

# Sharp Grossmont Hospital Community Health Needs Assessment

Fiscal Year 2025



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



# 2025 Community Health Needs Assessment

## Executive Summary

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The 2025 Community Health Needs Assessment (CHNA) represents a collaborative effort of all San Diego County (SDC) hospitals and health care systems to understand the community’s top needs. CHNA findings are used to develop, modify, and expand health and social service programs. The 2025 CHNA, facilitated by Hospital Association of San Diego and Imperial Counties (HASD&IC), employed a research team which utilized a health equity framework and emphasized community-based research.

Sharp HealthCare (Sharp) hospitals, including Sharp Grossmont Hospital (SGH), develop CHNAs based on the collaborative CHNA process and findings. The Sharp CHNAs are adapted to inform program delivery within their primary service areas, particularly for high need community members. In addition, each Sharp hospital will develop and publish its three-year implementation strategy — a written plan to address the needs identified through the hospital’s 2025 CHNA.

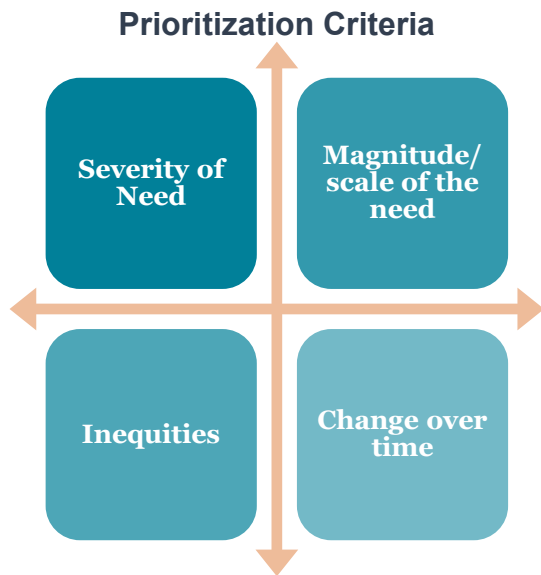
### Community Defined

The HASD&IC 2025 CHNA encompasses all of SDC due to a broad representation of hospitals in the area. The primary communities served by SGH encompass SDC’s East County, including the sub-regions areas of Jamul, Spring Valley, Lemon Grove, La Mesa, El Cajon, Santee, Lakeside, Harbison Canyon, Crest, Alpine, Laguna-Pine Valley and Mountain Empire. See the table below for the ZIP codes where the majority of SGH patients reside. As many of these communities span multiple regions in SDC, demographics are provided at the county level for the most accurate reflection of the community served by the hospital.

#### Primary Communities Served by SGH<sup>3</sup>

ZIP Code	Community
91941	La Mesa
91942	La Mesa
91945	Lemon Grove
91977	Spring Valley
92019	El Cajon
92020	El Cajon
92021	El Cajon
92040	Lakeside
92071	Santee
92114	Encanto

## Prioritization of Community Needs



Once initial analyses were completed, the CHNA research team and committee of health systems met to determine which community needs should be central to this report. Prioritization criteria included:

**Severity of need:** What is the potential to cause death or disability?

**Magnitude/scale of the need:** How many people are affected?

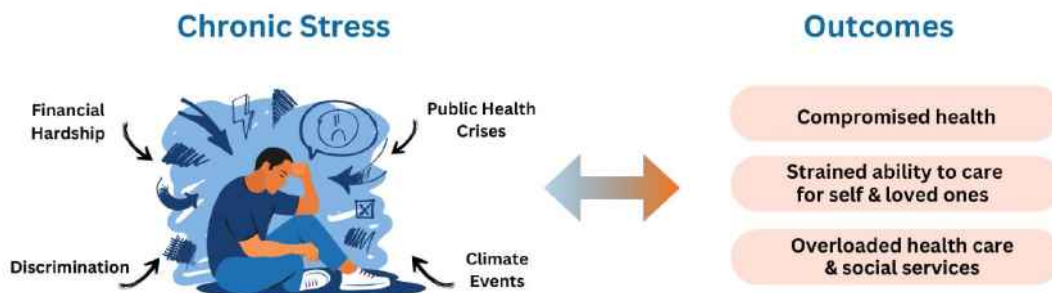
**Inequities:** Are some populations at greater risk for this condition, based on geography, languages, ethnicity, culture, citizenship status, economic status, sexual orientation, age, gender, or others?

**Change over time:** Has the condition improved, stayed the same, or worsened?

## Primary Finding: Chronic Stress

**Chronic stress** was consistently highlighted as a significant theme across all methods of qualitative data collection in the HASD&IC 2025 CHNA. This stress, community members said, is caused by the high cost of living in San Diego, rising levels of racism, prejudice, and discrimination, ongoing challenges from COVID-19, and recent public health emergencies. They indicated that this ongoing, debilitating stress is severely impacting their health and their ability to manage their health care.

Health care and social service providers indicated that this chronic stress has resulted in increasing numbers of community members who are sicker than ever, seeking help within a system that is overburdened. The graphic below illustrates this finding.



## Methods

The HASD&IC 2025 CHNA research team conducted focus groups, key informant interviews, field interviews, and an online survey to gather qualitative data. They also reviewed publicly available demographic data, hospital discharge records, and existing research to gain a comprehensive understanding of community needs. Through this research, the team addressed the following research questions:

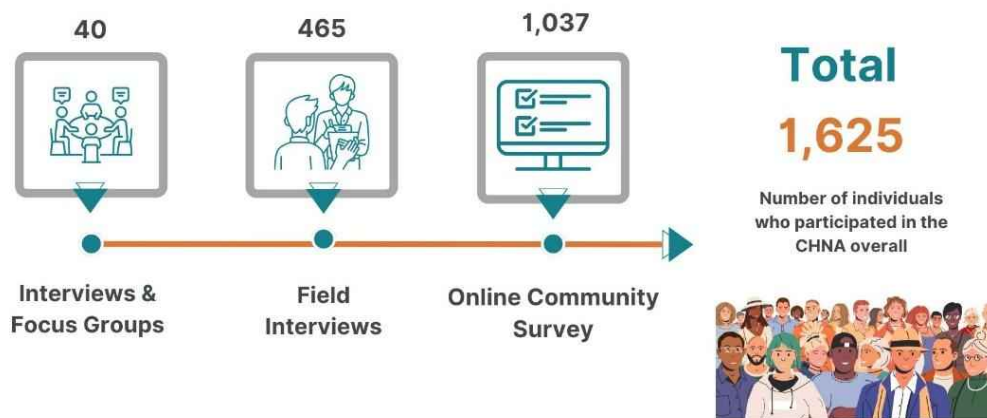
- What are the most pressing needs of our community?
- How can hospitals and health systems help address those needs?

Feedback was gathered from 1,625 members of the San Diego community. Research collaborators from the San Diego Refugee Communities Coalition and San Diego County Promotores Coalition completed 465 field interviews, the online survey was taken 1,037 times, and 40 groups of people (123 individuals) participated in key informant interviews and focus groups, exceeding the threshold for data validity.

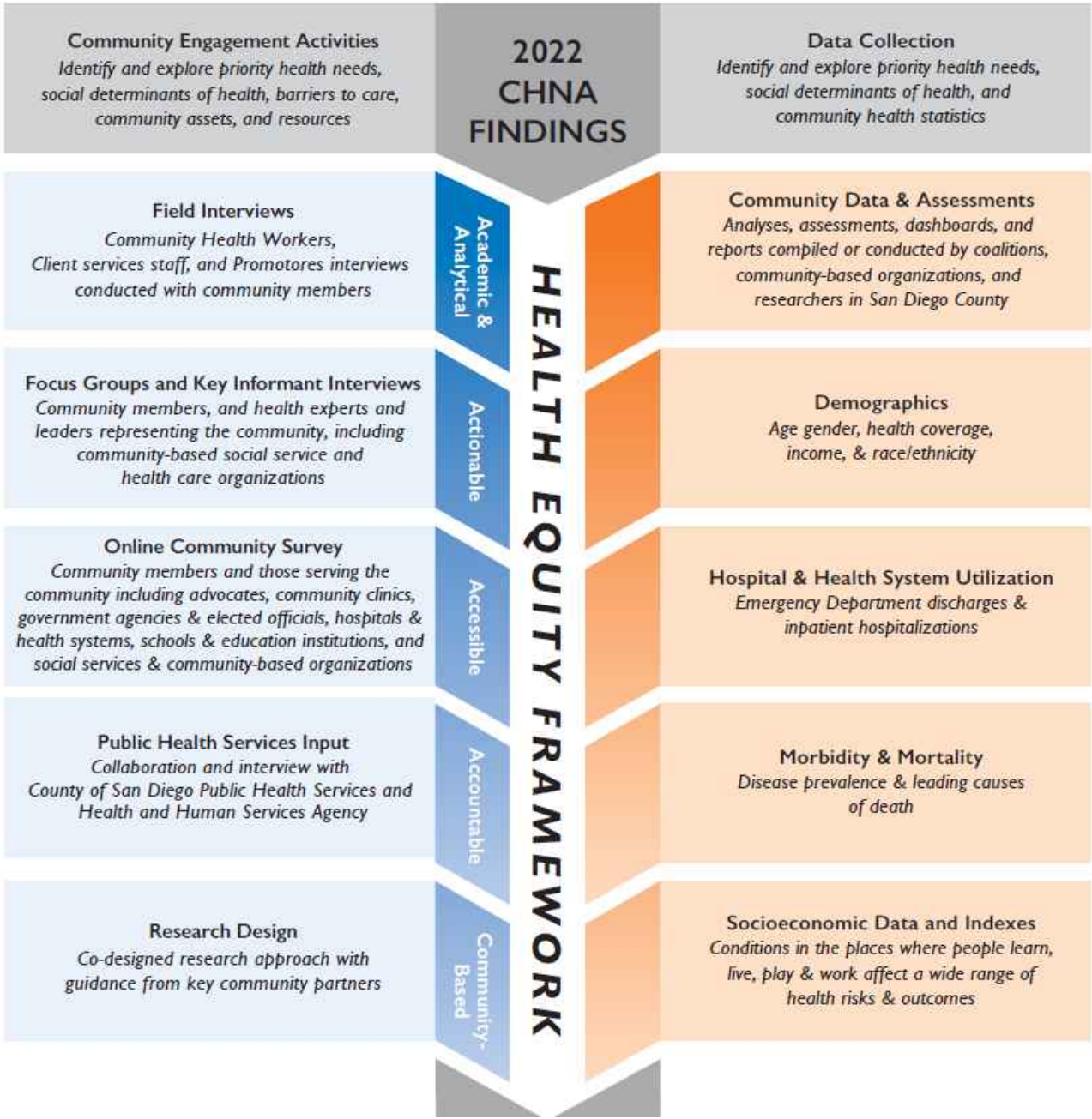
Sharp conducted additional patient data analysis and engaged nearly 270 additional community members to help inform activities specific to communities served by its hospitals and medical groups, including SGH.

See the following graphics for an overview of 2025 CHNA methods and approaches.

### 2025 CHNA Community Engagement Summary



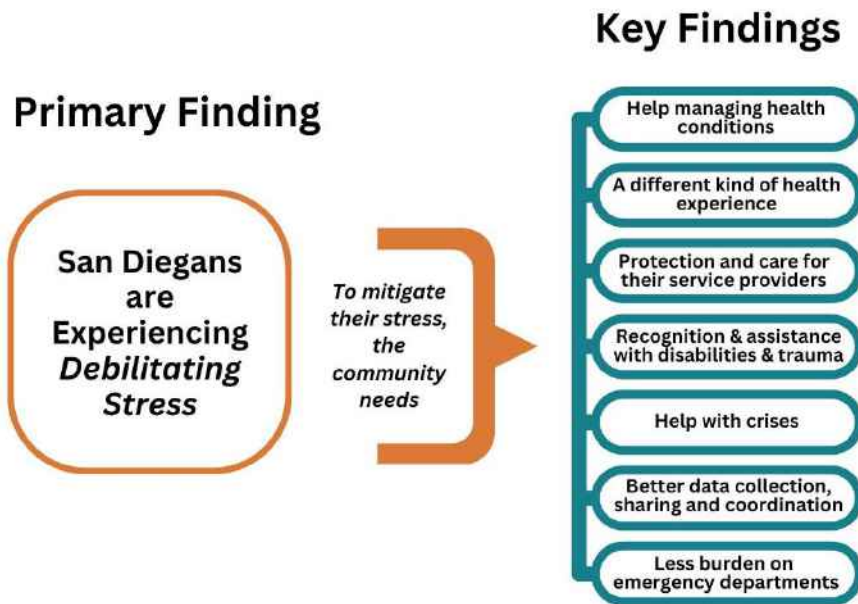
# 2025 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS MAP



## Key Findings

Within the context of the primary finding, the 2025 CHNA focused on what the community needs from hospitals and health care systems to mitigate their stress, and, therefore, improve their health. The community discussed several strategies, represented as Key Findings in the graphic below.

### 2025 CHNA Findings Summary



#### Help Managing Health Conditions

The community named *several specific health conditions* they need more assistance with managing, listed alphabetically in the graphic below.

Top Community Health Needs					
Asthma	Blood Pressure	Cancer	Dental Health	Diabetes	Mental Health



#### A Different Kind of Health Care Experience

The community emphasized that they need health care systems to be respectful of their time and to offer care when they need it. They also need easier ways to access health care, a better relationship with care providers, and help with navigating systems. *This, they indicated, was where the health care community should be concentrating its efforts.*



### Protection and Care for their Service Providers

The community also emphasized that they *appreciate their health care workers, understand the pressures they are under, and want them to be protected and cared for as well*. They offered praise for health care workers and concern about staff shortages, worker burnout, and vicarious trauma.



### Recognition and Assistance with Disability and Trauma

One in 10 San Diegans lives with a disability<sup>4</sup>, and many have experienced traumatic events. The community emphasized that *people who are disabled or living with trauma need recognition, accommodations, compassion, and assistance with resources*, including:

Disability and Trauma-Related Needs				
Allowing service animals	Complying with the ADA	Improving websites and phone systems	Assistance with documentation & eligibility	Understanding trauma



### Help with Community Crises

San Diego County residents have experienced significant climate-related and public health crises in recent years and expressed an urgent need for help addressing these crises, including better data collection and more resources. Crises discussed included:

- **Heat:** Extreme temperatures have severely affected residents' daily lives, with many reporting health issues such as migraines, blood pressure fluctuations, dehydration, and respiratory problems.
- **Wildfires:** Wildfires and their associated smoke have caused widespread breathing difficulties.
- **Flooding:** A major flood in January 2024 displaced over 1,200 households, primarily in Southeast San Diego. The flooding led to respiratory problems and an increase in illnesses such as flu-like symptoms.
- **Tijuana River Valley Sewage Crisis:** The ongoing sewage crisis has resulted in unbearable odors and significant health concerns for residents living near the Tijuana Riverbed.



### Better Data Collection, Sharing, and Coordination

The community needs *better data collection, sharing, and coordination across systems*, including hospitals and community clinics, social service providers, and schools. The lack of data coordination creates unnecessary challenges to good health.



### Less Burden on Emergency Departments

The community is concerned about the capacity of San Diego County's emergency departments (EDs), noting that many people must rely on them for care that could be managed outside of emergency settings. The community reported several underlying causes for this usage, including difficulty obtaining primary and specialty care in a timely manner and a lack of alternative options for acute conditions like mental health.

## Community Recommendations

### What's Already Working

The community discussed several health initiatives that are positively impacting the local population and asked that these types of efforts be expanded. Current successes include:

Partnerships between schools & clinics	Dental offices in clinics with sliding fee scales	Home visits for chronic condition management	Mobile health services	Taxi voucher programs	Voluntary identification for disabled individuals
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### Community Suggestions

The community also made several suggestions for ways in which hospitals and health care systems could help reduce their stress and improve their health.

<b>Patient support</b>	<ul style="list-style-type: none"> <li>Ensuring that <b>all individuals in the room during consultations introduce themselves</b> and explain their roles</li> <li>Expanding the use of <b>peer support for health care navigation</b></li> <li>Establishing <b>a phone line for insurance-related inquiries</b></li> <li>Creating <b>immediate feedback systems</b>, such as allowing patients to provide feedback directly after appointments</li> <li>Encouraging patients to have a <b>friend, family member, or advocate attend appointments</b> with them</li> <li>Enabling the <b>easy identification of ADA coordinators</b> to assist with disability accommodations</li> </ul>
<b>Health care worker support</b>	<ul style="list-style-type: none"> <li>Providing <b>opportunities for cultural exchanges and education</b> in the community</li> <li>Acknowledging and <b>addressing health care worker burn out and vicarious trauma</b></li> <li>Making efforts to <b>reduce staff turnover</b></li> </ul>

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- Encouraging and providing paid time for **health care worker community engagement**
  - Providing **training opportunities around systemic racism, power dynamics, cultural competency, and health inequities** and about interacting with **populations with complex health needs**
  - Establishing **low-cost, convenient education and training for medical assistants, certified nursing assistants, and licensed vocational nurses**
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**Hospital & emergency department discharges**

- Releasing patients with a **longer supply of prescription medications**
  - Increasing the **availability of hospital social workers**
  - Establishing **more recuperative care beds**
  - Increasing utilization of **In-Home Supportive Services (IHSS)**
  - Expanding **post-discharge home visiting programs**
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**Systemic efforts**

- **Advocating for policy changes** that would make health care more convenient and cost effective for the community
  - Designating a **hospital administrator as a community advocate**
  - Gathering more community feedback about needs and ways to **create community-centered programs and services** to address those needs
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## **Limitations**

The 2025 CHNA engaged a broad spectrum of the public to better understand their needs. HASD&IC and Sharp data collection efforts allowed for feedback from nearly 1,900 members of the community, resulting in an assessment that represented more community members and patients — from more diverse backgrounds — than ever before.

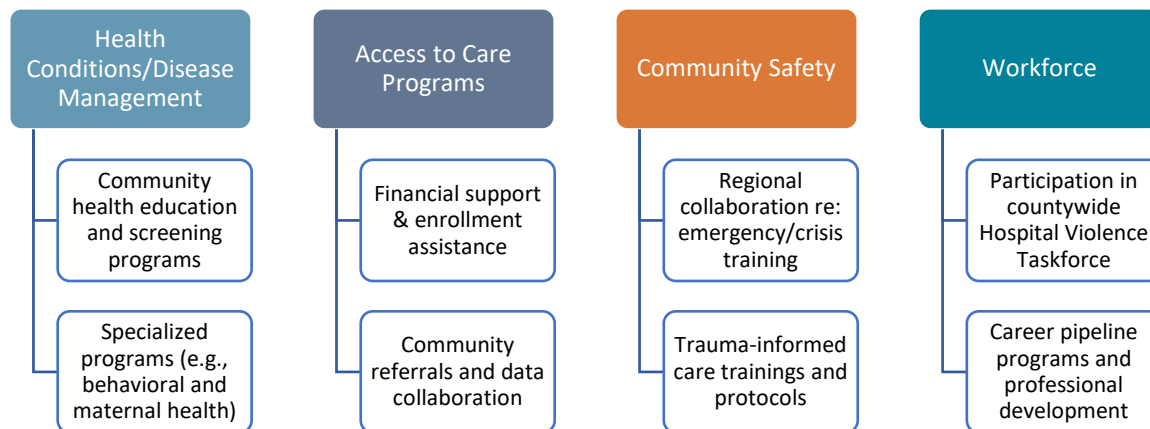
Limitations included sampling biases inherent to the use of hospital discharge data and purposive sampling techniques. In addition, certain populations of people who may be experiencing inequities, such as former foster youth, justice-impacted individuals, and people with chronic medical conditions, were underrepresented in focus groups and interviews. Finally, the volume of data collected exceeded the team’s capacity for full analysis within time, budget, and personnel constraints.

## Next Steps

SGH developed its FY 2026 – FY 2029 Implementation Strategy to address select needs identified in the 2025 CHNA. Many of the programs listed have been in place at SGH for several years; leaders and team members across Sharp continuously evaluate their success to ensure they address and respond to the latest CHNA findings.

Categories of programs and activities included in the SGH FY 2026 – FY 2029 Implementation Strategy are summarized in the graphic below:

### SGH FY 2026 – FY 2029 Implementation Strategy Overview



All Sharp 2025 CHNAs and FY 2026 – FY 2029 implementation strategies are available as of Sept. 30, 2025 on [Sharp.com](https://www.sharp.com). Reports are also available on request by contacting [communitybenefits@sharp.com](mailto:communitybenefits@sharp.com).

Sharp extends deep gratitude for the contributions made by all who participated in the 2025 CHNA process. We are committed to providing a CHNA that is valuable to all our community partners and look forward to strengthening that value and those community partnerships in response.

The SHARP logo consists of the word "SHARP" in a bold, blue, serif font. A horizontal orange bar is positioned above the letters, extending slightly beyond the width of the text.