

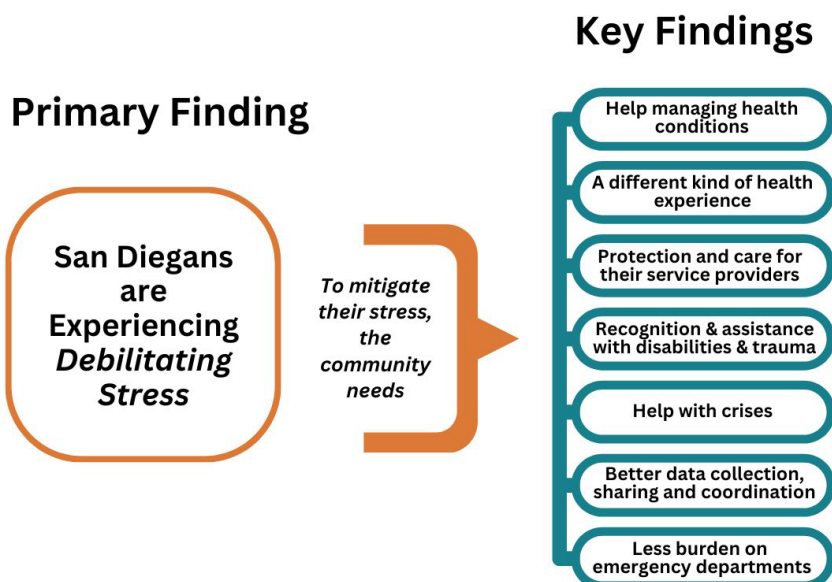
Sharp Chula Vista Medical Center Implementation Strategy Fiscal Years 2027 – 2030

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

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

2025 CHNA Top Community Needs

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





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

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

Needs Not Addressed

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

Learn more

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

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Identified Community Health Need – Asthma and Respiratory Health		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
1. Increase access to care for community members living with chronic lung diseases (e.g., asthma, chronic obstructive pulmonary disease).	a. Provide resources and self-monitoring tools to help community members remain in recovery after hospital discharge.	Fiscal Year (FY) 2027 Plan: - Provide patient navigation support services at hospital discharge to community members affected by chronic lung disease - Provide portable devices (e.g., peak flow meters, metered-dose inhaler spacers (a device that helps deliver inhaled medication more effectively to the lungs)) to vulnerable patients to facilitate self-monitoring after hospital discharge
2. Engage and partner with local community organizations that address respiratory health issues to enhance service to vulnerable populations.	a. Provide preventive education to community members in partnership with local community organizations and other Sharp departments.	FY 2027 Plan: Identify a community health education opportunity related to asthma management or a related respiratory health care topic
	b. Maintain active relationships with local, state and national community boards and committees.	FY 2025 – 2026 Activities: - Participation on the local chapter of American Lung Association board of directors - Participation on the California Society for Respiratory Care Board

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Identified Community Health Need – Aging Care and Support		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
1. Increase awareness of aging care and support through education and resources for patients, family members and the broader community.	a. Maintain active relationships with community organizations serving seniors in the south region, including senior centers.	FY 2025 Activities: - Identified more affordable senior residences, assisted living facilities, and services in Mexico that are an option for patients in the Sharp Chula Vista Medical Center (Sharp Chula Vista) community - Hosted events for senior community members at the South Bay YMCA
	b. Host and participate in community health fairs for seniors and provide education and resources on aging care and support.	FY 2027 Plan: - Collaborate with the City of Chula Vista to identify and address aging needs FY 2025 Activities: - Provided 150 blood pressure screenings at various retirement communities and senior focused events, reached hundreds of community members with free education and resources - Held free Bone and Joint Health Expos and offered bone density screenings and information and resources on orthopedic and spine care - Sharp orthopedic service line staff, including Sharp Chula Vista, hosted in-person community lectures to over 60 community members, featuring presentations on hip and knee arthritis in partnership with Oasis San Diego and back pain prevention to Viejas tribal members
	c. Continue to connect patients to appropriate services to support recovery and healthy aging at home.	FY 2025 – 2026 Activities: Sharp Chula Vista continues to offer screening and support services to seniors admitted through its emergency department (ED)
2. Improve access to quality hospice, palliative and end-of-life care.	a. Maintain active relationships with local, state and national community boards and committees to expand access to quality hospice, palliative and end-of-life care.	FY 2025 – 2026 Activities: Participated on boards and committees including, but not limited to: the Caregiver Coalition of San Diego, Coalition for Compassionate Care of California, East County Senior Service Providers, San Diego County Hospice Veteran Partnership, California Hospice and Palliative Care Association, California Health Care Foundation’s California Physician Orders for Life-Sustaining Treatment (POLST) eRegistry development team, San Diego Coalition for Compassionate Care, San Diego County Coalition for Improving Palliative and End-of-Life Care, San Diego County Medical Society Bioethics Commission, and the Advance Care Planning Task Force, a subcommittee of the Continuity of Care Committee

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Identified Community Health Need – Aging Care and Support		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
	b. Collaborate with a variety of experts to provide ethical and equitable crisis care.	<u>FY 2025 – 2026 Activities:</u> Contributed to development of a new framework called the San Diego County Allocation of Scarce Resources During Crisis Care – The Community Standard of Care Consensus, a collective effort of the San Diego County Medical Society Bioethics Commission
3. Increase the availability of education, resources and support to community members with life-limiting illness and their loved ones.	a. Support the unique needs of military veterans and their families through participation in community events and services.	<u>FY 2025 – 2026 Activities:</u> - Expanded services and staff/volunteer/community engagement with annual education and outreach as a Level 4 partner of We Honor Veterans program - Maintained membership in the San Diego Hospice Veterans Partnership
	b. Provide community education and resources on end-of-life care.	<u>FY 2025 – 2026 Activities:</u> Reached more than 300 community members through classes, conferences, and community events in the areas of end of life care and Advanced Illness Management
	c. Offer individual and family bereavement counseling, support groups and resources.	<u>FY 2025 – 2026 Activities:</u> - Provided bereavement counseling to nearly 60 community members, including referrals to community counselors, mental health services, and bereavement support services - Served 150-200 community members through free bereavement education and support group offerings - Mailed more than 1,500 monthly bereavement support newsletters to community members for the year following the loss of a loved one
	d. Provide advance care planning (ACP) for community groups as well as individual consultations.	<u>FY 2025 – 2026 Activities:</u> - Reached more than 280 community members by hosting workshops and classes countywide in partnership with organizations including libraries, senior living communities, community caregiver coalitions and first responders - Provided free consultations to more than 50 community members seeking ACP guidance
4. Increase awareness and empowerment surrounding hospice and palliative care options.	a. Provide hospice, palliative care and ACP education and training to physicians, case managers,	<u>FY 2025 – 2026 Activities:</u> - Provided more than 270 hours of mentorship to nursing and advanced practice students - Presented on end-of-life and spirituality to 30 physician assistant graduate students - Conducted a virtual ACP presentation for more than 30 nursing students

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Identified Community Health Need – Aging Care and Support		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
	other health care professionals and health care students.	- Partnered with San Diego Coalition for Compassionate Care to provide monthly education and training on POLST to more than 60 community health professionals and students - Provided education on ACP, the End of Life Option Act and spiritual care in palliative care to professional and academic groups - Engaged in a workgroup for Compassion & Choices’ National Emergency and Palliative Medicine Initiative - Provided more than 320 hours of clinical mentorship to physicians in training for their hospice and palliative medicine board certification eligibility
	b. Continue active involvement with state and national hospice organizations, including presentations on understanding late-stage illness, ACP, compassionate care, etc.	FY 2025 – 2026 Activities: - Provides presentations each year in collaboration with state and national organizations - Sharp HospiceCare leadership continues to serve on the California Hospice and Palliative Care Association board
5. Collaborate with community, state and national organizations to develop and implement appropriate services for the aging population.	a. Explore partnership with community organizations designed specifically to meet the needs of caregivers.	FY 2025 – 2026 Activities: Provide ACP for community groups as well as individual consultations¹ Please refer to line item 3a, line item 3b, line item 3d and line item 4b for additional information on current efforts.
	b. Collaborate with local networking groups and community agencies to provide caregiver classes, end-of-life programs, ACP seminars, web presentations and community-related information for	FY 2025 – 2026 Activities: Please refer to line item 3a, line item 3b, line item 3d and line item 4b for additional information on current efforts.

¹ Sharp’s ACP team partners with San Diego Health Connect, Health and Human Services Agency’s Aging and Independence Services, Health Services Advisory Group, County of San Diego Emergency Medical Services, and various health care providers in SDC to ensure that community providers have access to POLST forms through the countywide San Diego Healthcare Information Exchange.



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Identified Community Health Need – Aging Care and Support		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
	consumers and health care professionals.	



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Identified Community Health Need – Behavioral Health		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
1. Improve behavioral health outcomes for safety net patients through early assessment, intervention and resource provision.	a. Provide assessment and early intervention of behavioral health issues for safety net patients presenting in the ED.	<u>FY 2027 Plan:</u> • Provide safety net patients with opportunities for education on the proper use of the ED as well as help them establish medical homes • Explore new funding opportunities for programs that help safety net patients establish a medical home and connect to community resources • Collaborate with local organizations to expand access to mental health services and support for young adults <u>FY 2025 – 2026 Activities:</u> • For individuals at risk for psychiatric, developmental and substance use disorders, assessments were paired with referrals for housing, medication management and supportive community services ○ Partnered with community organizations² to support patients experiencing homelessness at discharge for shelter placement and temporary housing resources ○ Distributed free NARCAN® and fentanyl testing strips to any requesting community member and an appointment with a community clinic for ongoing MAT ○ Collaborative outpatient treatment planning with safety net providers and patient education on appropriate ED use ○ Care for 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 • Conducted outreach with patients and visitors on International Overdose Awareness Day

² 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.

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Identified Community Health Need – Cancer		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
1. Increase cancer education and support for community members in the south region with cancer diagnoses.	a. Host support groups for individuals impacted by cancer.	<u>FY 2027 Plan:</u> - Provide support groups both virtually and in person to improve access for patients and caregivers as well as partner with Sharp Cancer Centers to offer on-demand oncology education and support webinars <u>FY 2025 – 2026 Activities:</u> - The Cancer Centers of Sharp served more than 1,000 individuals impacted by cancer through a variety of in-person and online support groups and resources focused on various cancer types, survivorship, care partners, and specialized patient populations, as well as the Sharp HealthCare Cancer Patient Community private Facebook group
	b. Provide educational classes, webinars and workshops for individuals impacted by cancer.	<u>FY 2027 Plan:</u> - Convert online classes into on-demand recordings, allowing individuals to access education and resources at their convenience - Provide on-demand, oncology-focused webinars, expanding access to cancer education, support, and resources as needed - Offer an annual webinar addressing topics identified through participant feedback, including chemo brain, sexual health, nutrition, fitness, and lymphedema signs and symptoms <u>FY 2025 – 2026 Activities:</u> - The Cancer Centers of Sharp served more than 1,100 individuals impacted by cancer through educational classes, webinars, and workshops offered both in person and online
	c. Provide a wig bank to cancer patients.	<u>FY 2025 – 2026 Activities:</u> The Barnhart Cancer Center provided cancer patients with donated wigs at no cost
2. Increase awareness of the signs and symptoms of cancer through community	a. Conduct comprehensive cancer screenings in English and Spanish and collaborate with partners to offer resources.	<u>FY 2027 Plan:</u> Participate in systemwide cancer screening events and initiatives

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Identified Community Health Need – Cancer		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
education and screening events.		- Partner with Sharp Health Plan to provide cancer prevention education to local community groups, including Point Loma Nazarene University <u>FY 2025 – 2026 Activities:</u> - Partnered with local federally qualified health centers and other community-based organizations to provide no-cost mammograms, stool tests and low-dose lung CT scans to eligible participants Impact: More than 1,300 residents were screened in FY 2025 through systemwide efforts, with several positive colorectal and breast cancer findings that resulted in follow-up care
	b. Host and participate in community events to provide education and awareness on cancer for San Diego’s south region population.	<u>FY 2025 – 2026 Activities:</u> The Cancer Centers of Sharp provided cancer education and resources to nearly 1,100 community members
3. Advance cancer treatment and improve patient enrollment and awareness through oncology clinical trials.	a. Conduct clinical trials focused on multiple cancer types.	<u>FY 2025 – 2026 Activities:</u> - Sharp’s Clinical Oncology Research 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 - The Cancer Centers of Sharp provided clinical trial education and resources to over 100 community members at various events, including clinical trials seminars and conferences

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Identified Community Health Need – Cardiovascular Disease		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
1. Increase access to care and support for cardiovascular and cerebrovascular health among community members in south region of San Diego County.	a. Provide education and support to community members living with heart disease.	<u>FY 2027 Plan:</u> - Develop an in-person stroke support group - Offer free community webinars on heart valve disease and atrial fibrillation - Share information about prevention and treatment options through media channels - Offer heart health and stroke education at the annual San Diego Heart & Stroke Walk <u>FY 2025 – 2026 Activities:</u> - Provided stroke education to 2,170 community members - Offered outpatient cardiac rehabilitation to cardiac patients, including those recovering from post-cardiac surgery, and those with acute myocardial infarction, heart failure, and structural heart conditions, regardless of ability to pay - Partnered with San Diego County EMS and local first responder agencies to expand implementation of the region’s first South Bay ECPR (extracorporeal cardiopulmonary resuscitation) Receiving Center, increasing access to advanced resuscitative care for South Bay residents
	b. Provide stroke and blood pressure screenings at community events in SDC’s south region.	<u>FY 2027 Plan:</u> - Provide blood pressure screenings and stroke education at community events <u>FY 2025 - 2026 Activities:</u> - Provided stroke and blood pressure screenings to more than 380 community members
2. Collaborate with other health care organizations in San Diego on stroke education and prevention efforts.	a. Continue participation in San Diego County Stroke Consortium and collaboration with the County of San Diego EMS (Emergency Medical Services).	<u>FY 2027 Plan:</u> - Participate in countywide San Diego County Stroke Consortium <u>FY 2025-2026 Activities:</u> Participated in countywide San Diego County Stroke Consortium efforts: - First responders educated on recognizing and responding to Large Vessel Occlusion (LVO) - Participated in County of San Diego and University of California San Diego research to determine correlation between FAST-ED scores and likelihood of having LVO to inform future EMS protocols



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Identified Community Health Need – Cardiovascular Disease		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
3. Provide heart health education to health care professionals in the community.	a. Provide expert speakers on heart disease, heart failure and stroke at professional conferences and events.	<u>FY 2027 Plan:</u> • Provide education at a cardiovascular conference <u>FY 2025 – 2026 Activities:</u> • County of San Diego ECPR Pilot Program: The ECPR Pilot Program provides rapid treatment for cardiac arrest patients ○ Collaborated with San Diego County EMS and local first responder agencies to conduct mock code ECMO (extracorporeal membrane oxygenation) drills and provide education on patient selection, activation criteria and transport protocols • Provided health education at several conferences and events • Systemwide stroke program managers provided training to EMS and fire departments throughout SDC, including BE-FAST for LVO recognition, risk factors, protocol updates and stroke code prehospital training



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Identified Community Health Need – Diabetes		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
1. Increase access to education on diabetes prevention, diagnosis, and management, particularly among underserved and minority populations.	a. Partner with local organizations to provide education and access to healthy lifestyle resources at forums, health fairs and events throughout the south region of SDC.	<u>FY 2027 Plan:</u> • Provide health education to the South Bay community through a partnership with SunCoast Market Co-Op • Raise prediabetes and diabetes awareness within the south region of SDC through community outreach events • Collaborate with community organizations that focus on diabetes prevention and care and food insecurity • Provide group instruction for newly diagnosed gestational diabetes patients, including follow-up and support through delivery <u>FY 2025 – 2026 Activities:</u> • Offered weekly class for individuals with gestational diabetes mellitus • Offered diabetes risk assessments and disease management resources at the 2025 Sharp Women’s Health Conference
	b. Explore internal and external opportunities to provide additional resources and education to patients in need.	<u>FY 2027 Plan:</u> • Assess existing community resources and explore areas where additional diabetes education and resources are available in SDC’s south region <u>FY 2025 – 2026 Activities:</u> • Served as an insulin pump training center³ to support endocrinologists and primary care physician groups throughout SDC
	c. Continue to provide education to students in local high schools and colleges as well as health professionals.	<u>FY 2027 Plan:</u> • Provide education to local students and health professionals <u>FY 2025 – 2026 Activities:</u> • Presented to 150 attendees at the 2024 American Heart Association Scientific Sessions on diabetes treatment types • Mentored a student from San Diego State University’s dietetics program • Supported the San Diego WIC (Women, Infants and Children) Dietetic Internship program by serving on its board

³ Since 2020, the Sharp Diabetes Education Program has served as an insulin pump training center, where the program trains community providers to use diabetes technology, including insulin pumps, continuous blood glucose monitors and blood glucose meters, to improve patient care and health outcomes.

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Identified Community Health Need – Diabetes		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
	d. Provide diabetes education to high-risk women with gestational diabetes, through collaboration with community clinics.	<u>FY 2025 – 2026 Activities:</u> • Provided nutrition, blood sugar monitoring and exercise education as well as resources to underserved pregnant and breastfeeding mothers with diabetes, both at the hospital and in collaboration with community clinics • Provided services and education to nearly 460 underserved pregnant and breastfeeding women with diabetes
2. Improve access to diabetes educational resources for underserved populations in SDC's south region.	a. Explore partnerships with community clinics to offer diabetes classes at clinic locations.	<u>FY 2027 Plan:</u> • Provide discharged patients with resources to connect with a local physician upon discharge to promote care continuity <u>FY 2025 – 2026 Activities:</u> • Served patients referred by community clinics, and provided consultation to providers at community clinics, as needed
	b. Create language-appropriate and culturally sensitive diabetes educational materials.	<u>FY 2025 – 2026 Activities:</u> • Provided educational resources in several languages, as well as food diaries and logbooks for community members to track blood sugar levels • Provided live interpreter services, available in hundreds of languages via the Stratus Video Interpreting iPad application • Ensured training for Sharp diabetes care and education specialists to help improve the delivery of inclusive and culturally competent care

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Identified Community Health Need – Maternal & Prenatal Care, Including High-Risk Pregnancy		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
1. Improve education and support for mothers-to-be and their families in the south region.	a. Offer free support groups, events and educational classes for mothers to be.	<u>FY 2027 Plan:</u> • Offer Path to Pregnancy virtual events • Provide breast cancer screenings in collaboration with local federally qualified health centers • Participate in community events focused on women's health and wellness <u>FY 2025 Activities:</u> • 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 ○ Led four Path to Pregnancy virtual events covering various pre- and post-natal care management topics ○ Offered webinars in both English and Spanish titled Baby Care Basics, Childbirth Preparation, and Breastfeeding
	b. Collaborate with community-based organizations who support the needs of new mothers and families.	<u>FY 2027 Plan:</u> • Collaborate with the City of Chula Vista to offer a community event featuring Sharp speakers who provide education on women's health and support a hygiene product collection effort <u>FY 2025 – 2026 Activities:</u>⁴ • Distributed over 30,000 diapers to nearly 500 families in need • Secured external funding to provide 35 families with car seats • Connected patients to community-based support services and resources

⁴ Sharp Chula Vista has collaborated with the Jacobs & Cushman San Diego Food Bank's Diaper Bank Program since 2019 to provide diapers to low-income families and more recently, baby wipes and other critical resources.

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Identified Community Health Need – Access to Health Care		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
1. Increase health coverage for patients seen in the ED.	a. Provide services to help every unfunded patient in the ED find coverage options.	FY 2025 – 2026 Activities: - Sharp secured Medi-Cal Presumptive Eligibility for 6,700 unfunded patients in the ED - Used PointCare to assist more than 9,100 self-pay patients Evaluation: The PointCare program collects metrics on number of individuals served and cost savings. From October 2015 to September 2025, Sharp helped more than 107,000 self-pay patients through PointCare, while maintaining each patient’s dignity throughout the process.
	a. Assist patients in need of access to free or low-cost medications.	FY 2025 – 2026 Activities: Patient Assistance Program helped under- and uninsured patients access medications worth a total of \$14.3 million Evaluation: Cost savings for replacement drugs is monitored through the pharmacy. Sharp uses a specific adjustment code to track dollars associated with results of the patient financial assistance application review.
2. Provide payment options, education and support to patients for both inpatient and outpatient hospital facilities with an inability to pay their financial responsibility after health insurance.	b. Participate in the 340B Drug Pricing Program.	FY 2025 Activities: - Three Sharp hospitals — Memorial, Grossmont and Chula Vista — are permitted to purchase outpatient drugs at reduced prices - Annual savings totaled more than \$127 million to help expand programs and medication access to Sharp's patients in need
	c. Offer ClearBalance — a specialized loan program for patients facing high medical bills.	FY 2025 Activities: Since 2010, ClearBalance has assisted more than 10,500 Sharp patients in securing small bank loans to help pay off medical bills in low monthly payments, with more than \$37 million funded through the program
	d. Provide Project HELP funds for pharmaceuticals, transportation vouchers and other needs for economically disadvantaged patients.	FY 2025 Activities: Funds for Sharp Chula Vista’s Project HELP totaled nearly \$75,000 in free medications, transportation and other financial assistance

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Identified Community Health Need – Access to Health Care		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
3. Improve care management and clinical-community linkages that address social determinants of health through use of technology platform that shares health and social services data across health care and social service sectors.	a. Continue data sharing and collaboration with the San Diego Community Information Exchange (CIE)/211 San Diego. ⁵	<u>FY 2027 Plans:</u> - Support expanding utilization and tracking referrals compared to social needs identified in hospitalized patients - Explore further integration of CIE into Epic <u>FY 2025 – 2026 Activities:</u> - More than 550 referrals to community partners, with over 80% confirmed as closed-loop - 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
	b. Explore and expand Sharp HealthCare (Sharp) integrated delivery system access to post-acute recuperative care services.	<u>FY 2027 Plan:</u> - Resolve gaps in care through community outreach efforts to identify opportunities as they become available - Participate in regional discussions about future sustainability of recuperative care and related CalAIM programs <u>FY 2025 – 2026 Activities:</u> - Coordinated care efforts with partners such as Whole Person Wellness, PATH (People Assisting the Homeless) and 211 CIE - Continued to partner with Enhanced Care Management providers, Medi-Cal HMOs, recuperative care providers, and community organizations to develop more efficient pathways for patients to access medically appropriate post-acute and community-based services - Participated in regional efforts to improve referral processes and care coordination
4. Improve access to health and social services for vulnerable patients and community members,	a. Support education and access to social services programs including, but not limited to, CalFresh enrollment assistance,	<u>FY 2026 Activities:</u> - Have assisted more than 60,000 Sharp patients with applications for CalFresh benefits since 2016 - Expanded efforts for patient education related to funding options/access to health care and local community resources - Finetune and improve identification of individual’s experiencing homelessness, especially for treat and release patients seen through Sharp EDs

⁵ Sharp implemented data sharing and collaboration with 211’s CIE team to improve access to care and mitigate adverse outcomes related to social determinants of health, with pilot rollout and training beginning in 2019.

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Identified Community Health Need – Access to Health Care		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
particularly San Diego’s homeless population.	County of San Diego Hospital Outstation Program, and San Diego Community Information Exchange (CIE).	Renewed utilization of 211 for potential referrals during initial patient assessments (please refer to Identified Community Health Need – Access to Health Care 3a for details)
	b. Continued partnership and collaboration with recuperative care units.	FY 2025 – 2026 Activities: Partnered with recuperative care providers to support the transition of care for individuals experiencing homelessness by connecting them with ongoing support after discharge
	c. Conduct ongoing assessment of homeless data to identify opportunities for community partnerships and interventions.	FY 2027 Plan: - Epic enhancement requests in progress to further support patient identification, screening workflows, intervention documentation, reporting capabilities, and compliance with regulatory requirements related to discharge planning and care transitions FY 2026 Activities: - Optimized Epic workflows and tools to improve identification of patients with social needs, including individuals experiencing homelessness - Expanded awareness of available community resources and utilized data to identify opportunities for interventions and community partnerships
	d. Assist vulnerable patients and patients experiencing homelessness by collaborating with community organizations as well as referring them to local community organizations and resources.	FY 2025 – 2026 Activities: - Established a partnership with Community Research Foundation's Extended Case Management program - Collaborated with Family Health Centers of San Diego’s Downtown Homeless Navigation Center for increased support at discharge and to establish medical homes - Provided referrals to various community organizations in partnership with the Alpha Project and Father Joe's Villages - Expanded portfolio of additional resources within the community using the CIE - The social work team provided clothing, transportation, and community resource referrals to nearly 1,500 patients experiencing homelessness



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Identified Community Health Need – Access to Health Care		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
		• The substance use navigator assessed 640 patients and connected them with substance use treatment and support resources, as appropriate • Established partnerships with the City of Chula Vista to refer adults experiencing homelessness to city-specific housing, homeless services and resources • Collaboratively established outpatient treatment plans with safety net patients who frequent the ED and provide these patients with education on the proper use of the ED ○ More than 740 patients in the ED and nearly 1,250 patients hospital-wide were treated specifically for issues related to homelessness, and many of those patients also received substance use treatment • Provided weather-appropriate clothing and shoes through the Community Closet program Evaluation: Sharp Chula Vista’s efforts to establish medical homes supports efforts to decrease the number of vulnerable community members using the hospital’s ED as a primary source of care, indicating improved access and improved quality of care for these individuals.
	e. Connect patients and community members to resources for low-cost medical equipment, housing options and follow-up care.	FY 2025 – 2026 Activities: • Provided specialized programming to support low-income, uninsured and medically underserved patients, including assistance with establishing medical homes • Provided care and community resources to safety net patients with chronic conditions ○ Low-cost generic prescriptions and discount cards ○ Referrals to Sharp’s pharmacy assistance program ○ Medication assistance through community clinics and County programs • Provided transportation assistance for patients with limited access

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Identified Community Health Need – Community Safety		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
1. Provide an injury and violence prevention program for children, adolescents and young adults throughout SDC.	a. Educate high school students on injury and violence prevention and health care career readiness in partnership with the San Diego County Office of Education College and Career Readiness Team.	<u>FY 2027 Plan:</u> - Partner with local school districts, including San Diego Unified, Grossmont Union High School District, Cajon Valley Union School District and Christian Unified Schools, to promote health care careers and provide education on ThinkFirst - Partner with California Highway Patrol in presenting the Every 15 Minutes program to raise awareness on personal safety, drinking and driving, and related injury prevention topics <u>FY 2025 – 2026 Activities:</u> - Provided Stop the Bleed training to more than 150 high school students - Provided traumatic head and spinal cord injury prevention education to nearly 700 elementary and high school students - Provided educational and career exploration opportunities to nearly 1,700 high school students - Provided over 150 students high school-aged students with a one-day immersive experience in health care career specialties at the emERge Premier Teen Medical Conference - Served 4,100 students through the Every 15 Minutes program
	b. Increase knowledge and awareness of the causes and risk factors of brain and spinal cord injury and injury prevention measures.	<u>FY 2027 Plan:</u> - Expand beyond the scope of the San Diego County Office of Education’s College and Career Readiness program to provide ThinkFirst presentations to schools in North County, Coronado and the South Bay - Partner with the San Diego County Office of Education’s College and Career Readiness program through participation in conferences, round table events and collaborative projects <u>FY 2025 – 2026 Activities:</u> - Offered numerous educational opportunities for community students and residents. Please see line item 1a activities above for additional details - Presented on ThinkFirst, including traumatic brain injury, spinal cord injury, disability awareness and the permanence of certain injuries to 150 elementary school students in La Mesa
2. Increase awareness of injury prevention for patients	a. Participate in the El Cajon Collaborative group to identify	<u>FY 2027 Plan:</u>

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Identified Community Health Need – Community Safety		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
and community members through education and outreach.	road safety risks and improvement solutions.	- Participate in the El Cajon Collaborative with Cajon Valley Union School District, the City of El Cajon, SANDAG (San Diego Association of Governments) and other community partners to identify road safety concerns and develop strategies to reduce the risk and occurrence of motor vehicle collisions, pedestrian injuries, and injuries associated with micromobility use <u>FY 2025 – 2026 Activities:</u> - Participated in the El Cajon Collaborative to identify roads with a high risk of pedestrian, cyclist, and micromobility-related injuries and worked with the City of El Cajon to develop safety improvements, including wider driving lanes, enhanced sidewalks, improved lighting, and upgraded crosswalks
	b. Provide free STOP the Bleed trainings to community members throughout SDC.	<u>FY 2027 Plan:</u> - Provide free STOP the Bleed trainings in the community to train, equip and empower bystanders to assist in a bleeding emergency before professional help arrives <u>FY 2025 – 2026 Activities:</u> - Provided free Stop the Bleed training at 2 National Night Out events in partnership with the San Diego County Sheriff's Office, Rancho San Diego and Santee Stations
	c. Provide fall prevention and balance screening education to community members.	<u>FY 2027 Plan:</u> - Partner with Sharp Grossmont Hospital and the Grossmont Healthcare District to provide a free fall prevention and balance screening event <u>FY 2025 – 2026 Activities:</u> - Presented fall prevention education to 60 older adults at the Kroc Center Senior Resource Fair - Provided a free fall prevention and balance screening event in partnership with Sharp Grossmont Hospital and the Grossmont Healthcare District
3. Increase education and awareness among health care professionals and	a. Collaborate with community organizations and health care professionals to share best	<u>FY 2025 – 2026 Activities:</u>



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Identified Community Health Need – Community Safety		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
community members in San Diego regarding violence, trauma and human trafficking.	practices and provide education on human trafficking.	- Maintained participation and leadership in San Diego Regional Human Trafficking and Commercial Sexual Exploitation of Children Advisory Council Health Subcommittee⁶, including, but not limited to, the following collaborative training and education efforts: - Facilitator at HEAL Trafficking Train the Trainer Academy for more than 40 public health professionals - Provided trauma-informed care continuing medical education to more than 50 community health professionals - Provided education on trauma-informed approaches to human trafficking to 60 nursing and physician assistant students - Recorded and shared Health Subcommittee meetings and associated resources as appropriate, reaching contact list of more than 600 community members - Presented best practices at Sharp Memorial Hospital trauma multi-disciplinary rounds conference - Presented street medicine best practices to Healthcare in Action - Joined the SoCal Safe Shelter Collaborative to support safe discharges of survivors of human trafficking and domestic violence; onboarded and trained all Sharp hospitals on providing referrals to support services and shelters through this system
	b. Implement human trafficking and trauma-informed care trainings and protocols at Sharp.	<u>FY 2027 Plan:</u> - Replace previously used screening tools with the PEARR Tool and lead its clinical validation - Hire a survivor consultant to review protocols and make recommendations - Integrate best practices on human trafficking and trauma-informed care into new nurse orientations and continuing education events - Update the personal safety questions with the Epic customization <u>FY 2025 – 2026 Activities:</u> - Created and provided human trafficking workshop at the Sharp Brown Simulation Center, worked with a paid survivor consultant on instruction; and offered continuing education units for all Sharp staff

⁶ Sharp Memorial Hospital librarian established the Health Subcommittee in 2018. This multidisciplinary group — including physicians, nurses, mental health professionals, social workers, executives and community stakeholders — supports health care systems in addressing human trafficking and trauma-informed care through best practice sharing, protocol development and education.

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Identified Community Health Need – Community Safety		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
		○ Results demonstrated significant improvement in all areas: confidence in recognizing indicators increased from 2.8 to 4.0, using the structured communication tool increased from 2.2 to 3.9, and providing appropriate resources increased from 2.5 to 4.1. Qualitative feedback from participants emphasized the value of experiential learning, noting the simulation as informative, realistic, and emotionally engaging ● Expanded implementation of trauma-informed care protocols for Sharp Mesa Vista Hospital, Sharp Mary Birch Hospital for Women & Newborns San Diego, Sharp Grossmont Hospital, Sharp Chula Vista, Sharp Rees-Stealy Medical Centers and Sharp Community Medical Group clinicians to support patients who have been trafficked or have experienced similar exploitation/abuse ● Developed a protocol at Sharp Coronado Hospital and Healthcare Center for identification of trafficked persons, responses within the health care system and resources to provide to patients
4. Promote the health and safety of the San Diego community through essential emergency and disaster preparedness activities and services.	a. Train community health care professionals on emergency and disaster preparedness.	<u>FY 2027 Plan:</u> ● Host trainings on ARES® (Amateur Radio Emergency Service) ● Offer free NIMS (National Incident Management System) and HICS (Hospital Incident Command System) classes ● Host and facilitate trainings for pediatric surge readiness, mass casualty triage and high consequence infectious disease ● Educate personnel from County of San Diego Public Health Preparedness and Response Branch and Office of Emergency Services on Sharp disaster preparedness efforts ● Educate community health care workers on active shooter response and STOP the Bleed <u>FY 2025 – 2026 Activities:</u> ● Hosted monthly trainings on ARES® ● Offered free NIMS and HICS classes ● Hosted and facilitated trainings for pediatric surge readiness and mass casualty triage ● Educated personnel from County of San Diego Public Health Preparedness and Response Branch and Office of Emergency Services on Sharp disaster preparedness efforts ● Educated community health care workers on active shooter response, STOP the Bleed and high consequence disease readiness

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Identified Community Health Need – Community Safety		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
	b. Participate in local and state disaster preparedness exercises in collaboration with public health agencies and other health care partners.	<u>FY 2027 Plan:</u> - Participate in the California Department of Public Health and California Emergency Medical Services Authority annual Statewide Medical and Health Exercise, joining more than 100 regional health care partners to test ChemPack deployment readiness for potential chemical emergencies - Participate in the National Emerging Special Pathogens Training and Education Center’s Community of Practice sessions with hospitals across the country to promote knowledge sharing, collaboration, and preparedness for emerging special pathogens - Co-facilitate the County of San Diego Viral Hemorrhagic Fever Committee to develop and test regional response plans <u>FY 2025 – 2026 Activities:</u> - Joined more than 100 regional health care partners to test major utility failure readiness through the California Department of Public Health and the California Emergency Medical Service Authority annual Statewide Medical and Health Exercise - Collaborated on regionwide Radiation Exposure Table Top Exercise as well as Region Wide Fuel Planning
	c. Serve on various local, state, and national committees and boards to strengthen collaboration and coordinated response.	<u>FY 2027 Plan:</u> - Members of Sharp’s disaster leadership team will donate their time to various committees - Maintain participation in local health system workgroup <u>FY 2025 – 2026 Activities:</u> - Members of Sharp’s disaster leadership team donated their time to committees hosted by various local, state and national organizations including, but not limited to: County of San Diego, Ronald McDonald House, San Diego International Airport, San Diego Healthcare Disaster Coalition, California Hospital Association, the California Department of Public Health, and U.S. Department of Health and Human Services - Maintained participation in local health system workgroup that prepares workforce for local emergency response to public health events

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Identified Community Health Need – Workforce		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
1. Increase regional awareness and collaboration among health care providers, law enforcement and community leaders to prevent violence against and enhance safety for health care workers.	a. Participate in the countywide workplace violence prevention workgroup.	<u>FY 2025 – 2026 Activities:</u> Participated in the San Diego Hospital Violence Task Force, which includes all San Diego health systems, the Hospital Association of San Diego and Imperial Counties, law enforcement agencies and prosecutors
2. Collaborate with local high schools and elementary schools to support and inspire health care careers.	a. Provide career pathway programs and early professional development for elementary, middle and high school students.	<u>FY 2027 Plan:</u> - Collaborate with Health Sciences High and Middle College to provide early professional development opportunities for students <u>FY 2025 – 2026 Activities:</u> - Collaborated with Health Sciences High and Middle College, providing early professional development for 60 students
3. Collaborate with local colleges/universities to support and inspire health care careers.	a. Provide internships to college/university students.	<u>FY 2026 – 2027 Plan:</u> - Collaborate with colleges and universities to provide opportunities for students <u>FY 2025 Activities:</u> - Collaborated with local, state and national schools, colleges and universities to provide hospital-based opportunities for students to explore and train for a variety of careers - Provided nearly 97,000 hours of training and supervision for nearly 620 students - Over 520 nursing students dedicated over 62,100 hours to clinical rotations
	b. Provide education to and share best practices with health professionals in the San Diego community.	<u>FY 2025 Activities:</u> Eighty participants, including sports medicine professionals, attended a presentation by an orthopedic surgeon and physical therapists on sports injury recovery at Barnes Tennis Center



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