

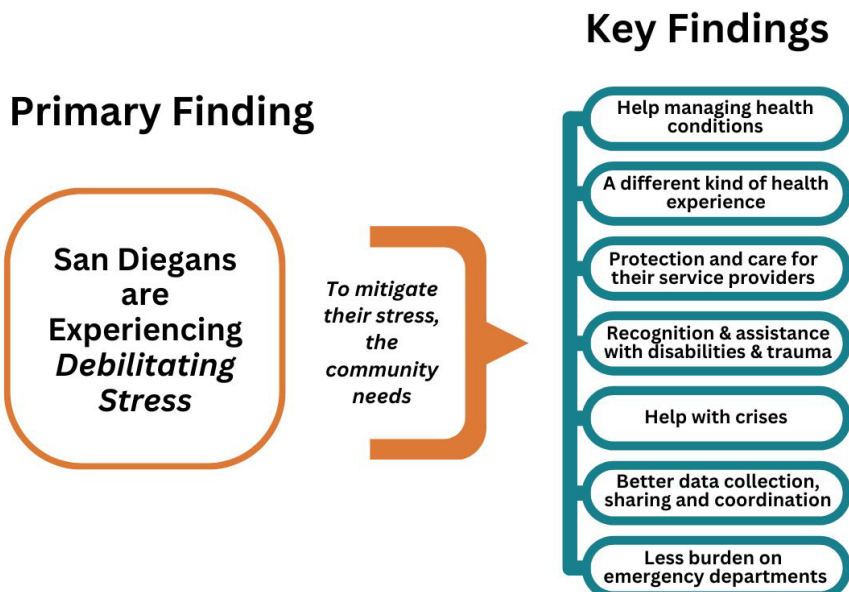
Sharp Grossmont Hospital Implementation Strategy Fiscal Years 2027 – 2030

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 Grossmont Hospital (Sharp Grossmont), 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 Grossmont’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 Grossmont 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 Grossmont initiatives due to existing limitations and the availability of other community resources.

Learn more

To learn more about Sharp's CHNA process and findings, please view [Sharp’s 2025 hospital CHNAs](#) (including Sharp Grossmont) 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 battery operated pulse oximeters to vulnerable patients to facilitate with monitoring blood oxygen levels 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 HealthCare (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 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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Fiscal Years 2027 – 2030

Identified Community Health Need – Aging Care and Support		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
1. Support the safety net for seniors living alone in East County.	a. Maintain daily contact through phone calls with East County individuals (often elderly and home-bound) in rural and suburban settings who are at risk for injury or illness and continue supporting telephone reassurance call services for East County residents.	<u>FY 2025 – 2026 Activities:</u> Placed over 6,250 automated, daily telephone wellness checks and medication reminders for isolated older adults, allowing them to maintain their independence while providing a safety net for concerned family and friends
2. Raise awareness about senior health issues and connect community members to resources.	a. Provide information on various senior issues (e.g., senior mental health, memory loss, hospice, senior services, nutrition, healthy aging and balance and fall prevention).	<u>FY 2026 – 2027 Plan:</u> - Provide community presentations and screenings in person at community sites and libraries - Partner with Sharp Memorial Hospital and the County of San Diego Aging & Independence Services to host a fall prevention event - Provide free education programs for community members <u>FY 2025 – 2026 Activities:</u> - Hosted several senior health education and screening programs and reached over 18,500 individuals - More than 850 personalized telephone and walk-in consultations and more than 340 mailings were made to connect people to community resources - Reached over 2,380 community members through free health education programs and a monthly caregiver training class - Provided aging care education and resources through community events and community settings - Mailed over 5,000 activity calendars each quarter with information about upcoming health programs and events and available community resources - Distributed more than 1,980 Vials of Life, including partnership with Meals on Wheels San Diego County to provide to every new east region program member

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Fiscal Years 2027 – 2030

Identified Community Health Need – Aging Care and Support		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
		Evaluation: Program feedback is collected from participants and provided to speakers so that they may refine future educational offerings. The Center also tracks attendance for each educational event and screening held throughout the year. Metrics on community members referred for follow-up are also tracked, and often participants’ names and phone numbers are collected to facilitate follow-up. In addition, community members receive their results and feedback to take to their doctor on their own time.
	b. Participate in community health fairs for seniors.	FY 2027 Plan: • Provide health information and resources at Jackie Robinson YMCA’s monthly health and resource fair and at the Grossmont Healthcare District’s (GHD) Wellness Wednesday events FY 2025 – 2026 Activities: • Offered older adult- and aging related education and resources, shared information about the center’s programs and services distributed Vials of Life to over 2,100 attendees at various community events • Engaged more than 100 students at the San Diego State University Health Expo by providing information on health care career opportunities focused on older adult care and offering blood pressure screenings • Served approximately 100 individuals per month at Jackie Robinson Family YMCA
	c. Coordinate conferences dedicated to aging care and support, including a collaboration with Sharp HospiceCare.	FY 2027 Plan: • Offer a conference in Point Loma dedicated to aging care and support • Provide additional personalized interactions at events to assist individuals with advance care planning (ACP) FY 2025 – 2026 Activities: • Provided ACP workshops to more than 40 community members in La Mesa, Coronado and Otay Mesa in partnership with Sharp HospiceCare • Organized a panel discussion featuring leading experts in health care planning at Point Loma Community Presbyterian Church, reaching 15 community members
	d. Promote a healthy lifestyle, including an increase in	FY 2027 Plan: • Offer support for older adults through fitness programs including the Grossmont Mall Walkers and Walk With a Doc

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Identified Community Health Need – Aging Care and Support		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
	physical activity, among senior community members.	<u>FY 2025 – 2026 Activities:</u> - Offered the Walk With a Doc program, connecting community members with physicians for health education, wellness discussions, and physical activity opportunities, engaging approximately 40 participants each month - Maintained sponsorship of Grossmont Mall Walkers fitness and socialization program for community adults and seniors, serving 40 community members each week
	e. Provide caregiver support services in San Diego County’s (SDC) east region.	<u>FY 2025 – 2026 Activities:</u> - Led by social workers, the monthly caregiver support group provides a safe space for caregivers to connect with others in similar situations, share resources, and find emotional support - Quarterly education on the basics of caregiving
3. Engage and partner with local community organizations that address senior health issues to enhance service to vulnerable populations.	a. Maintain active relationships with community organizations serving seniors throughout San Diego.	<u>FY 2025 – 2026 Activities:</u> - Sustained partnership with the American College of Emergency Physicians-accredited Sharp Grossmont Hospital (Sharp Grossmont) geriatric emergency department (ED) and Sharp Coronado Hospital and Healthcare Center ED - Connected 890 seniors with community resources and support services following hospital discharge, helping address transportation, housing, caregiving, and other needs - Provided 470 seniors with a follow-up telephone call 30 days post-discharge to connect with seniors who were hospitalized and provide them with resources - 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 as well as its Advisory Board, East County Action Network and East County Senior Service Providers

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Fiscal Years 2027 – 2030

Identified Community Health Need – Aging Care and Support		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
4. 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.	<u>FY 2025 – 2026 Activities:</u> 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
	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
5. 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



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Identified Community Health Need – Aging Care and Support		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
	d. Provide ACP for community groups as well as individual consultations.	FY 2025 – 2026 Activities: - 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
6. Increase awareness and empowerment surrounding hospice and palliative care options.	a. Provide hospice, palliative care and ACP education and training to physicians, case managers, other health care professionals and health care students.	FY 2025 – 2026 Activities: - 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 - 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
7. Collaborate with community, state and	a. Explore partnership with community organizations	FY 2025 – 2026 Activities: Provide ACP for community groups as well as individual consultations¹

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
national organizations to develop and implement appropriate services for the needs of the aging population.	designed specifically to meet the needs of caregivers.	Please refer to line item 5a , line item 5b , line item 5d and line item 6b 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 consumers and health care professionals.	FY 2025 – 2026 Activities: Please refer to line item 5a , line item 5b , line item 5d and line item 6b for additional information on current efforts.

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Fiscal Years 2027 – 2030

Identified Community Health Need – Behavioral Health		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
1. Provide comprehensive behavioral health programs to adults and older adults in the east region with acute or persistent psychiatric disorders.	a. Provide a dedicated psychiatric assessment team in the ED and acute care.	<u>FY 2025 – 2026 Activities:</u> - Sharp Grossmont is the only hospital in East County to provide a dedicated psychiatric assessment to patients in the ED - All psychiatric admissions are from the ED and the Sharp Grossmont Behavioral Health Intensive Outpatient Program.
	b. Provide hospital-based outpatient programs that serve individuals dealing with a variety of behavioral health issues, including schizophrenia, depression and bipolar or anxiety disorders, as well as psychiatric diagnosis for patients 18 or older.	<u>FY 2025 – 2026 Activities:</u> Current outpatient programs include: Adult Mental Health Program for adults with acute and chronic disorders such as schizophrenia and bipolar disease; Bridges Program, based on the Recovery Model for adults diagnosed with schizophrenia and bipolar disorder; Dual Recovery Program for adults with co-existing mental illness and chemical-use/addictive behavior disorder; Senior Intensive Outpatient Program for adults age 60 and older who have addiction or substance use issues, anxiety, bipolar disorder and depression; Inpatient and Outpatient Electroconvulsive Therapy Program; and Medication Clinic for adults that benefit from long-acting injectable medications
	c. Offer specialized inpatient treatment programs designed to address the specific needs and conditions of patients.	<u>FY 2025 – 2026 Activities:</u> Current inpatient programs include comprehensive programs for adults suffering from psychiatric illness such as psychosis, delusions, depression, grief, anxiety, panic, obsessive-compulsive disorder, and traumatic stress syndromes; and Intensive treatment programs for short-term crisis intervention, rapid recovery and return home
2. Raise awareness and reduce stigma among community members about behavioral health.	a. Provide behavioral health education and resources at community sites and events.	<u>FY 2025 – 2026 Activities:</u> Distributed information on behavioral health-related resources and information about their program offerings at NAMI Walks events



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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 previously offered online classes into on-demand recordings, allowing individuals to access education and resources at their convenience - The Cancer Centers of Sharp will provide on-demand, oncology-focused webinars, expanding access to cancer education, support, and resources as needed - Offer free Lunch & Learn webinars covering topics such as nutrition during cancer treatment, sexual health, and menopause, led by the interdisciplinary team - 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
	c. Provide a wig and prosthesis bank to cancer patients.	<u>FY 2025 – 2026 Activities:</u> The Barnhart Cancer Center provided cancer patients with donated wigs, prosthetic devices and bras at no cost
2. Increase awareness of the signs and	a. Conduct comprehensive cancer screenings in English	<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
symptoms of cancer through community education and screening events.	and Spanish and collaborate with partners to offer resources.	- 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 at various events
3. Advance cancer treatment and improve patient awareness and enrollment 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

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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 east region of SDC.	a. Provide education, resources and support focused on heart disease, including congestive heart failure, for the east region communities.	FY 2027 Plan: - Offer a monthly congestive heart failure class and support group - Provide an in-person cardiac health lecture for community members in collaboration with Sharp’s Community Resource Center - Provide community members with education on stroke risk factors, signs and symptoms, the BE-FAST acronym and when to call 911 for emergency care FY 2025 – 2026 Activities: - Reached approximately 3,000 community members with education on CPR and stroke through community events and monthly Congestive Heart Failure Class
	b. Provide stroke and blood pressure screenings at community events in SDC’s east region.	FY 2027 Plan: - Offer blood pressure screening and stroke education to the community during baseball and soccer games - Provide blood pressure screenings and stroke education at Health Fair Saturdays events in East County and at the La Mesa Safety Fair, hosted by the La Mesa Police and Fire Departments FY 2025 – 2026 Activities: - Provided echocardiograms, stroke and blood pressure screenings to approximately 230 community members
2. Collaborate with other health care organizations in San Diego on stroke education and prevention efforts.	a. Participate in San Diego County Stroke Consortium and collaboration with the County of San Diego Emergency Medical Services (EMS).	FY 2027 Plan: - Offer education at East County events FY 2025 – 2026 Activities: - Sharp Grossmont participated in several community partnerships focused on cardiovascular health, including: - Live Well San Diego Love Your Heart community blood pressure screening events - San Diego County STEMI (ST-elevation myocardial infarction or acute heart attack): Provided STEMI data to the County of San Diego EMS and participated in the quarterly County of San Diego Cardiac Advisory Committee for STEMI

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Fiscal Years 2027 – 2030

Identified Community Health Need – Cardiovascular Disease		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
		- Participated in the Southern California Vascular Outcomes Improvement Collaborative (SoCal VOICe), a voluntary group of vascular disease specialists who gather to improve care and outcomes for patients with vascular disease - County of San Diego ECPR (extracorporeal cardiopulmonary resuscitation) Pilot Program: The ECPR Pilot Program provides rapid treatment for cardiac arrest patients to save more lives - Provided over 60 hours of EMS Stroke Education at the local fire stations to ensure excellent pre-hospital care for patients who present with stroke symptoms This need is also addressed by pre-existing support groups at Sharp, including YESS (Young Enthusiastic Stroke Survivors) and the Community Re-Entry Program.
	b. Provide data to the County of San Diego EMS for STEMI.	FY 2025 – 2026 Activities: 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 UCSD research to determine correlation between FAST-ED scores and likelihood of having LVO to inform future EMS protocols
	c. Participate in the County of San Diego ECPR Advisory Committee.	FY 2025 – 2026 Activities: - Participate in the County of San Diego ECPR pilot program - The pilot focuses on out-of-hospital cardiac arrest patients who meet specific criteria and who may benefit from rapid transport to a hospital staffed and equipped to provide ECPR using ECMO (extracorporeal membrane oxygenation) Evaluation: Key components of the pilot include robust quality assurance and data collection as well as regular progress reports to the County of San Diego EMS.
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.	FY 2027 Plan: - Participate in professional conferences and events as opportunities arise - Offer lectures to health care professionals on performance improvements in congestive heart failure and acute myocardial infarction, and cardiovascular treatment options



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Identified Community Health Need – Cardiovascular Disease		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
		FY 2025 – 2026 Activities: • Provided health education at conferences and events throughout the year

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Fiscal Years 2027 – 2030

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 east region of SDC.	<u>FY 2027 Plan:</u> - Collaborate with GHD to offer diabetes seminars in the east region <u>FY 2025 – 2026 Activities:</u> - Offered diabetes education and support, risk assessments and disease management resources at local events - Reached 70 community members in the east region with diabetes, cardiovascular disease and healthy aging education - Offered free programs on healthy lifestyle and diabetes management through the Sharp Community Resource Center - Explored additional partnerships to address food insecurity as part of nutrition education and incorporating food insecurity screening into patient diabetes education and counseling
	b. Explore internal and external opportunities to advance diabetes patient care and education support.	<u>FY 2027 Plan:</u> - Provide clinic- and community-based diabetes education classes and resources - Offer free outpatient phone visits for patients recently discharged from Sharp Grossmont who are uninsured, newly diagnosed with diabetes and in need of additional assistance to prevent readmission <u>FY 2025 – 2026 Activities:</u> - Provided support for regional community health fairs with a focus on the comorbidities of diabetes and heart disease - Served as an insulin pump training center² to support endocrinologists and primary care physician groups throughout SDC - Made post-discharge phone calls to review next steps and follow up plan to prevent hospital readmissions among high-risk patients, reaching 20 community members in their preferred language
	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

² 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
		• 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
	d. Provide diabetes education to high-risk women with gestational diabetes, through collaboration with community clinics.	<u>FY 2027 Plan:</u> • Provide group instruction and follow-up care for newly diagnosed gestational diabetes patients <u>FY 2025 – 2026 Activities:</u> • Provided diabetes management education and resources to underserved pregnant women with type I, type 2 and gestational diabetes in collaboration with community clinics • Provided services to nearly 660 underserved pregnant and breastfeeding women with diabetes at Sharp Grossmont



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Identified Community Health Need – Maternal and Prenatal Care, Including High-Risk Pregnancy		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
1. Provide support and education for women on a variety of health topics, including prenatal care and parenting skills to improve health outcomes for new mothers, newborns and families in SDC’s east region.	a. Provide education, resources and outreach to help meet the unique needs of women, mothers and newborns in SDC’s east region.	FY 2025 – 2026 Activities: Offered a variety of health education classes, resources and free support groups • Served nearly 800 community members with recurring support groups • Provided education classes to 1,380 community members on topics related to pregnancy planning, breastfeeding, labor preparation, and baby care • Offered women’s health resources to more than 1,000 attendees at the Sharp Women’s Health Conference and Path to Pregnancy classes • Distributed First 5 California’s Kit for New Parents, a bag filled with useful resources and information in both English and Spanish for parents and their babies • Referrals were made as needed to community support programs, such as 211 San Diego, San Diego WIC and County of San Diego Public Health Nursing Evaluation: Sharp Mary Birch Hospital for Women & Newborns Grossmont (Sharp Mary Birch Grossmont) continues to evaluate its offered services/events.
2. Improve outcomes for mothers and newborns through breastfeeding and maternity care best practices.	a. Implement process improvements to increase breastfeeding rates among new mothers.	FY 2025 – 2026 Activities: • Increased exclusive newborn breastfeeding rate at discharge from 49% to 59% (2011-2024) • Sharp Mary Birch Grossmont refers patients to the County of San Diego’s home visiting program — which is based on the Healthy Families America³ model — to help support new parents following the birth of a baby Evaluation: Sharp Mary Birch Grossmont tracks mothers of premature infants 28 to 34 weeks who had established breastmilk supply at two weeks.

³ Healthy Families America serves as a follow up model to sustain efforts achieved through initial pilot program that resulted in the establishment of Baby-Friendly USA guidelines around breastfeeding education and support.



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Identified Community Health Need – Maternal and Prenatal Care, Including High-Risk Pregnancy		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
3. Collaborate with community organizations to raise awareness of women’s health issues and services; provide low-income and underserved women in SDC’s east region with critical prenatal services.	a. Support low-income and underserved women in the community through collaboration with community organizations.	FY 2025 – 2026 Activities: - Sharp Mary Birch Grossmont’s Prenatal Clinic⁴ provided more than 980 hours of in-kind support and midwife coverage five days a week at Neighborhood Healthcare in El Cajon for underserved pregnant women in SDC’s east region - Psychosocial Health Screenings were provided to women up to 10 weeks postpartum, including follow-up care by social workers when needed to prevent low birth weight - Sharp Mary Birch 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
	b. Participate in and partner with several community organizations and advisory boards for maternal and child health.	FY 2025 – 2026 Activities: Participated in and partnered with 15 community organizations and advisory boards

⁴ Sharp Mary Birch Grossmont includes the Sharp Grossmont Prenatal Clinic, which provides services and resources specifically to the hospital’s underinsured patients. The Sharp Grossmont Prenatal Clinic offers comprehensive obstetric services, postpartum assessments and individualized care plans to determine and address patients’ strengths, risks, needs and goals.



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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 ⁵ , 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: • Sharp Memorial Hospital, Sharp Grossmont and Sharp Chula Vista Medical Center 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	FY 2025 Activities: • Funds for Sharp Grossmont’s Project HELP totaled nearly \$275,000 in free medications, transportation and other financial assistance

⁵ Sharp assists underinsured and vulnerable individuals unable to pay their medical bills. Through self-pay discounts such as the Maximum Out of Pocket program, Sharp provides hundreds of thousands of dollars in adjustments to patients who demonstrate the need. Team members meet with patients at all Sharp hospitals to help them better understand their health insurance benefits, payment options and how to access care during their hospital stay.

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Identified Community Health Need – Access to Health Care

Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
	economically disadvantaged patients.	
3. Improve care management and clinical-community linkages that address social needs.	a. Continue data sharing and collaboration with the San Diego Community Information Exchange (CIE)/211 San Diego.	FY 2027 Plan: - Support expanding utilization and tracking referrals compared to social needs identified in hospitalized patients - Explore further integration of CIE into Epic FY 2026 Activities: - Sharp hospitals' calendar year 2026 referrals to date show a 23.7% increase in utilization over calendar year 2025 - More than half (55%) of direct referrals resulted in individual receiving services, with housing and health management as top needs
	b. Explore and expand Sharp integrated delivery system access to post-acute recuperative care services.	FY 2027 Plan: - Participate in regional discussions about future sustainability of recuperative care and related CalAIM programs FY 2026 Activities: - Partnered 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, particularly San Diego's homeless population.	a. Support education and access to social services programs including, but not limited to, CalFresh enrollment assistance, County of San Diego Hospital Outstation Program, and San Diego CIE.	FY 2026 Activities: - 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 - Renewed utilization of 211 for potential referrals during initial patient assessments (refer to Identified Community Health Need – Access to Health Care 3a for details)
	b. Conduct ongoing assessment of homeless data to identify	FY 2027 Plan:



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Fiscal Years 2027 – 2030

Identified Community Health Need – Access to Health Care		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
	opportunities for community partnerships and interventions.	- 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
	c. Offer a Care Transitions Intervention (CTI) program ⁶ to help patients transition safely from hospital to home environment.	FY 2025 Activities: - Average readmission rate for CTI patients in FY 2024 was 5.0%. These figures are a substantial decrease from the average readmission rate of 25-30% for those patients who qualify for CTI, but who do not enroll in the program - The CTI program data also reveals a significant reduction in cost between average length of stay for vulnerable patients, as well as average direct costs (per day) and average hospital day direct cost
	d. Facilitate access to community resources and support services for vulnerable patients.	FY 2025 – 2026 Activities: - Connect vulnerable patients, including those experiencing homelessness, to local community organizations and resources for low-cost medical equipment, housing options, and follow-up care - When appropriate, connect patients experiencing homelessness to recuperative care units (funded by Medi-Cal HMO)
5. Collaborate with local organizations to assist patients who live in rural, eastern San Diego areas.	a. Participate in the Rural Health Program.	FY 2025 – 2026 Activities: - Collaborated with GHD, County of San Diego Public Health Services, and San Diego County Fire to offer the Rural Health Program, which assists discharged Sharp Grossmont patients living in rural areas of eastern SDC who have little to no access to health care services by connecting them to follow-up care and community resources - Care Team includes a Sharp nurse and an American Medical Response emergency medical technician providing home visits to provide education and resources following hospital admission

⁶ The CTI[®] program focuses on ensuring patients have a care management plan across the care continuum upon discharge. To date, the CTI team has successfully enrolled nearly 15,000 individuals in the program. CTI has dramatically reduced readmission rates for participants year to year, accomplished in part by connecting these patients to community resources and referrals that help them maintain their health and safety (i.e., food, transportation, housing, utilities).



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Identified Community Health Need – Access to Health Care		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
		• Patient visits are unlimited with goal to reduce hospital readmissions
6. Strengthen partnerships with community organizations to foster future collaborations.	a. Participate in health-related committees, boards and workgroups.	FY 2025 – 2026 Activities: • Staff at Sharp Grossmont also regularly led or attended various community and professional health boards, committees and advisory and work groups throughout the year

Sharp Grossmont Hospital

Community Health Needs Assessment – Implementation Strategy

Fiscal Years 2027 – 2030

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 2026 – 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



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Identified Community Health Need – Community Safety		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
2. Increase awareness of injury prevention for patients and community members through education and outreach.	a. Participate in the El Cajon Collaborative group to identify road safety risks and improvement solutions.	<u>FY 2027 Plan:</u> - 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 2026 – 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 Rancho San Diego and Santee Sheriff's Office
	c. Provide fall prevention and balance screening education to community members.	<u>FY 2027 Plan:</u> - Partner with Sharp Grossmont and the GHD 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 and GHD
3. Increase education and awareness of 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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Community Health Needs Assessment – Implementation Strategy
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Identified Community Health Need – Community Safety		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
community members in San Diego on around violence and trauma, including 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 Subcommittee⁷, 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

⁷ 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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Community Health Needs Assessment – Implementation Strategy

Fiscal Years 2027 – 2030

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, Sharp Chula Vista Medical Center, Sharp Rees-Stealy Medical Centers and Sharp Community Medical Group clinicians to support patients who have been trafficked or have experienced similar exploitation/abuse ● Developed a protocol at Sharp Coronado 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

Sharp Grossmont Hospital

Community Health Needs Assessment – Implementation Strategy

Fiscal Years 2027 – 2030

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 Services 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



Sharp Grossmont Hospital
Community Health Needs Assessment – Implementation Strategy
Fiscal Years 2027 – 2030

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 2026 Activity:</u> Participate in 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 colleges and universities to promote interest in health care careers and provide professional development lectures.	a. Provide college and university students with opportunities to explore health care professions.	<u>FY 2025 – 2026 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 in health care - 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
3. Provide career pathway programs and early professional development for middle and high school students.	a. Provide elementary, middle and high school students with opportunities to explore health care professions.	<u>FY 2027 Plan:</u> - Offer the Health Exploration Summer Institute (HESI) program - Participate in the Health Sciences High Middle College program - Offer HealthCare Towne <u>FY 2025 – 2026 Activities:</u>



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Identified Community Health Need – Workforce		
Objectives	Actions	Evaluation Methods, Measurable Targets, and Other Comments
		• Collaborated with the Grossmont Union High School District to offer the HESI program, providing over 40 high school students with opportunities for instruction, job shadowing, observations and select hands-on experiences • Provided early professional development opportunities and hands-on experiences for high school students from the Health Sciences High Middle College program, engaging over 80 high school students on campus • HealthCare Towne was offered twice and encouraged over 60 middle school students to connect what they learn in the classroom to real-life career opportunities in health care
4. Offer professional development opportunities for community health professionals	a. Actively engage in collaborative meetings, conferences and educational programs to share best practices and provide valuable insights and tours to various stakeholders and health professionals.	<u>FY 2027 Plan:</u> • Provide education to community health professionals through webinars and community outreach <u>FY 2025 – 2026 Activities:</u> • Participated in and shared best practices during professional development programs, conferences, meetings, and webinars, including Southern California VOICe meetings, California Hospital Volunteer Leadership Conference and The Beryl Institute • Offered facility tours to educate community leaders on health system innovations