] [193]
- Rising costs put older adults on fixed incomes at risk of homelessness, with an increase in first-time homelessness among older adults age 55 and up.[106]
- Hypertension, diabetes, heart failure, chronic kidney disease and arthritis contribute to frequent ED visits and hospitalizations among older adults.[107]

[190] California Department of Social Services. (n.d.). *Housing and Disability Advocacy Program*. https://www.cdss.ca.gov/inforesources/cdss-programs/housing-programs/housing-and-disability-advocacy-program
[191] Bates, A. J., & Babey, S. H. (2025). *Experiencing acts of hate and access to support: Findings from the 2024 California Health Interview Survey*. University of California Los Angeles Center for Health Policy Research. https://healthpolicy.ucla.edu/our-work/publications/hate-acts-access-to-support
[192] This item also addresses the following identified need: *Health Conditions*.
[193] This item also addresses the following identified need: *Access to Health Care*.

- In-Home Support Services help older adults remain independent, but utilization can be improved through outreach and education.[106]

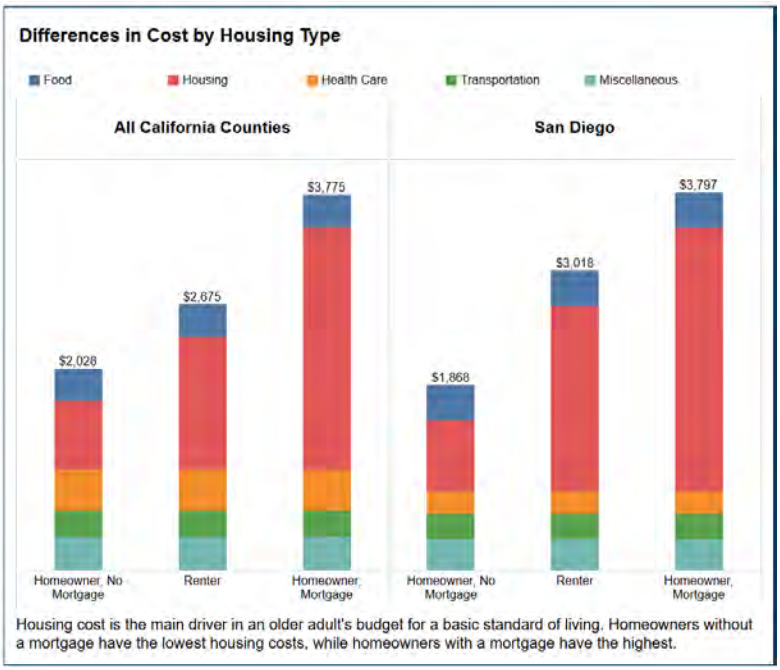
Regional Data

- In 2024, an estimated 520,000 adults (16.6%) in SDC were age 65 and up.[102]
  - 54,000 adults (10.4%) reported fair health
  - 16,000 adults (3.0%) reported poor health
- About 1 in 5 older adults had a disability, which increases with age (30.4%) among those 75 years or older.[102] [194]
- In 2023, 9.4% of older adults lived below 100% of the FPL and 23.3% of older adults lived below 200% of the FPL.[195] Among those living below 200% of the FPL, 41,000 (33.1%) received SSI from 2023 to 2024.[102]
- In 2023, 7.3% of older adults age 65 and up experienced homelessness.[196]
- Extreme summer temperatures have reached highs across SDC, ranging from 104°F to 120°F.[197] These prolonged heat events pose public health risks, especially for vulnerable populations, such as older adults. Exposure to extreme heat can lead to heat-related illnesses, including heat exhaustion, heat stroke and dehydration.[198] [199]
- Heart disease was the leading condition across all health outcomes for older adults, with hypertensive disease, heart failure and coronary heart disease as the most common forms.[200]
- Cancer was a major cause of mortality and hospitalization among older adults, particularly for lung, colorectal and pancreatic cancers.[200]
- Falls were a top cause of hospitalization and ED discharges for all older adult age groups and were more likely to be fatal for those age 80 and up.[200] [201]
- COVID-19, pneumonia and urinary tract infections were consistently common causes of hospitalization and ED discharges among older adults.[200]
- Among adults age 80 and up in SDC, Alzheimer's disease and other dementias were leading causes of mortality, hospitalization and ED discharges.[200]
- In 2023, more than one-fifth (21.8%) of SDC's older adult population was living alone (14.4% female and 7.4% male).[195]
- 19.8% of older adults age 65 and up remained in the labor force.[195] [202]

[194] This item also addresses the following identified need: *Community Safety*.
[195] County of San Diego HHSA. (2025). *2023 SRA demographic profiles: Older adults* [PDF]. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/2023%20SRA%20Demographic%20Profiles%20DRAFT_Older%20Adults_FINAL_02.20.25.pdf
[196] Regional Task Force on Homelessness, Reports & Data (2024). *2023 PITC (Point-in-Time Count) Sheltered and Unsheltered Report*. https://www.rtfhsd.org/wp-content/uploads/2025/01/PITC-Summary_2023_All.xls
[197] City News Service. (2024). *Fierce heat wave keeps San Diego area sweltering*. KPBS Public Media. https://www.kpbs.org/news/environment/2024/09/06/fierce-heat-wave-keeps-san-diego-area-sweltering
[198] Guirguis, K., Basu, R., Al-Delaimy, W. K., Benmarhnia, T., Clemesha, R. E. S., Corcos, I., Guzman-Morales, J., Hailey, B., Small, I., Tardy, A., Vashishtha, D., Zivin, J. G., & Gershunov, A. (2018). Heat, disparities, and health outcomes in San Diego County's diverse climate zones. *GeoHealth*, *2*(7), 212–223. https://doi.org/10.1029/2017GH000127
[199] This item also addresses the following identified need: *Community Safety*.
[200] County of San Diego HHSA. (2023). *Older adults 60+ in San Diego County: 2023 data* [PDF]. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/LHC%20-%20Older%20Adults%2060%2b%20in%20San%20Diego%20County%202023%20data%20FINAL.pdf
[201] This item also addresses the following identified need: *Community Safety*.
[202] This item also addresses the following identified need: *Workforce*.

- In 2023, among the 72,837 grandparents age 30 and up living with grandchildren under 18 in SDC, 4.8% were solely responsible for their care without a parent present. Of these, 64.1% were grandparents age 60 and up.[195]
- In 2025, the income needed to meet daily needs in SDC was 2.2 times more than the average Social Security benefits for single older adults and 1.8 times more for older adult couples.[203]
- Housing is the main driver in older adults' budgets in California. This is also true in SDC, where single older adults who have a mortgage or rent have significantly higher monthly expenses compared to those who own a home without a mortgage.[204] The table below provides a breakdown of older adults' budgets in 2023:

2023 Basic Monthly Expenses for Older Adults by Housing Type: All California Counties and SDC[204]



State and National Data

- By 2040, 22% of Californians will be 65 or older, up from 14% in 2020. The older population (age 65 and up) will increase by 59%, while the working-age population

[203] County of San Diego, HHSA, PHS, CHSU. (2025). *Cost of living for older adults, San Diego County, 2025*. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/Cost%20of%20Living%20for%20Older%20Adults%20San%20Diego%20County%20Brief%20-%202025%20FINAL%2012.22.25.pdf

[204] University of California Los Angeles Center for Health Policy Research. (n.d.). *California Elder Index dashboards: Cost of living*. https://healthpolicy.ucla.edu/our-work/elder-index/dashboards/cost-of-living

(ages 20 to 64) will remain largely unchanged and the child population (ages 0 to17) will decrease by 24%.[205]

- Older Americans have the highest rate of suicide of any age group in the U.S.[206] In California, 5,825 adults age 70 and up died by gun suicide between 2009 and 2023. The numbers are especially stark among older White men in rural areas.[207] [208]
- The California Elder Index™ estimates the actual costs for older adults age 65 and up to maintain a basic standard of living, including housing, health care, food, transportation and other essential miscellaneous costs. Among single older adults living alone, groups that experienced higher rates of economic insecurity compared to others included:[209]
    - Women
    - Latino, Black or African American and Asian
    - People age 75 and up
    - Renters
    - Homeowners with a mortgage

Health Conditions: Asthma

2025 CHNA Data

- Between 2020 and 2022, inpatient hospital discharge rates for asthma in SDC increased significantly, with an overall rise of 100% for all patients and an alarming 266% increase for children ages 0 to 17.[106]
- Field interviews revealed that 11% of respondents who expressed concerns about their children identified asthma as their primary concern.[106]
- A key informant of the 2025 HASD&IC CHNA indicated that the community impacted by the January 2024 flood event has high rates of asthma and other health concerns, yet SDC has failed to track the flood's impact on the community's health.[106] [210]

Sharp Hospital Data

- Asthma was among the top chronic conditions in Sharp ED discharges among SDC residents from 2021 to 2023.[211]

[205] Johnson, H., McGhee, E., Cha, P., & McConville, S. (2025). *California's aging population: Anticipating dramatic growth in the number of older Californians*. Public Policy Institute of California. https://www.ppic.org/publication/californias-aging-population/
[206] The Trace. (2025). *Gun Suicides (Age 70+).* Gun Violence Data Hub. https://datahub.thetrace.org/dataset/gun-suicides-older-americans/
[207] CalMatters. (2025). *Gun suicides among older adults rising in California's rural counties*. https://calmatters.org/health/2025/12/trinity-county-gun-suicide-rural/
[208] This item also addresses the following identified need: *Community Safety*.
[209] University of California Los Angeles Center for Health Policy Research. (2025). *California Elder Index demographics fact sheet 2025* [PDF]. https://healthpolicy.ucla.edu/sites/default/files/2025-08/CEI-demographics-fact-sheet-2025.pdf
[210] This item also addresses the following identified need: *Community Safety*.
[211] SpeedTrack, Inc.; California Department of Health Care Access and Information.

- Asthma-related inpatient discharges at Sharp hospitals rose significantly from 2021 to 2023, with South Bay showing the largest increase (50.0%), followed by East County (32.2%) and Metro Central (17.2%).[211]
- From 2021 to 2023, South Bay recorded the largest rise in asthma-related ED discharges (47.1%), followed by Metro Central (42.5%) and East County (34.0%).[211]

Regional Data

- Asthma is influenced by both genetic and environmental factors. In SDC, asthma prevalence remains a significant public health concern.[212]

Asthma Prevalence in SDC, 2023-2024[102]

Year	Ever Diagnosed	Currently Have	Episode in Past 12 Months	Daily Medication	Missed School Days (5-10)
2023	408,000 (13.2%)	221,000 (54.1%)	142,000 (34.8%)	98,000 (44.4%)	10,000 (19.3%)
2024	459,000 (14.8%)	232,000 (50.6%)	123,000 (26.9%)	119,000 (51.3%)	6,000 (11.5%)

- In 2024, 459,000 (14.8%) of SDC residents had ever been diagnosed with asthma. Of those diagnosed with asthma, 1.5% are uninsured.[102]
- In 2024, 208,000 (45.4%) of SDC residents who identify as NH White saw the highest rates of asthma prevalence, followed by Hispanic residents (28.5%), NH Asian residents (13.6%), NH residents with two or more races (6.6%) and NH Black or African American residents (5.6%).[102]
- In 2022, across all age groups, the highest ED discharge rates for asthma were in southeast and south SDC. Hospitalization trends also show similar patterns.[213]
- SDC residents suffer from frequent and prolonged periods of unhealthy ozone pollution. From 2021-2023, SDC had an annual weighted average of 27.5 high ozone days, compared to 25.2 days during 2021-2022. Compared to the federal target of 3.2 days, this severe nonattainment status has resulted in an "F" rating by the American Lung Association.[214] [215]
- Ozone air pollution, sometimes known as smog, is highly reactive. Prolonged exposure can damage lung tissue, accelerate lung aging and worsen chronic lung disease. Short-term effects include asthma attacks, coughing and difficulty

[212] University of San Diego, The Nonprofit Institute. (n.d.). *Air Quality. School of Leadership and Education Sciences*. https://www.sandiego.edu/soles/centers-and-institutes/nonprofit-institute/signature-programs/dashboard/air-quality.php
[213] County of San Diego, HHSA, PHS, CHSU. (2024). *Asthma (Health Map Atlas)*. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/health-map-atlases-2024/Asthma.pdf
[214] American Lung Association. (2025). *California: San Diego – State of the Air*. https://www.lung.org/research/sota/city-rankings/states/california/san-diego
[215] This item also addresses the following identified need: *Community Safety*.

breathing. These effects are more severe in sensitive groups, such as children, older adults and individuals with preexisting heart or lung conditions.[216] [217]

- Increases in poor air quality days could be due to multiple factors. Heat and droughts exacerbate pollution due to ozone forming more efficiently in sunny, warm weather and droughts, increasing the likelihood of wildfire and dust storms.[218] [219]
- Community members emphasized that the severe flooding and sewage crisis in certain regions of SDC in 2024 have worsened respiratory health issues.[220] [221]
- Residents living in census tracts that were historically redlined in SDC are much more likely to receive asthma treatment in EDs compared to other areas.[222] [223] [224] [225]

Health Conditions: Behavioral Health

2025 CHNA Data

- Behavioral health remains one of the most significant concerns in the 2025 CHNA, with mental health and SUDs consistently cited by the community.[106] [107]
- In the online survey, 43% of respondents said poor mental health has the most serious impact on adults and 40% said the same for children. The top concerns among adults included depression, anxiety, co-occurring disorders, chronic stress and alcohol misuse.[106] [226]
- Community members emphasized significant barriers to care, including a shortage of mental health professionals, difficulty finding providers who accept insurance or Medi-Cal and a lack of culturally representative providers. Mental health care was described as fragmented, especially after inpatient or ED discharge, leaving many unsure where to turn during a crisis or for subacute needs.[106] [227]
- The community also talked about the extreme difficulty of finding the right level of treatment for people with SUDs. Detoxification facilities are often full, and substance use treatment programs generally cannot manage someone whose withdrawal is so severe that it poses serious health risks. EDs are not set up to be

[216] IQAir. (n.d.). *San Diego Air Quality Index and USA air pollution*. https://www.iqair.com/us/usa/california/san-diego
[217] This item also addresses the following identified need: *Community Safety*.
[218] UCAR (University Corporation for Atmospheric Research) Center for Science Education. (n.d.). *How weather affects air quality*. https://scied.ucar.edu/learning-zone/air-quality/how-weather-affects-air-quality
[219] This item also addresses the following identified need: *Community Safety*.
[220] Gomez, N. (2024). *CDC to begin South Bay health assessment to investigate Tijuana River sewage crisis*. NBC 7 San Diego. https://www.nbcsandiego.com/news/local/cdc-to-begin-south-bay-health-assessment-to-investigate-tijuana-river-sewage-crisis/3639282/
[221] This item also addresses the following identified need: *Community Safety*.
[222] Nardone, A., Casey, J. A., Morello-Frosch, R., Mujahid, M., Balmes, J. R., & Thakur, N. (2020). Associations between historical residential redlining and current age-adjusted rates of emergency department visits due to asthma across eight cities in California: An ecological study. *The Lancet Planetary Health*, *4*(1), e24–e31. https://doi.org/10.1016/S2542-5196(19)30241-4
[223] Cavanaugh, M., Lipkin, M., & Mento, T. (2018). *Redlining's mark on San Diego persists 50 years after housing protections*. KPBS. https://www.kpbs.org/news/midday-edition/2018/04/05/redlinings-mark-on-san-diegopersists
[224] University of Richmond Digital Scholarship Lab. (n.d.). *Mapping Inequality: Redlining in New Deal America – San Diego* [Interactive map]. https://dsl.richmond.edu/panorama/redlining/map/CA/SanDiego/context#loc=11/32.7626/-117.1504
[225] This item also addresses the following identified need: *Community Safety*.
[226] This item also addresses the following identified need: *Chronic Stress*.
[227] This item also addresses the following identified need: *Workforce*.

detoxification facilities. Care coordination between hospitals and treatment facilities was described as especially challenging.[107] [228]

- In the Sharp Consumer Insights Community survey, participants noted they and/or their loved ones were currently experiencing anxiety (23%) and depression (17%). In addition, anxiety was reported by 23% of participants and depression was reported by 19% of participants as the most significant health condition they or their loves ones were facing.[107]
- Participants in the Sharp-specific focus groups and key informant interviews noted the following:[107] [229]
    - Accessing mental health care is especially challenging for people with public insurance, such as those with Medi-Cal, and for those who are uninsured or underinsured. This was raised as a particular concern for those who need intensive outpatient programs, which were highlighted as being important programs for people with mental health concerns.
    - They would like to see mental health care shift from a medical model to a "recovery model," which would focus less on medicalization and restraints and more on a holistic model, addressing all the needs of those with mental illness.
    - They told stories of traumatic experiences during voluntary and involuntary mental health hospitalizations, such as being secluded, restrained and assaulted.
- Community suggestions to improve behavioral health care included:[106] [107] [230]
    - Partnerships between schools and community clinics, like those providing primary and specialty care programs, as well as services such as dental and behavioral health.
    - Specialized SUD nurses within EDs who communicate and coordinate with both substance use detoxification and treatment facilities.
    - Online and in-person support groups for mental health.
    - Crisis houses, which are intermediary placements that provide a home-like setting for people having a mental health crisis.
    - Intensive outpatient programs for mental health, which provide a basis for continued learning and set patients up for successful outcomes.
    - Peer support specialists were noted as critical in delivering mental health services.
    - Expanded mental health support and resources for postpartum mothers, as well as new dads.

[228] This item also addresses the following identified need: *Access to Health Care*.
[229] This item also addresses the following identified need: *Access to Health Care*.
[230] This item also addresses the following identified need(s): *Access to Health Care*, *Workforce*.

Sharp Hospital Data

- Although overall ED use at Sharp hospitals increased annually,[211] the number of behavioral health disorders diagnosed in the ED decreased between 2022 and 2024.[107]
- Between 2021 and 2023, behavioral health-related inpatient discharges at Sharp hospitals increased by 14.7%. In 2023, depressive, alcohol-related and schizophrenia spectrum disorders accounted for 75% of all discharges.[211]
- At Sharp hospitals, ZIP codes 91950 and 92173 saw dramatic increases in behavioral health-related inpatient discharges (43.5% and 61.8%, respectively), far exceeding the county average of 4.9%; these areas fall within the lowest quartile of the Healthy Places Index.[211]

Regional Data

- Adults ages 35 to 44 experienced a 10% increase in chronic illness and had the highest increase in mental health diagnoses (14%) from 2019 to 2023. However, adults ages 18 to 34 reported the highest rate of mental illness (50%) in 2023.[231]
- More than 40% of high school students reported persistent sadness or hopelessness, 21% seriously considered suicide and 10% attempted suicide in the past year.[232]
- In 2024, an estimated 345,000 SDC residents (14.3%) experienced serious psychological distress during the past year. Please see the table below for more information.[102]

Likely Experienced Serious Psychological Distress During Past Year by Poverty Level, 2024[102102]

FPL Category	Estimated Residents	% with Serious Psychological Distress
0-99%	49,000	14.2%
100-199%	53,000	15.2%
200-299%	43,000	12.4%
300%+	201,000	58.2%
SDC Total	**345,000**	**100%**

- In 2024, 33.3% of SDC adults ages 18 to 64 reported needing help for emotional or mental health problems or use of alcohol or other substances. Of those needing help, less than two-thirds (62.5%) received treatment.[102102]

[231] American Psychological Association. (2023). *Stress in America 2023: A nation recovering from collective trauma*. https://www.apa.org/news/press/releases/stress/2023/collective-trauma-recovery
[232] San Diego Unified School District. (2023). *2023 YRBS Data and Reports*. https://www.sandiegounified.org/departments/sexual_health_education/surveillance/youth_risk_behavior_survey/2023_y_r_b_s_data_and_reports

- Among adults ages 18 to 64 who identify as lesbian/gay in SDC, 9.4% reported needing help with emotional or mental health problems or use of alcohol or other substances in 2024. Among adults who identify as bisexual or pansexual, this percentage increased to 10.4%.[102]
- 448,000 SDC residents (63.4%) sought help for emotional or mental health problems or substance use, while 259,000 residents (36.6%) needed help but did not receive treatment.[102] [233]
- As of 2024, 372,000 SDC residents (15.4%) took prescription medication for emotional or mental health for at least two weeks in the past year. [102]
- 6,000 SDC residents (2.3%) reported taking prescription painkillers in the past 12 months due to depression, anxiety, or stress.[102] [234]
- 462,000 SDC residents (19.1%) had engaged in binge drinking in the past month.[102]
- In 2024, 469,000 residents (19.4%) reported that they had seriously considered taking their own life, a slight increase of 0.2 percentage points compared to 2023 (19.2%).[102]
- Suicide deaths in SDC are most common among males, older adults age 65 and up, NH White residents and residents in the east region. Hospital discharge data from 2020 through 2022 showed a 17% increase in suicide attempts among youth, with the largest increases among Asian (48%) and Black (18%) individuals.[235]
- Suicide death rates in 2023 were the highest among males, age 65 and up, NH White residents and those in SDC's east region. Suicide attempts and intentional self-harm rates in 2022 were highest among females, ages 10 to 24, NH Black residents and those in the central region. Nonfatal suicidal ideation ED encounter rates in 2022 were the highest among females, residents ages 10 to 24, Hispanic individuals and those in the north central region.[236]
- Anxiety differs from stress in that it involves a persistent and excessive worry that is not tied to a specific stressor. It can elevate stress hormones, increasing risks for conditions like hypertension, diabetes and cardiovascular disease. In 2022, NH Black residents in SDC were more likely than NH White residents to be discharged from EDs for anxiety and fear-related disorders, as well as hypertensive diseases, diabetes and heart failure.[115] [237] [238]
- Anxiety and Fear-Related Disorders (2023):[239]
    - ED discharge rates due to anxiety and fear-related disorders were highest in Coronado, Central San Diego, Southeastern San Diego and National City (358 per 100,000).

[233] This item also addresses the following identified need: *Access to Health Care*.
[234] *This item also addresses the following identified need: Chronic Stress*.
[235] SpeedTrack, Inc.; California Department of Health Care Access and Information. Years queried included 2020 to 2022.
[236] San Diego County Suicide Prevention Council. (2024). *Suicide Prevention Council annual report to the community: 2024*. Community Health Improvement Partners. https://www.sdchip.org/wp-content/uploads/2025/01/Suicide-Prevention-Council-Annual-Report-to-the-Community-2024.pdf
[237] This item also addresses the following identified need: *Health Conditions*.
[238] This item also addresses the following identified need: *Chronic Stress*.
[239] County of San Diego, HHSA, PHS, CHSU. (2025). *2023 Map Atlas: Anxiety and Fear-related Disorders*. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/2023-map-atlases/Anxiety%20and%20Fear-related%20Disorders.pdf

    - NH Black residents had the highest rates in Coronado, Central San Diego and National City (519 per 100,000).
    - Residents ages 40 to 49 had the highest rates in National City (948 per 100,000).
- Depression in SDC (2023):[240]
    - ED discharge rates due to depression were highest in Santee, Central San Diego, Coronado and National City (101 per 100,000).
    - NH Black residents had the highest ED discharge rates in Central San Diego and Coronado (206 per 100,000).
    - Residents ages 20 to 29 had the highest ED discharge rates in Central San Diego and Coronado (182 per 100,000).
    - Inpatient treatment rates were highest in Alpine (264 per 100,000), with NH White residents and ages 10 to 19 showing the highest rates.
- Suicide, Suicide Attempt, Ideation and Intentional Self-Harm (2023):[241]
    - Suicide death rates were highest in Oceanside, Kearny Mesa, Central San Diego and Coronado (17 per 100,000).
    - Hospitalization rates due to suicide were highest in Lakeside (39 per 100,000).
    - ED discharge rates for suicide attempts or ideation were highest in Mountain Empire (600 per 100,000), among NH Black residents in Central San Diego and Coronado (800 per 100,000) and among youth ages 10 to 19 in Mountain Empire (2,137 per 100,000).
- Alcohol Use, Abuse and Dependency (2023):[242]
    - Hospitalization rates for alcohol use, abuse or dependency were highest in Central San Diego and Coronado (150 per 100,000).
    - ED discharge rates were the highest in Central San Diego and Coronado (671 per 100,000), with NH White residents and residents ages 40 to 49 showing the highest rates.
    - Inpatient treatment rates were the highest in Peninsula (111 per 100,000).
- Substance Use, Abuse and Dependency (2023):[243]
    - ED discharge rates due to substance use, abuse or dependency were highest in Mountain Empire, Central San Diego and Coronado (304 per 100,000).
    - NH Black residents had the highest rates of substance use, abuse, or dependency in Central San Diego and Coronado (802 per 100,000).

[240] County of San Diego, HHSA, PHS, CHSU. (2025). *2023 Map Atlas: Depression*. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/2023-map-atlases/Depression.pdf
[241] County of San Diego, HHSA, PHS, CHSU. (2025). *2023 Map Atlas: Suicide/Suicide Attempt/Ideation/Intentional Self-Harm*. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/2023-map-atlases/Suicide.pdf
[242] County of San Diego, HHSA, PHS, CHSU. (2025). *2023 Map Atlas: Alcohol Use/Abuse/Dependency*. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/2023-map-atlases/Alcohol%20Use%20Abuse%20Dependency.pdf
[243] County of San Diego, HHSA, PHS, CHSU. (2025). *2023 Map Atlas: Substance Use/Abuse/Dependency*. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/2023-map-atlases/Substance%20Use%20Abuse%20Dependency.pdf

- Residents ages 30 to 39 had the highest rates in National City (621 per 100,000).

Health Conditions: Cardiovascular, including Blood Pressure and Stroke

2025 CHNA Data

- Blood pressure was the most frequently mentioned health concern among adults during field interviews, named by 29% of respondents.[106]
- Hospital discharge data confirms these community concerns, showing that ED discharges for hypertension increased across all ages from 2020 to 2022, including children.[106]
- Community members commented explicitly on the impact of heat on their health, associating the extreme heat with fluctuations in blood pressure and other health concerns.[106] [244]
- The community suggested home visits to help manage chronic conditions, such as high blood pressure. Additionally, the community highlighted discharge kits for conditions like congestive heart failure as an effective intervention.[106]
- Survey participants in the Sharp Consumer Insights Community identified hypertension/high blood pressure as both the most common and most impactful health condition, with 51% reporting it as the most experienced condition and 42% noting it as having the greatest impact. Additionally, more than one-quarter of respondents (28%) reported heart disease as having the most impact on themselves or their loved ones.[107]

Sharp Hospital Data

- Between 2021 and 2023, heart failure and shock diagnoses accounted for one-third of Sharp inpatient discharges among SDC residents for circulatory system diseases.[211]
- Hypertension remains a major concern among older adult inpatients. In 2023, it was one of the leading principal diagnoses at Sharp Chula Vista Medical Center, Sharp Memorial Hospital, Sharp Coronado Hospital and Healthcare Center and Sharp Grossmont Hospital for residents age 65 and up.[211]
- Hypertension was one of the most common chronic conditions among SDC residents treated at Sharp hospitals, particularly among inpatient discharges for those age 65 and up. Heart failure and non-ischemic heart disease were also among the top chronic conditions seen at Sharp hospitals.[211]
- In the ED, hypertension, atrial fibrillation and flutter, heart failure and heart disease were among the most common chronic conditions for patients age 65 and up. Additionally, Sharp Coronado Hospital and Healthcare Center saw a 14.3% increase in hypertension-related ED discharges among SDC residents between 2021 and 2023.[211]

[244] This item also addresses the following identified need: *Community Safety*.

Regional Data

- In 2023, heart disease was the second leading cause of death among SDC residents, accounting for 4,785 deaths (20.4%). Additionally, hypertension ranked eighth with 538 deaths (2.3%).[245]
- As of 2024, approximately 624,000 SDC residents (14.8%) have been diagnosed with high blood pressure at some point in their lives. White residents (68.8%) represent the majority of those diagnosed, followed by Asian (12%) and Black residents (4.4%).[102]
- Hypertension management remains a challenge in SDC. While 71% of residents with high blood pressure take medication, more than a quarter (26.9%) continue to experience uncontrolled blood pressure. Additionally, nearly half (42.8%) reported they did not reduce their salt intake. These behaviors disproportionately affect older adults as well as certain racial and ethnic groups, including Black and Hispanic residents.[102]
- Heart disease affects 183,000 residents (7.6%), with older adults accounting for nearly two-thirds of cases.[102]
- Stroke affects 54,000 residents (2.2%), with older adults age 65 and up making up nearly three-quarters of cases.[102]
- In 2023, heart disease deaths in SDC were the highest in Palomar and Julian (391 per 100,000 residents), with older adults age 80 and up most affected in Fallbrook, Escondido and Coronado (2,720 per 100,000 residents).[246]
- Hospitalization rates for heart disease were highest in Mountain Empire (2,119 per 100,000 residents), with NH Black residents (2,941 per 100,000 residents) and older adults age 80 and up having the highest rates, especially in La Mesa, Spring Valley, Coronado, Chula Vista and South Bay (10,257 per 100,000 residents).[246]
- ED discharge rates for heart disease were highest in Mountain Empire as well as several central and southern regions (2,767 per 100,000 residents), with NH Black residents and older adults age 80 and up most affected (8,423 per 100,000 residents).[246]
- Hypertensive disease deaths were highest in Fallbrook, La Mesa and Spring Valley (57 per 100,000 residents) with older adults age 80 and up (708 per 100,000 residents) and White residents (108 per 100,000 residents) most affected.[247]
- Hospitalization (723 per 100,000 residents) and ED discharge rates (475 per 100,000 residents) for hypertensive disease were highest in Mountain Empire and southern regions, with NH Black residents (1,257 per 100,000 residents) and older adults age 80 and up (2,633 per 100,000 residents) most affected.[247]

[245] CHSU. (n.d.). *2011–2023 Leading Causes of Death among San Diego County Residents Dashboard*. Tableau Public. https://public.tableau.com/app/profile/chsu/viz/2011-2023LeadingCausesofDeathamongSanDiegoCountyResidentsDashboard_17479446441480/SDCountyDashboard

[246] County of San Diego, HHSA, PHS, CHSU. (2023). *Overall heart disease: Map atlas (San Diego County, 2020)*. Retrieved December 17, 2025, from https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/2023-health-map-atlases/Overall%20Heart%20Disease.pdf

[247] County of San Diego, HHSA, PHS, CHSU. (2025). *Overall hypertensive diseases: 2023 map atlas*. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/2023-map-atlases/Overall%20Hypertensive%20Diseases.pdf

- Stroke deaths were highest in Fallbrook, Poway, Ramona and Spring Valley (75 per 100,000 residents) older adults age 80 and up (1,207 per 100,000 residents) and White residents (143 per 100,000 residents) most affected.[248]
- Hospitalization rates (437 per 100,000 residents) for stroke were highest in Palomar, Julian and Mountain Empire, and ED discharge rates (140 per 100,000 residents) were highest in Valley Center, Poway, Ramona and Alpine. Residents age 80 and up had the highest stroke-related hospitalization rate in Coronado (2,814 per 100,000 residents) and the highest ED discharge rate in La Mesa and Poway (1,148 per 100,000 residents).[248]
- Social and structural factors heavily influence cardiovascular health. Groups experiencing racial inequities tend to have higher rates of hypertension and heart disease, which is often linked to chronic stress and related health impacts. In SDC, NH Black residents were 2.5 times more likely for heart failure compared to NH White residents.[249]

State and National Data

- More people die from heart attacks during the winter, particularly the last week of December, than at any other time of the year. While various factors may be responsible for the uptick in cases, stress, diet, physical activity, medications and substance use can affect heart health.[250]

Health Conditions: Cancer

2025 CHNA Data

- In the CHNA online survey, 24% of respondents identified cancer as a top health concern.[106]
- Interviews and focus groups unveiled challenges in managing cancer care, including poor coordination among providers and lack of patient navigation for certain cancers.[106] [251]
- A key informant shared as a personal story highlighting systemic issues such as:[106] [252]
    - Confusing and conflicting surgery schedules, which were attributed to poor communication between offices.
    - Limited ability of patient navigators for melanoma patients.
    - Barriers for non-English speakers and individuals unfamiliar with the health care system.

[248] County of San Diego, HHSA, PHS, CHSU. (2025). *Stroke: 2023 map atlas*. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/2023-map-atlases/Stroke.pdf
[249] County of San Diego, HHSA, PHS, CHSU. (2025). *Racial Equity: Framework and Outcomes Brief, Data Guide (2025 update)*. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/Racial%20Equity%20Framework%20and%20Outcomes%20Brief%2c%20Data%20Guide%20-%202025%20update%20FINAL.pdf [sandiegocounty.gov]
[250] American Heart Association. (2025). *Heart attack deaths spike during the winter holidays*. https://newsroom.heart.org/local-news/heart-attack-deaths-spike-during-the-winter-holidays-6915305
[251] This item also addresses the following identified need: *Access to Health Care*.
[252] This item also addresses the following identified need: *Access to Health Care*.

- Unexpected hospital policies (e.g., no children under 12 allowed) caused stress for families.
- Lack of proactive communication about surgery delays, creating childcare and transportation challenges.

Sharp Hospital Data

- From 2021 to 2023, Sharp inpatient cancer discharges increased across all regions, with the highest volume from East County.[211]
- In 2023, 50.8% of Sharp inpatient cancer discharges were patients ages 65 to 84. Medi-Cal insured patients accounted for 21.8% of Sharp cancer inpatients, higher than other local hospitals (16.6%).[211]
- In the Sharp Consumer Insights Community survey findings, 17% reported current experience with cancer (self or loved ones) and 31% identified cancer as the most impactful health condition.[107]

Regional Data

- In 2023, cancer was the leading cause of death for SDC residents and was responsible for 5,098 deaths, 21.8% of all deaths.[253]
- The age-adjusted rate of death due to cancer in SDC was 109.1 per 100,000 population. This rate was lower than the HP2030 target rate for overall cancer deaths (122.5 per 100,000 population).[254]
- Compared to other racial and ethnic groups in SDC, NH Black residents had the highest age-adjusted death rate due to cancer (158.8 per 100,000).[254]
- In 2023, compared to other HHSA regions, east region had the highest total death rate due to cancer (332 per 100,000). Additionally, NH Black residents had the highest rate of death due to cancer in Southeastern San Diego (376 per 100,000). Residents age 80 and older had the highest rate of death due to cancer (1,717 per 100,000).[255]
- The east region had the highest hospitalization rate due to cancer in 2023 (451 per 100,000). NH White residents had the highest rate of hospitalization (684 per 100,000), as well as residents age 80 and older (1,383 per 100,000).[255]
- The east region also had the highest ED discharge rate in 2023 (88 per 100,000). White residents had the highest rate of ED discharge (89 per 100,000), as well as residents ages 60 to 69 (138 per 100,000).[255]
- Lung cancer was the leading cause of cancer death in SDC in 2023, with a mortality rate of 18.3 per 100,000 population. SDC residents in Lakeside and National City

[253] CHSU. (n.d.). *AA Regional Profiles Mortality: Trends x Sex* [Data visualization]. Tableau Public. https://public.tableau.com/app/profile/chsu/viz/AARegionalProfilesMortality060625_17550094811110/TrendsxSex?publish=yes
[254] CHSU. (2025). *Healthy People 2030 and Mortality: 2025 update* [Data visualization]. Tableau Public. https://public.tableau.com/app/profile/chsu/viz/HealthyPeople2030andMortality_2025Update/HP2030TrendsDB?publish=yes
[255] County of San Diego, HHSA, PHS, CHSU. (2025). *2023 Map Atlas: Overall Cancer*. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/2023-map-atlases/Overall%20Cancer.pdf

had the highest rate of death due to lung cancer in 2023 (44 per 100,000).[256] NH White residents had the highest rate of death due to lung cancer in Lakeside and Oceanside (57 per 100,000). Hospitalization rates were also the highest in Lakeside among NH White residents (55 per 100,000).[257]

- Breast cancer was the second leading cause of cancer deaths in SDC in 2023 (17.5 per 100,000). Between 2022 and 2023, the age-adjusted death rate for breast cancer among female residents in SDC decreased from 17.7 per 100,000 population to 17.5 per 100,000 population.[258]
- The age-adjusted death rate for reproductive cancer among female residents in SDC increased between 2022 and 2023 from 14.3 per 100,000 population to 15.4 per 100,000 population.[258]

Health Conditions: Diabetes

2025 CHNA Data

- Community members consistently identified diabetes as a top issue across interviews, surveys and focus groups. They highlighted persistent challenges in managing diabetes, including access to healthy foods, blood sugar monitoring and medication adherence. Personal experiences shared by community members revealed the urgent need for programs that support treatment compliance and continuity of care after hospitalization.[106] [259]
- Nearly a quarter (23%) of participants in the Sharp Consumer Insights Community survey indicated they and/or their loved ones currently experience diabetes, while one-quarter (25%) noted diabetes as having the most impact on them and/or their loved ones.[107]
- The community suggested home visits to help manage chronic conditions such as diabetes.[106] [260]

Sharp Hospital Data

- Diabetes was among the top chronic conditions in Sharp ED discharges among SDC residents, including older adults.[211]
- From 2021 to 2023, Sharp SDC inpatients with Type 2 diabetes as the principal diagnosis increased by 16.6% in East County. From 2021 to 2023, Sharp SDC inpatients with Type 2 diabetes as the principal diagnosis increased by 34.3% in the

[256] CHSU. (n.d.). *AA Regional Profiles Mortality – Trends x Sex* [Data visualization]. Tableau Public. https://public.tableau.com/app/profile/chsu/viz/AARegionalProfilesMortality060625_17550094811110/TrendsxSex?publish=yes
[257] County of San Diego, HHSA, PHS, CHSU. (2025*). 2023 Map Atlas: Lung Cancer*. https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/2023-map-atlases/Lung%20Cancer.pdf [sandiegocounty.gov]
[258] CHSU. (n.d.). *AA Regional Profiles Mortality – Trends x Sex* [Data visualization]. Tableau Public. https://public.tableau.com/app/profile/chsu/viz/AARegionalProfilesMortality060625_17550094811110/TrendsxSex?publish=yes
[259] This item also addresses the following identified need: *Access to Health Care*.
[260] This item also addresses the following identified need: *Access to Health Care*.

Metro Central region. From 2021 to 2023, Sharp SDC inpatients with Type 2 diabetes as the principal diagnosis increased by 16.4% in the South Bay.[211]

- Although all racial and ethnic groups saw a decline in Type 2 diabetes ED discharges among SDC residents in 2023, Hispanic patients still represented nearly half of these cases. Hispanic inpatients represented 46.0% of Type 2 diabetes discharges among SDC residents at Sharp hospitals, the largest proportion among all race/ethnicity groups. Asian inpatients had the highest increase in discharges at 41.7%.[211]

Regional Data

- In 2023, diabetes was the seventh leading cause of death among SDC residents, accounting for 911 deaths (3.1%).[261] The age-adjusted rate of death due to diabetes in SDC in 2023 was 23.2 per 100,000 residents, which was slightly lower than the rate in California (24.1 per 100,000).[262]
- The age-adjusted rate for diabetes in SDC in 2023 was 151.2 per 100,000. This rate was the highest in Southeastern San Diego (318.7 per 100,000).[263]
- Compared to SDC overall, Southeastern San Diego had disproportionately higher age-adjusted rates of death and ED discharge related to diabetes.[264]
- In 2024, 195,000 SDC residents (8.1%) indicated that they had been diagnosed with diabetes, which was lower than the state of California (12.4%). The proportion of residents with a diabetes diagnosis was split almost evenly between adults ages 18 to 64 (52.6%) and older adults age 65 and up (47.4%).[102]
- SDC residents living at or above 300% of the FPL were about three times more likely to report being diagnosed with diabetes (49.7%) compared to those living below 300% of the FPL (16-17%).[102]
- Among adults in SDC who reported being diagnosed with diabetes, more than a quarter (28.7%) also reported experiencing food insecurity or being unable to afford enough food.[102]
- In 2024, diabetes-related deaths were highest in National City and Chula Vista (57 per 100,000 residents), with older adults age 80 and up most affected (578 per 100,000 residents). Hospitalization rates (338 per 100,000) and ED discharges (281 per 100,000) were highest in Southeastern San Diego and the South Bay. NH Black

[261] CHSU. (n.d.). *2011–2023 Leading causes of death among San Diego County residents dashboard* [Data visualization]. Tableau Public. https://public.tableau.com/app/profile/chsu/viz/2011-2023LeadingCausesofDeathamongSanDiegoCountyResidentsDashboard_17479446441480/SDCountyDashboard

[262] National Institute on Minority Health and Health Disparities. (n.d.). *HDPulse data portal: Mortality table* [Data table]. HDPulse. https://hdpulse.nimhd.nih.gov/data-portal/mortality/table?age=001&age_options=age_11&cod=254&cod_options=cod_15&comparison=states_to_us&comparison_options=comparison_statename_to_us&race=00&race_options=race_6&ratetype=aa&ratetype_options=ratetype_2&ruralurban=0&ruralurban_options=ruralurban_3&sex=0&sex_options=sex_3&statefips=06&statefips_options=area_states&yeargroup=5&yeargroup_options=yearmort_2

[263] CHSU. (n.d.). *AA Regional Profiles Morbidity – Trends by sex* [Data visualization]. Tableau Public. https://public.tableau.com/app/profile/chsu/viz/AARegionalProfilesMorbidity060625_17550092093870/TrendsxSex?publish=yes

[264] CHSU. (n.d.). *AA Regional Profiles Mortality – Trends by sex* [Data visualization]. Tableau Public. https://public.tableau.com/app/profile/chsu/viz/AARegionalProfilesMortality060625_17550094811110/TrendsxSex?publish=yes

residents (657 per 100,000) and older adults ages 70 to 79 (756 per 100,000) had the highest rates for these encounters.[265]

State and National Data

- Nationally, over 38 million Americans live with diabetes and an estimated 8.7 million have diabetes but are undiagnosed.[266] Healthy People 2030 aims to reduce new diabetes cases to 4.8 per 1,000 adults annually.[267]

Health Conditions: Maternal and Child Health

2025 CHNA Data

- There are various barriers to accessing prenatal and postnatal care. The HASD&IC CHNA found that lack of child care was a barrier in being able to access health care services.[106] The Sharp CHNA found that lack of child care often prevents mothers from seeking treatment.[107] [268]
- The Sharp CHNA identified multiple barriers to prenatal and postnatal care in SDC, including cultural norms that limit women's access to male providers, transportation challenges and inadequate language support. Focus group findings emphasized the need for culturally sensitive care to accommodate diverse practices during pregnancy and postpartum, such as breastfeeding. Additionally, partners and families require both education and resources to navigate these complexities, while uninsured patients face significant obstacles in accessing specialized programs.[107] [269]
- The Sharp CHNA highlighted postpartum mental health as a major unmet need, with many new mothers experiencing severe anxiety and obsessive-compulsive symptoms. Trauma during childbirth, an under-researched factor, further contributes to these challenges.[107] [270]
- Intensive outpatient programs, such as Sharp Mesa Vista's Maternal Mental Health Program, were identified as effective interventions for pregnant individuals facing mental health issues. Additionally, focus group participants emphasized the importance of providing targeted support within the first two months after hospital discharge, as many parents lack follow-up appointments until six to eight weeks postpartum.[107] [271]

[265] County of San Diego, HHSA, PHS, CHSU. (2025). *2023 Map Atlas: Chronic kidney disease due to diabetes.* https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/2023-map-atlases/Diabetes.pdf
[266] American Diabetes Association. (2024). *The burden of diabetes in California (State fact sheet)*. https://diabetes.org/sites/default/files/2024-03/adv_2024_state_fact_california.pdf
[267] Office of Disease Prevention and Health Promotion. (n.d.). *Diabetes. Healthy People 2030*. U.S. Department of Health and Human Services. https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/diabetes
[268] This item also addresses the following identified need: *Access to Health Care*.
[269] This item also addresses the following identified need: *Access to Health Care*.
[270] This item also addresses the following identified need: *Community Safety*.
[271] This item also addresses the following identified need: *Access to Health Care*.

Sharp Hospital Data

- Analysis of Sharp inpatient data revealed disparities across key maternal health indicators measures:[107] [272]
    - **Exclusive Breast Milk Feeding:**[273] Higher rates are ideal for this indicator. Lower rates were observed among patients age 30 and up, those with hypertension, non-English speakers and individuals identifying as non-White.
    - **Nulliparous, Term, Singleton, Vertex Cesarean births:**[274] Lower rates are ideal for this indicator. Higher rates occurred among patients age 30 and up, those with Medicare or self-pay coverage, and patients with hypertension.
    - **Vaginal Birth After Cesarean:**[275] Higher rates are ideal for this indicator. Rates were lower among patients age 30 and up; those insured by Medi-Cal, Medicare, or self-pay; and among Hispanic or Latino, Asian, Native Hawaiian or Pacific Islander and other racial/ethnic groups.

Regional Data

- In 2023, there were 35,713 live births in SDC. Residents in the south region of SDC had the highest percentage of live births (18.2%), followed by the north inland region (17.5%).[276]
- The fertility rate in SDC in 2023 was 55.7 per 1,000 women. Compared to SDC overall, the south region had the highest rate of fertility in 2023 (65.6%). The following represents the proportion of births by maternal age in SDC in 2023:[276]
    - 2.1% were ages 15 to 19
    - 13.1% were ages 20 to 24
    - 23.2% were ages 25 to 29
    - 33.7% were ages 30 to 34
    - 21.9% were ages 35 to 39
    - 5.3% were ages 40 to 44
    - 0.7% were age 45 and up

- The table below provides a summary of select maternal and infant health indicators in SDC:

[272] This item also addresses the following identified need: *Access to Health Care*.
[273] California Maternal Quality Care Collaborative. (n.d.). *Exclusive human milk feeding*. https://www.cmqcc.org/education-research/quality-measures/exclusive-human-milk-feeding
[274] California Maternal Quality Care Collaborative. (n.d.). *NTSV (Nulliparous, Term, Singleton, Vertex) cesarean birth measure specifications*. https://www.cmqcc.org/quality-improvement-toolkits/supporting-vaginal-birth/ntsv-cesarean-birth-measure-specifications
[275] California Maternal Quality Care Collaborative. (n.d.). *Supporting vaginal birth*. https://www.cmqcc.org/toolkits-quality-improvement/supporting-vaginal-birth

Select Maternal and Infant Health Indicators by HHSA Region, 2023[276]

HHSA Region	Infant Mortality[277]	Preterm Births[278]	Early Prenatal Care[279]	Low Birth Weight[280]
East	4.0*	9.3%*	86.0%	7.1%*
Central	4.4*	10.0%†*	80.1%†*	8.0%*
North Central	3.2	9.0%*	87.2%	7.3%*
North Coastal	3.0	7.9%	88.7%	6.0%
North Inland	4.0	8.9%	87.0%	7.0%
South	3.1	8.6%	82.6%*	6.8%
SDC Total	**3.6**	**8.9%**	**85.3%**	**7.0%**
HP2030 Target	**5.0**	**9.4%**	**80.5%**	**N/A**

† Does not meet HP2030 Target. * Worse than SDC Overall.

- As of 2023, the infant mortality rate in SDC was 3.6 per 1,000 live births. The central region had the highest rate (4.4 per 1,000), followed by the east region (4.0 per 1,000).[276] All regions met or exceeded the Healthy People 2030 national target of 5.0; however, Black women did not meet this target, with an infant mortality rate of 9.5 per 1,000.[281]
- From 2021 to 2023, the leading cause of infant death was congenital malformations, deformation and chromosomal abnormalities, with a mortality rate of 72.2 per 100,000 live births.[276]
- In 2023, there were 3,186 preterm births (8.9%), with the central region reporting the highest percentage (10.0%). Pacific Islander women had the highest percentage of preterm births (16.8%), followed by Black women (13.0%). Women age 45 and older had the highest percentage of preterm births (21.5%). Cesarean delivery was the primary method for preterm births (18.4%).[276]
- Additionally, 2,497 infants (7.0%) were born with low birth weight in 2023. The central region had the highest percentage (8.0%). Black mothers had the highest rate of low birth weight infants (13.1%), and women age 45 and older had the highest percentage (14.3%).[276]
- Severe maternal morbidity includes unexpected outcomes of labor and delivery that can result in significant short- or long-term health consequences. Severe maternal morbidity has been steadily increasing in recent years.[282] Factors associated with

[276] County of San Diego HHSA, PHS. (2025). *Maternal, Child, and Family Health Services statistics*. https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/maternal_child_family_health_services/MCFHSstatistics.html
[277] Infant mortality refers to the rate of death in infants under one year of age per 1,000 live births.
[278] Reported as a percentage of all live births that were considered preterm. Preterm birth refers to births prior to 37 completed weeks of gestation.
[279] Reported as a percentage of all live births in SDC 2022 where the mother received early prenatal care. Early prenatal care is defined as care initiated during the first trimester of pregnancy, not accounting for frequency of care.
[280] Reported as a percentage of all live births qualifying at low birth weight in 2022. Low birth weight refers to birth weight less than 2,500 grams (5 pounds, 8 ounces).
[281] CHSU. (2025). *Healthy People 2030 and Mortality: 2025 Update – HP2030 Trends DB* [Data visualization]. Tableau Public. https://public.tableau.com/app/profile/chsu/viz/HealthyPeople2030andMortality_2025Update/HP2030TrendsDB?publish=yes
[282] CDC. (2025) *Severe Maternal Morbidity. Severe Maternal Morbidity | Maternal Infant Health*. https://www.cdc.gov/maternal-infant-health/php/severe-maternal-morbidity/index.html

increased risk of severe maternal morbidity include maternal age and chronic conditions. The severe maternal morbidity rate in SDC (89.0) and California (110.4) continued to be above the HP2030 target of 68.1 from 2021 to 2023 and continues to trend upward.[283]

- Although mothers in SDC reported slightly higher levels of prenatal depressive symptoms (15.0%) compared to the state of California (14.8%) from 2020-2022, they reported lower levels of postpartum depression symptoms (14.5% compared to 14.1%). Both metrics have been trending upward in SDC since 2016.[284] [285]
- Data showed that between 2020 and 2022, 9.3% of mothers in SDC reported alcohol use in the third trimester, two percentage points higher than the state of California (7.3%). White mothers are more than twice as likely to report alcohol use in the third trimester than Black or Hispanic mothers. Further, there have been upward trends in alcohol use during the third trimester among those with household incomes below 200% of the poverty line.[284]
- The rate of neonatal abstinence syndrome[286] in SDC more than doubled between 2008 and 2022 (from 1.1 to 2.4 per 1,000 live births, respectively). This rate was higher among Medi-Cal recipients (6.0 per 1,000 live births) in 2022.[284]
- Four hospital systems have closed their maternity wards in SDC since 2021, reflecting a larger trend of closures across the state (46 maternity wards since 2012). Due to a lack of maternity wards and obstetric units in neighboring regions, including Imperial County and Southern Riverside, pregnant mothers are forced to travel to SDC hospitals to receive care.[287] Census tract data shows Latino and low-income communities have been hit hardest by these losses.[288] [289]

State and National Data

- Birth trauma involves physical and psychological injuries that happen during labor and delivery. These can be physical injuries to the baby or the person giving birth and they can also include emotional stress for anyone involved. Giving birth is both physically and mentally stressful for both parents and their infants. Preventing and treating birth trauma takes a team of experts working together, including doctors, midwives, nurses, mental health professionals and social workers.[290] [291]

[283] California Department of Public Health. (n.d.). *Severe maternal morbidity*. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Severe-Maternal-Morbidity.aspx
[284] California Department of Public Health Maternal, Child, and Adolescent Health Division. (2025). *Maternal, Child and Adolescent Health Dashboards*. California Department of Public Health. Retrieved from https://www.cdph.ca.gov.
[285] This item also addresses the following identified need(s): *Health Conditions*.
[286] Neonatal abstinence syndrome is a drug withdrawal syndrome that most commonly occurs in newborns due to maternal use of opiates. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/CDPH%20Document%20Library/Data-Dashboards/About-the-Data-Neonatal-Abstinence-Syndrome.pdf
[287] Na, A. (2025). *San Diego hospitals see increased delivery volume amid several maternity ward closures*. CBS 8 San Diego. https://www.cbs8.com/article/news/local/san-diego-hospitals-several-maternity-ward-closures/509-00256290-6760-402e-8c50-a28de168240b
[288] CalMatters. (2023). *California hospitals close maternity wards*. https://calmatters.org/health/2023/11/california-hospitals-close-maternity-wards/
[289] This item also addresses the following identified need(s): *Access to Health Care* and *Workforce*.
[290] Fugate, S., Conklin, A., & Maines, J. (2025) Birth Trauma. *StatPearls*. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK539831/
[291] This item also addresses the following identified need(s): *Community Safety, Workforce*.

- Infant feeding practices are influenced by cultural beliefs; a sensitive and careful approach to breastfeeding and nutrition guidance encourages successful breastfeeding and introduction of complementary foods. Clinicians should ask about feeding practices and share clear, accurate nutrition information with parents and family members. Support and encouragement from health care providers can make breastfeeding last longer. Trust grows when staff are culturally aware and include trained peer counselors who speak the family's language and share their cultural background.[292] [293]
- Factors associated with preterm birth include maternal age, race, socioeconomic status, tobacco use, substance use, stress, prior preterm births, carrying more than one baby and infection.[294] [295]
- Pregnancy complications can arise due to health conditions, such as anemia, anxiety, depression, diabetes, heart conditions, hypertension, hyperemesis gravidarum, infections and unhealthy body weight. Maintaining a healthy weight reduces the risk of pregnancy complications, including preeclampsia, gestational diabetes, stillbirth and cesarean delivery. Gaining a healthy amount of weight during pregnancy is also important for one's health during and after pregnancy.[296]
- A recent report found that the preterm birth rate remained steady nationally; however, rates among Black (14.7%), American Indian/Alaska Native (12.5%) and Pacific Islander (12.3%) infants continue to be above the national average (10.4%). While the infant mortality rate continued to decline nearly 20% in the last two decades, the rate among infants born to moms who identify as Black is 1.9 times the national rate.[297]

Workforce

2025 CHNA Data

- SDC is experiencing a shortage of health care workers. The community attributes this to the trauma and ongoing pressures providers faced during the COVID-19 pandemic, which led many to leave the profession. They also believe that high living costs in San Diego are driving health care professionals to relocate to more affordable areas.[106] [298]

[292] American Academy of Pediatrics. (2022). *Cultural differences in infant feeding*. https://www.aap.org/en/patient-care/newborn-and-infant-nutrition/cultural-differences-in-infant-feeding/ [aap.org]
[293] This item also addresses the following identified need: *Workforce*.
[294] National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health. (2024). *Maternal and Infant Health: An Overview*. CDC. https://www.cdc.gov/maternal-infant-health/about/?CDC_AAref_Val=https://www.cdc.gov/reproductivehealth/maternalinfanthealth/index.html
[295] This item also addresses the following identified need(s): *Access to Health Care*, *Community Safety*.
[296] CDC. (2024). *Pregnancy complications*. https://www.cdc.gov/maternal-infant-health/pregnancy-complications/index.html
[297] March of Dimes. (n.d.). *Reports for United States: 2025 March of Dimes Report Card*. https://www.marchofdimes.org/peristats/reports/united-states
[298] This item also addresses the following identified need: *Access to Health Care*.

- Health care workers in SDC face high levels of stress, burnout and vicarious trauma, which contribute to staff turnover and negatively impact patient care, especially in behavioral health services where continuity is essential.[106] [299]
- The community also made several suggestions for ways in which hospitals and health care systems could help reduce stress and improve their health through supporting health care workers. These include:[106] [300]
    - Acknowledging and addressing both health care worker burnout and vicarious trauma.
    - Establishing low-cost, convenient education and training for medical assistants, certified nursing assistants and licensed vocational nurses
    - Encouraging and providing paid time for health care worker community engagement.
    - Making efforts to reduce staff turnover.
    - Providing opportunities for cultural exchanges and education in the community.
    - Providing training opportunities around systemic racism, power dynamics, cultural competency and health inequities as well as interacting with populations with complex health needs.

Regional Data

- Health care is SDC's second largest workforce sector, supporting 160,000 jobs.
- SDC faces a significant shortage of mental health and behavioral health professionals, requiring approximately 18,500 additional workers by 2027, including:[301] [302]
    - 8,100 to meet current demand
    - 7,800 to replace those leaving within five years
    - 2,600 to support projected growth
- Key factors driving behavioral health worker burnout and intent to leave the profession include dissatisfaction with pay (55%), job-related stress (44%) and heavy documentation requirements (39%).[303] [304]
- When looking at preventable hospitalizations in SDC, the anticipated retirement rates in the next five years among practicing physicians who treat specific conditions are as follows:[305] [306]
    - Asthma Among Younger Adults (ages 18 to 39): 18.9%

[299] This item also addresses the following identified need(s): *Chronic Stress, Community Safety, Health Conditions*.
[300] This item also addresses the following identified need(s): *Access to Health Care, Community Safety*.
[301] San Diego Foundation. (2025). *Addressing the mental and behavioral health workforce gap*. https://www.sdfoundation.org/news-events/sdf-news/addressing-the-mental-and-behavioral-health-workforce-gap/
[302] This item also addresses the following identified need: *Access to Health Care*.
[303] San Diego Workforce Partnership. (2022). *San Diego behavioral health workforce report* (p. 6). https://workforce.org/wp-content/uploads/2022/09/San-Diego-Behavioral-Health-Workforce-Report-.pdf
[304] San Diego Foundation. (2025). *Addressing the mental and behavioral health workforce gap*. https://www.sdfoundation.org/news-events/sdf-news/addressing-the-mental-and-behavioral-health-workforce-gap/
[305] California Department of Health Care Access and Information. (2023). *Physician supply and preventable hospitalizations by county*. https://hcai.ca.gov/visualizations/physician-supply-and-preventable-hospitalizations-by-county/
[306] This item also addresses the following identified need(s): *Access to Health Care, Health Conditions*.

    - Community-Acquired Pneumonia: 19.1%
    - Chronic Obstructive Pulmonary Disease or Asthma in Older Adults (age 40 and up): 19.1%
    - Diabetes Composite: 18.5%
    - Heart Failure: 17.3%
    - Hypertension: 17.1%
    - Urinary Tract Infection: 19.3%
- As of 2024, it is projected that SDC will need more than 1,500 additional registered nurses over the next three years. The region graduates approximately 2,000 nurses annually, but there are only 300 new graduate nursing positions over the next three years.[307]
- In 2023, there were 1,925 registered nurse job openings compared to 1,037 graduates, creating a 46% workforce shortfall. This gap is expected to widen as employment for registered nurses is projected to grow by 8% by 2027, further increasing demand.[308]
- Factors contributing to the shortfall include:[308] [309]
    - Limited clinical placement capacity
    - High training costs
    - Competition across health care systems
    - Aging population (65+ projected to grow 32% by 2050)
    - Local health disparities, including limited access to care and higher mortality rates from chronic disease

State and National Data

- Health care workers experience chronic stress, mental health issues and burnout. More than a quarter (26%) of health care workers report mental health symptoms that meet the criteria for a mental illness, yet only 38% seek care.[310] [311] [312]
    - Among those who seek care:
        - Female providers: 26.1%
        - Male providers: 16%
        - Primary care physicians: 16.4% (lowest)
        - Nurse practitioners: 33.9% (highest)
    - Top stressors reported:
        - Extra work-related stress (68.2%)

[307] San Diego Regional Economic Development Corporation. (2025). *Report: Meeting San Diego's healthcare talent needs beyond 2025*. https://www.sandiegobusiness.org/blog/report-meeting-san-diegos-healthcare-talent-needs/
[308] MiraCosta College. (2025). *Grant targets 46 percent registered nurse shortage with apprenticeships and California State University partnerships*. https://hub.miracosta.edu/news/index.aspx?id=4651
[309] This item also addresses the following identified need: *Health Conditions*.
[310] Papa, A., Barile, J. P., Jia, H., Thompson, W. W., & Guerin, R. J. (2025). Gaps in mental health care–seeking among health care providers during the COVID-19 pandemic — United States, September 2022–May 2023. *Morbidity and Mortality Weekly Report*, *74*(2), 19–25. https://www.cdc.gov/mmwr/volumes/74/wr/mm7402a1.htm
[311] San Diego Foundation. (2025). *Addressing the mental and behavioral health workforce gap*. https://www.sdfoundation.org/news-events/sdf-news/addressing-the-mental-and-behavioral-health-workforce-gap/
[312] This item also addresses the following identified need(s): *Access to Health Care*, *Chronic Stress, Health Conditions*.

        - Burnout (58.9%)
        - Inadequate staffing (58.9%)
        - High workload (57.2%)
        - Fear of COVID-19 infection (55.6%)
    - Barriers to care:
        - Difficulty getting time off work
        - Confidentiality concerns, cost and stigma

Appendix

B Sharp HealthCare Community Partnerships

This list serves as a reference to organizations Sharp partnered with in FY 2025 through activities such as program collaboration, volunteer service, donations, student placements and leadership roles.

Community- and Faith-based Organizations

- 211 San Diego
- Alliance for African Assistance
- All Kids Academy Head Start, Inc.
- American Cancer Society
- American Heart Association
- American Lung Association
- Boys & Girls Club of East County
- Caregiver Coalition of San Diego
- Chicano Federation
- East County Action Network
- Episcopal Community Services
- Eric Paredes Save a Life Foundation
- Feeding San Diego
- Friends With Purpose
- Girl Scouts San Diego
- Home of Guiding Hands
- Jackie Robinson YMCA (YMCA of San Diego County — Jackie Robinson branch)
- Jacobs & Cushman San Diego Food Bank
- Jayden T. Gillespie Foundation
- La Mesa Women's Club
- Leukemia & Lymphoma Society
- Life Rolls On Foundation
- MAAC (Metropolitan Area Advisory Committee on Anti-Poverty of San Diego County, Inc.)
- Mercy Ships
- Mission Valley YMCA (YMCA of San Diego County — Mission Valley branch)
- Mothers' Milk Bank
- Pacific Arts Movement
- Parkinson's Association of San Diego
- Promises2Kids
- Ronald McDonald House Charities of San Diego
- Rotary Club of Chula Vista
- Safe Harbor Coronado
- San Diego Prosperity Foundation

- San Diego Rescue Mission
- SAY San Diego
- Second Chance
- South Bay Community Services
- St. Paul's Senior Services
- SunCoast Market Co-op
- Tierrasanta Village of San Diego
- Venture to Heal Medical Missions
- Vista Hill Foundation
- Young Enthusiastic Stroke Survivors
- Youth With A Mission
- YWCA of San Diego County

Community & Health Care Collaboratives

- Be There San Diego
- California POLST eRegistry Collaborative
- Climate Action Campaign – Public Health Advisory Council
- Coalition for Compassionate Care of California
- Community Information Exchange Advisory Board
- County of San Diego (various collaboratives)
- Perinatal Care Network
- San Diego Coalition for Compassionate Care
- San Diego Consortium for Excellence in Nursing and Allied Health
- San Diego County Fire Chiefs Association
- San Diego County Hospice-Veteran Partnership
- San Diego County Medical Society Bioethics Commission
- San Diego County Stroke Consortium
- San Diego Healthcare Disaster Coalition
- SoCal Safe Shelter Collaborative
- SoCal VOICe (Southern California Vascular Outcomes Improvement Collaborative)
- ThinkFirst National Injury Prevention Foundation
- Trauma Research and Education Foundation
- Trauma Survivors Network
- We Honor Veterans

Education Partners

- Alliant International University
- American Career College
- Arizona State University
- Aspen University
- Azusa Pacific University
- Baylor University

- Boston University
- California School-Age Families Education
- California State University Northridge
- California State University San Marcos
- Capella University
- Casa Loma College
- CBD College
- Chamberlain University
- Chapman University
- College of Saint Mary
- Colorado Technical University
- Concorde Career College
- Coronado High School
- Creighton University
- Emory University
- EMSTA College
- Glendale Career College
- Grand Canyon University
- Grossmont College
- Grossmont Health Occupations Center
- Grossmont Union High School District
- Helix Charter High School
- High Desert Medical College
- Health Sciences High and Middle College
- Keck Graduate Institute
- Loma Linda University
- Medcerts
- Midwestern University
- MiraCosta College
- National University
- Northern Arizona University
- North-West College
- Northwest University
- Ohio University
- Palomar College
- Pima Medical Institute
- Point Loma Nazarene University
- Purdue Global
- Sacred Heart University
- Samuel Merritt University
- San Diego Community College District Corporate Council
- San Diego Mesa College
- San Diego Metropolitan Regional Career and Technical High School
- San Diego State University

- San Diego & Imperial Counties Community Colleges Regional Consortium
- San Joaquin Valley College
- San Juan College
- Smith Chason College
- Southern New Hampshire University
- Southwestern College
- Touro University
- Tulane University
- UEI College
- University of Arizona
- University of California, Irvine
- University of California San Diego
- University of Massachusetts Global
- University of Phoenix
- University of Puget Sound
- University of San Diego
- University of San Diego – The Nonprofit Institute
- University of South Alabama
- University of Southern California
- University of St. Augustine for Health Sciences
- University of the Pacific
- Utah State University
- Vanderbilt University
- West Coast University - Los Angeles
- Western Governors University
- Western University of Health Sciences

Government & Public Safety Agencies

- California Department of Public Health
- California Emergency Medical Services Authority
- California Office of Health Care Affordability
- City of Chula Vista
- City of Coronado
- City of Imperial Beach
- City of La Mesa
- City of San Diego
- County of San Diego
- Heartland Fire & Rescue
- Lakeside Fire Protection District
- San Diego Association of Governments (SANDAG)
- Viejas Band of Kumeyaay Indians
- Viejas Fire Department
- U.S. Department of Health and Human Services

- United States Marine Corps
- United States Navy

Health Care Clinics, Systems & Providers

- Balboa Institute of Transplantation
- Comprehensive Treatment Centers
- Family Health Centers of San Diego
- Kaiser Permanente
- La Maestra Community Health Centers
- Neighborhood Healthcare
- Nemeth NICU Follow-Up Clinic
- Palomar Health
- Rady Children's Hospital
- Scripps Health
- St. Paul's Senior Services
- The Neuron Clinic (Chula Vista)
- TrueCare
- UC San Diego / UC San Diego Health

Research Partners

- California State University Shiley Haynes Institute for Palliative Care
- Davos Alzheimer's Collaborative
- Institute on Violence, Abuse and Trauma
- National Academies of Sciences, Engineering and Medicine
- Neonatal Research Network
- San Diego State University Institute for Public Health
- The Doris A. Howell Foundation for Women's Health Research

Professional & Industry Associations

- American Association of Critical-Care Nurses
- American Hospital Association
- America's Physician Groups
- Association for Ambulatory Behavioral Healthcare
- Association of California Nurse Leaders
- Association of Oncology Social Work
- CalHIVE Behavioral Health Integration
- California Association of Health Plans
- California Hospice and Palliative Care Association
- California Maternal Quality Care Collaborative
- California Perinatal Quality Care Collaborative
- Canadian Physiotherapy Association — National Orthopaedic Division

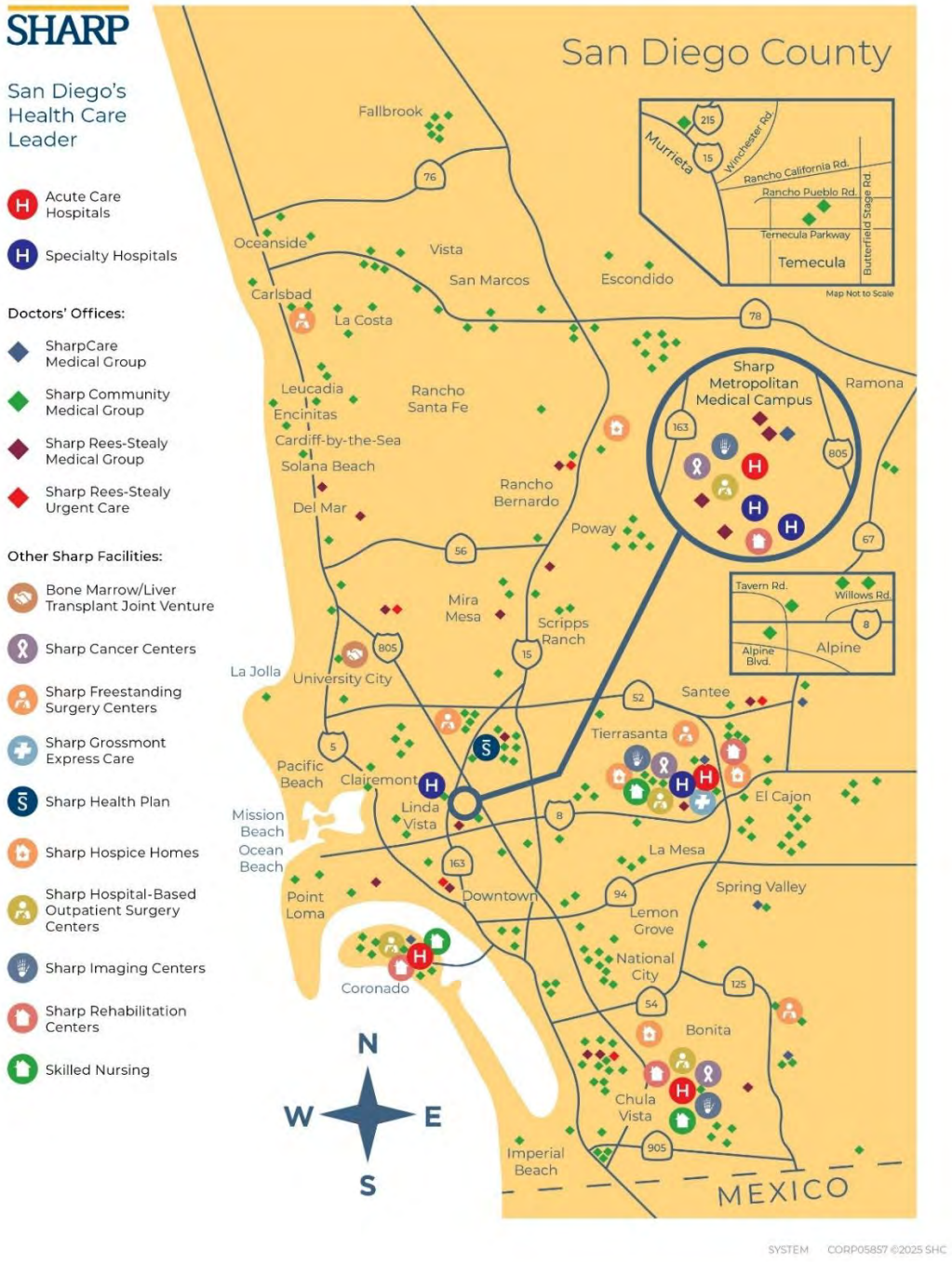
- Emergency Nursing Association
- Healthcare Financial Management Association
- Hospital Association of San Diego and Imperial Counties
- Integrated Healthcare Association
- Irish-American Orthopaedic Society
- ISHA – The Hip Preservation Society
- Lamplighters Orthopaedic Association, Inc.
- Private Essential Access Community Hospitals
- San Diego Association of Directors of Volunteer Services
- San Diego Psychological Association
- Western Orthopaedic Society

Business & Regional Economic Development Partners

- Asian Business Association of San Diego
- Chula Vista Chamber of Commerce
- Coronado Chamber of Commerce
- North San Diego Business Chamber
- Poway Chamber of Commerce
- San Diego Economic Development Council
- San Diego Regional East County Chamber of Commerce
- Santee Chamber of Commerce
- South County Economic Development Council

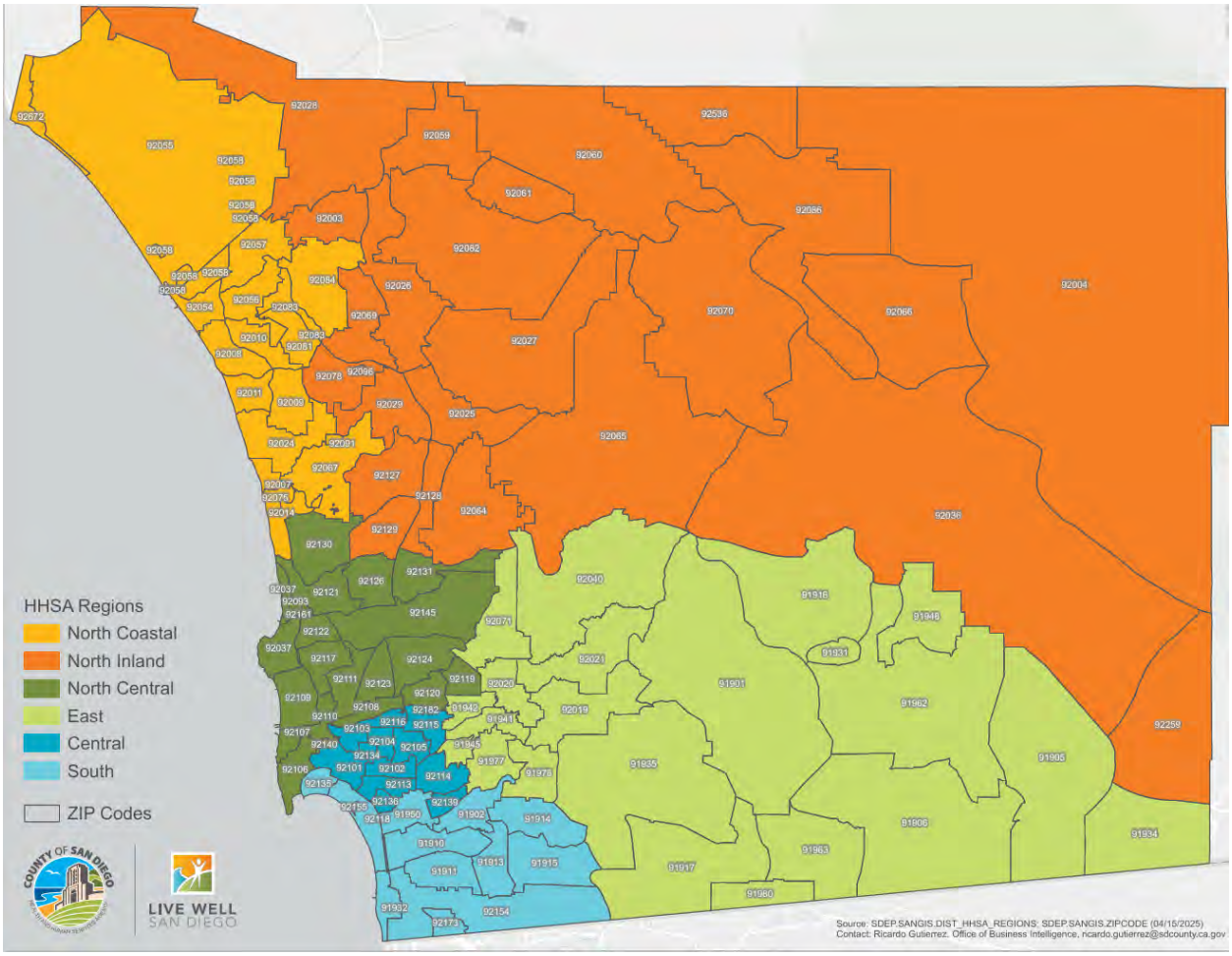
Appendix

C Map of Sharp HealthCare Locations



Appendix

D Map of Community and Region Boundaries in San Diego County



SHARP

San Diego's Health Care Leader