Scripps

Scripps Health 2025 Community Health Needs Assessment

September 2025

Scripps Health 2025 Community Health Needs Assessment

General Information

Contact Person:	
Authorized governing body that adopted the Community Health Needs Assessment and Implementation Strategy:	Strategic Planning Committee of the Scripps Board of Trustees
Date Community Health Needs Assessment & Implementation Strategy were approved:	September 2025
Tax Year in which CHNA was made available to the public:	Tax Year 2024 (available on www.scripps.org)
Name and state license, number of Hospital Organization Operating Hospital Facility, and address of Hospital Organization	Scripps Mercy Hospital 4077 5th Avenue San Diego, CA 92103 **Lic. # 090000074** *Scripps Mercy Hospital has a second campus in Chula Vista, CA and shares the same license.* Scripps Memorial Hospital La Jolla 9888 Genesee Avenue La Jolla, CA 92037 **Lic. # 080000050** Scripps Green Hospital 10666 Torrey Pines Road San Diego, CA 92037 **Lic. # 080000139** Scripps Memorial Hospital Encinitas 354 Santa Fe Drive La Jolla, CA 92024 **Lic. # 080000148** Select Specialty Hospital 555 Washington St., San Diego, CA 92103 **Lic. # 090000404**

2025 Community Health Needs Assessment

Appendices

Section 1

About Scripps Health

Letter from the CEO

Our founders, Ellen Browning Scripps and Mother Mary Michael Cummings, were both women ahead of their time. Their commitment to provide for the healthcare needs of a growing community resulted in the Scripps Health of today.

Scripps has been part of the San Diego community for over 100 years, longer than any other healthcare provider. Since 1924, our mission has remained steadfast: to provide exceptional care and improve lives. From a 57-bed hospital funded by Ellen Browning Scripps to a premier system treating 600,000 patients annually, we have grown and evolved to meet community needs while staying true to our core purpose—caring for people.

As a private, tax-exempt health system, Scripps continues to make lasting investments that ensure our impact today and for future generations. This report outlines the top needs identified in our 2025 Community Health Needs Assessment (CHNA), made possible through collaboration with participating San Diego hospitals and community partners. Through this collective effort, we have gained a deeper understanding of the community's health and social needs. The findings reflect the voices of community members as heard through interviews, focus groups, field interviews, and an online community survey. These insights help shape, refine, and expand health and social service programs. The 2025 CHNA utilized community based participatory research that is thorough, data-driven, actionable, and accountable. A key theme emerged across all data collection methods: our community is experiencing significant, ongoing, and chronic stress.

We hope the greater San Diego community can use the report as a resource for further learning, research, grant-writing, grant-making, and to generate discussion around approaches where we can come together and work collaboratively to address the needs of our most vulnerable community members.

Chris Van Gorder, FACHE
President and CEO

Mission, Vision, and Values

Mission

Scripps strives to provide superior health services in a caring environment and to make a positive, measurable difference in the health of individuals in the communities we serve. We devote our resources to delivering quality, safe, cost-effective, socially responsible health care services. We advance clinical research, community health education, education of physicians and health care professionals and sponsor graduate medical education. We collaborate with others to deliver the continuum of care that improves the health of our community.

Vision

Scripps Health will continue to be the leading health care delivery system in the greater San Diego community, as evidenced by the highest clinical quality, patient safety, and patient, physician, and employee satisfaction. This will be achieved through unending focus on patient-centered and compassionate care, cost- effective operations, research, advanced technology, and innovation.

Values

We provide the highest quality of service

Scripps is committed to putting the patient first, and quality is our passion. In the new world of health care, we want to anticipate the cause of illness and encourage healthy behavior for all that rely on us for service. We teach and encourage patients to participate in their care and to make well-informed decisions. We will be their advocates when they are most vulnerable. We measure our success by our patients' satisfaction, their return to health and well-being, and our compassionate care for dying patients, their families, and friends.

We demonstrate complete respect for the rights of every individual

Scripps honors the dignity of all people. We show this by our actions toward one another and those we serve. We embrace the diversity that allows us to draw on the talents of one another. We respect and honor the cultural, ethnic, and religious beliefs and practices of our patients in a manner consistent with the highest standard of care. All of this is done in a compassionate setting. Our goal is to create a healing environment in partnership with all caregivers committed to serving our patients.

We care for our patients every day in a responsible and efficient manner

Scripps serves as a major community health care resource for San Diego County and, as such, we are accountable for the human, financial and ecological resources entrusted to our care as we promote healing and wholeness. We begin from a base of excellence and collaborate with co-workers, physicians, patients, and other providers to find new and creative ways to improve the delivery of health care services. All members of our community will have access to timely, affordable, and appropriate care.

About Scripps Health

Founded in 1924 by philanthropist Ellen Browning Scripps, Scripps Health is a $4.9 billion private, tax exempt, integrated health system based in San Diego, California. Scripps treats more than 600,000 patients annually at its four acute-care hospitals on five campuses, along with a robust network of 32 outpatient centers (including 12 Health Express locations), palliative care, clinical research, and ancillary services to serve our San Diego community and beyond. Scripps is also one of the largest employers in San Diego, with 3,000 affiliated physicians and more than 17,500 employees, and is recognized as one of the country's best companies to work for. Scripps offers payer products and population health services through Scripps Accountable Care Organization, Scripps Health Plan, and customized narrow network plans in collaboration with third-party payers.

Scripps Health is a leading provider of medical care, dedicated to improving community health and advancing medicine in San Diego County. Recognized as a leader in the prevention, diagnosis, and treatment of disease, Scripps is also at the forefront of clinical research and is the only health system in the region with two, Level 1 trauma centers. Both Scripps Mercy Hospital, San Diego, and Scripps Memorial Hospital, La Jolla, have been verified as Level 1 Trauma Centers—the highest designation awarded by the American College of Surgeons (ACS), signifying the most comprehensive level of injury care available. With these designations, Scripps Health now operates two of the three Level 1 adult trauma centers in San Diego County.

With three highly respected graduate medical education (GME) programs, Scripps is a longstanding member of the Association of American Medical Colleges. Our hospitals are consistently ranked among the nation's best by U.S. News & World Report and numerous other organizations. Scripps is frequently recognized by Fortune magazine, Working Mother magazine, and the Advisory Board as one of the best places in the nation to work. Importantly, Scripps culture is one of caring. The spirit and culture established by our two pioneering founders, Ellen Browning Scripps and Mother Mary Michael Cummings, still define who we are today. More information can be found at www.scripps.org.

Excellence in Primary and Specialty Care

The system is known for its expertise in various areas, including cancer care, cardiovascular disease prevention and treatment, orthopedics, women's health, and neurocognitive care. Generations of San Diegans have relied on Scripps for excellence in health care, starting with primary care doctors who act as the patient's personal health advocate including a focus on preventive care and wellness. For patients' convenience, Scripps physicians offer several options for ongoing care, including extended office hours, telemedicine options, three urgent care centers and HealthExpress walk-in clinics throughout the county for same-day treatment of minor illnesses and

injuries. With some of the most advanced technology available today for the diagnosis and treatment of acute and chronic illnesses, Scripps offers patients a complete range of medical and surgical services including many that have been nationally recognized for clinical quality and patient outcomes.

Governance

As a tax-exempt health care system, Scripps takes pride in its service to the community. The Scripps system is governed by a 16-member, volunteer Board of Trustees. This single point of authority for organizational policy ensures a unified approach to serving patients across the region.

Organizational Foundation

Scripps provides a comprehensive range of inpatient and ambulatory services through our system of hospitals and clinics. In addition, Scripps participates in many partnerships with government and not-for-profit agencies to improve our community's health. Our collaborations extend beyond our local community to include state, national, and global efforts in disaster preparedness and relief, emergency medical services, health care advocacy, physician education, and direct patient care. In all that we do, we are committed to quality patient outcomes, service excellence, operating efficiency, and caring for those in need today while planning for the health care needs of future generations.

Select Specialty Hospital San Diego

Select Specialty Hospital San Diego is a 110-bed, free-standing critical illness recovery hospital (licensed by Medicare as a Long-Term Acute Care Hospital LTACH) which specializes in treating patients recovering from catastrophic critical illness. This unique level of acute hospital care focuses on pulmonary/ventilator liberation, and the treatment of medically complex, wound care, renal disorders, infectious disease, cardiac conditions, brain injury and other neurologic conditions. Select Specialty Hospital San Diego is part of Select Medical, one of the largest providers of post-acute recovery and rehabilitation in the United States.

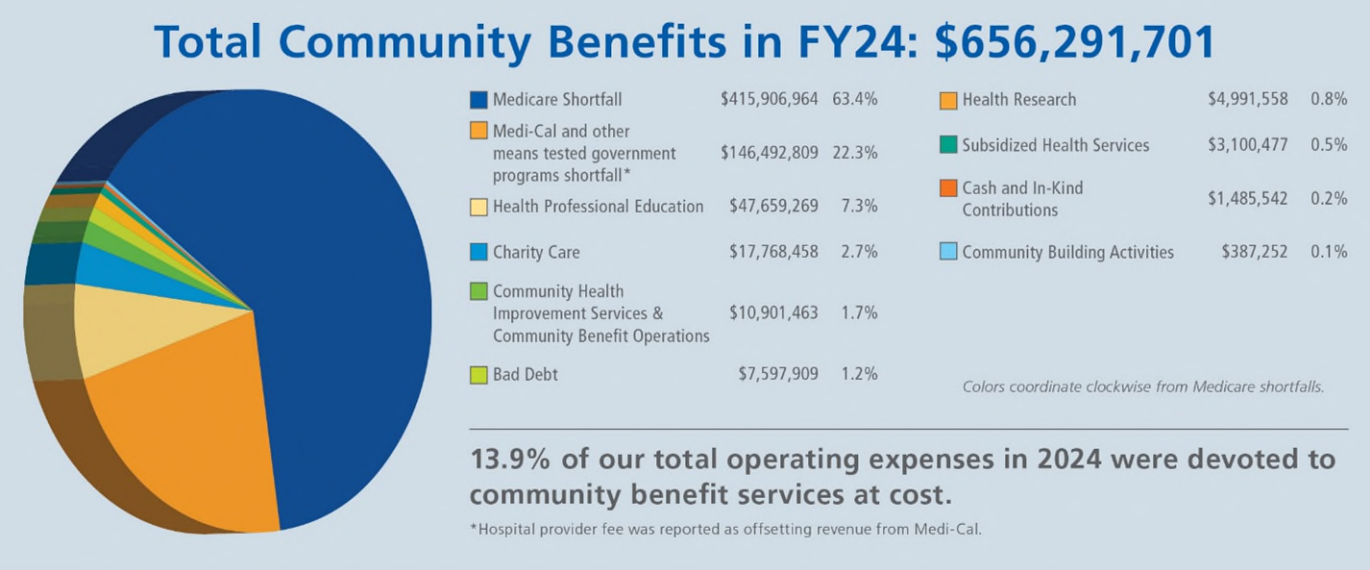
Scripps Health Community Benefit

Scripps continues to meet community needs by providing charity care and uncompensated care, professional education and research and an array of community benefit programs. Services are offered through our five acute-care hospital campuses, wellness centers and ambulatory clinics. Our efforts are multifaceted to meet the diverse needs of those we serve, from seniors and uninsured/underinsured to the house bound. Community benefit services promote health and healing and address the identified unmet health needs of the community. Programs include prevention and wellness initiatives, screenings, health education, support groups and health

fairs, health research, health professional education supported by operational funds, grants, in-kind-contributions, and philanthropy.

Scripps tracks its community benefit activities and outlines programs, services and financial contributions that address community health needs through an annual report submitted to the California Department of Health Care Access and Information (HCAI). Scripps community benefit programs are commitments Scripps makes to improve the health of both patients and San Diego's diverse communities. As a community resource, Scripps goal and responsibility is to assist all who come to us for care, and to reach out to those who find themselves vulnerable and without support. Through our continued actions and community partnerships, we strive to raise the quality of life in the community as a whole.

In Fiscal Year (FY) 2024, Scripps documented $656 million in local community benefit programs and services. For more information, visit Scripps Community Benefit Report or contact the Scripps Health Office of Community Benefit Services at 858.678.7095.



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The Clay Company Founder and President, Retired; Resource Protection

Chris D. Van Gorder*
President and CEO, Scripps Health

**Denotes Ex Officio*

Scripps

2025 CHNA Acknowledgements and Introduction

Acknowledgements

2025 Participating Hospitals and Health Systems

Every private hospital, health system, health district and behavioral health hospital in San Diego County participates in the collective effort to better understand the health and social needs of San Diego communities. Participating hospitals and health systems supported the Community Health Needs Assessment (CHNA) process through the HASD&IC Board of Directors, HASD&IC Behavioral Health Workgroup, HASD&IC Case Management Workgroup, and the HASD&IC Board of Directors.

Community Health Needs Assessment Committee

The Community Health Needs Assessment (CHNA) Committee (listed below) worked with HASD&IC staff to design and implement the 2025 CHNA.

Erica Salcuni (Chair)
Sharp HealthCare

Anette Blatt (Vice-Chair)
Scripps Health

Christian Wallis
Amy Abrams
Grossmont Healthcare District

Lindsey Wright
Kaiser Permanente – San Diego, Zion, and San Marcos Medical Centers

Stephanie Gioia-Beckman
Rady Children's Hospital San Diego

David Mier
UC San Diego Health

Polly King
Scripps Health

Hospital Association of San Diego and Imperial Counties

HOSPITAL ASSOCIATION
of San Diego & Imperial Counties

Dimitrios Alexiou
President and Chief Executive Officer

Alexandrea Clendenin
Project Manager, Special Programs & Initiatives

Stephanie Phann
Project Manager, Health Equity & Community Engagement

Caryn Sumek, MPH
Vice President

Natalie Rosare
Epidemiology Intern

Nhat Quang Thai
Epidemiologist

Lindsey Wade
Senior Vice President

Thanks to our Community Partners

We extend our heartfelt gratitude to all who participated in this collective effort. Health care and social services sectors have been overburdened since the pandemic, and the needs in our community have only grown over the past three years. We remain deeply grateful to all our community partners, who once again, without hesitation, answered our requests for data and key informant interviews, led field research, organized focus groups, and promoted the online survey. Our collaboration gives the CHNA Committee confidence that this report will be valuable to our partners in San Diego County, including policymakers, health care and social service providers, grant makers, and other civic leaders.

- Alcohol & Drug Service Provider Association
- Family Health Centers of San Diego
- JIREH Providers
- La Maestra Community Health Centers
- Legal Aid Society of San Diego/Consumer Center for Health, Education and Advocacy
- Lived Experience Advisers
- National School District in Partnership with Rady Children's Hospital
- North County Lifeline
- PATH San Diego
- Rural Health Discharge Program
- San Diegans for Healthcare Coverage
- San Diego Association for California Nurse Leaders
- San Diego American Indian Health Center
- San Diego County Promotores Coalition
- San Diego County Public Health Services - Maternal, Child, and Family Health Services
- San Diego Human Trafficking and CSEC Advisory Council Health Sub-Committee
- San Diego Hunger Coalition
- San Diego Refugee Communities Coalition
- San Diego Youth Services
- San Ysidro Health Center
- The San Diego LGBT Community Center
- YMCA of San Diego County

Special Thanks

SAN DIEGO REFUGEE COMMUNITIES COALITION (SDRCC)

The SDRCC is a coalition of 12 ethnic-based community organizations. Members of SDRCC were invaluable research collaborators, conducting hundreds of field interviews in multiple languages, assisting with data analysis, and providing guidance throughout the CHNA.

Field interviews were conducted in collaboration with the Community Health Initiative of the San Diego Refugee Communities Coalition and the UC San Diego Center for Community Health, Refugee Health Unit within the Altman Clinical Translational Research Institute.

CHNA Project Implementation Team:

Sahra Abdi
United Women of East Africa Support Team/San Diego Refugee Communities Coalition

Moyosore A. S. Buari
Community Health Initiative, San Diego Refugee Communities Coalition

Aaliyah Habib
SDSU Intern, UC San Diego Center for Community Health - Refugee Health Unit/San Diego Refugee Communities Coalition

Heven Haile
Community Health Initiative, San Diego Refugee Communities Coalition

Eden Mengistu
Community Health Initiative, San Diego Refugee Communities Coalition

Amina Sheik Mohamed
UC San Diego Center for Community Health - Refugee Health Unit

Valerie Nash
Nash & Associates

Ruth Teseyem Tadesse
UC San Diego Center for Community Health - Refugee Health Unit

Reem Zubaidi
UC San Diego Center for Community Health - Refugee Health Unit

SDRCC Research Partnership Organizations

Haitian Bridge Alliance

Horn of Africa

Karen Organization of San Diego

License to Freedom

Madjal: Arab Community Center of San Diego

Refugee Assistance Center

SDRCC Afghan

Slavic Refugee and Immigrant Services Organization

Somali Bantu Organization of San Diego

Southern Sudanese Community Center of San Diego

United Women of East Africa Support Team

San Diego County Promotores Coalition (SDCPC)

The SDCPC advances the work of Community Health Workers/Promotores. SDCPC members collected hundreds of field interviews, offered feedback on data collection tools and CHNA findings, and generously lent their expertise.

Amanda Schultz Brochu
San Diego County Promotores Coalition

Deysi Merino
San Diego County Promotores Coalition

Research Partnership Leads

Susan Arias
Victoria Vazquez
MAAC Project

Damaris De La Torre
Adrian Zavala
Neighborhood Healthcare

Barbara Lugo
Jose Mireles
SBCS

Najla Ibrahim
Ahmed Sahid
Somali Family Service of San Diego

County of San Diego Health & Human Services Agency

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Wilma J. Wooten, M.D., M.P.H.
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Jackie Baker Werth
Performance Improvement Manager

Nora Bota, MPH
Performance Improvement Manager

Christopher A. O'Malley, MPH, CPH
Chief, Agency Operations

Medical Care Services

Jennifer M. Tuteur, MD, FAAFP
Chief Medical Officer

Heather Summers, EdD, MSW
Deputy Director

CHNA Collaborative Research Partners

The CHNA Committee and the Hospital Association of San Diego & Imperial Counties

The Hospital Association of San Diego & Counties (HASD&IC) Board of Directors represents all member sectors and provides policy direction to ensure the interests of member hospitals and health systems are preserved and promoted. The CHNA Committee includes representatives from participating hospitals and health systems and provides overarching guidance regarding the research approach and community engagement. The CHNA Committee is responsible for implementing the San Diego CHNA and reports to the HASD&IC board.

San Diego State University (SDSU) Institute for Public Health (IPH)

SDSU | Institute for Public Health

For the 2025 CHNA, HASD&IC partnered with the San Diego State University (SDSU) Institute for Public Health (IPH). The IPH is the practice arm of the SDSU School of Public Health and facilitates public health practice in San Diego communities. Together, HASD&IC and IPH staff led the research design, data collection and analysis, and the summary of the findings for this report. IPH research collaborators included:

Corinne McDaniels-Davidson, PhD, MPH, MCHES®
Director, IPH
Associate Director of Public Health Practice, SDSU School of Public Health (SPH)
Associate Professor, Division of Health Promotion & Behavior Science, SDSU SPH
Deputy Associate Director, UCSD Moores Cancer Center Community Outreach & Engagement

Martha Crowe, MA
Project Lead, Research Associate, IPH

Kanako Sturgis, MPH
Senior Data/Evaluation Specialist, IPH

Adrian Trovato, MPH
Research Assistant, IPH

Kaiser Permanente – San Diego, Zion, and San Marcos Medical Centers Harder & Company Community Research

In addition to their participation in the HASD&IC facilitated 2025 collaborative CHNA process, Kaiser Permanente - San Diego, Zion, and San Marcos Medical Centers also conducted their own CHNA's in partnership with Harder+Company Community Research. These two processes were intentionally conducted simultaneously with ongoing, continuous feedback between the two groups; this allowed the groups' efforts to be complementary rather than duplicative. These efforts also enabled HASD&IC and Kaiser Permanente-San Diego, Zion and San Marcos to leverage each other's relationships in the community, resulting in greater community representation and the efficient use of resources. Data were shared between the groups. This innovative and effective partnership resulted in a more robust CHNA for all San Diego County hospitals and health care systems.

Regulatory Compliance Fact Sheet

Conducted in compliance with state and federal requirements

Statutory Mandate

In accordance with the following state and federal requirements, Scripps Health completed its Community Health Needs Assessment (CHNA) in Fiscal Year (FY) 2025.

Federal Requirements

Under the Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, **Section 501(r) of the Internal Revenue Code, (Treas. Reg. § 1.501 (r)-3(b) (6) (i))** requires that all nonprofit hospitals described in Section 501(c)(3) must:

- Comply with reporting requirements or face potential excise tax penalties for noncompliance

State Requirements

Under the *California Health and Safety Code §§ 127340–127365* (Referred to as California's Community Benefit Law, Senate Bill 697), all nonprofit, nonpublic hospitals and health systems in California must:

- Conduct a CHNA every three years
-

Regulatory Compliance

To comply with CHNA regulations, hospital facilities are required to:

Define the community they serve

Document findings in a formal CHNA report, adopted by an authorized hospital governing body

Purpose and Impact

The 2025 CHNA aims to identify, understand, and prioritize the health-related needs of San Diego County residents, particularly those facing health vulnerabilities.
It serves as a primary tool for Scripps Health to:

Board Approval

The CHNA and Implementation Strategy must be formally adopted by an authorized governing body. At Scripps Health, these documents are reviewed and approved by:

The Strategic Planning Committee of the Scripps Health Board of Trustees

Community Engagement

The community engagement process solicits input from a wide range of stakeholders, ensuring the sample is as representative as possible of sub-populations experiencing high needs and those facing inequities in San Diego County. Stakeholders include:

Geographic communities served by the hospital facility

Priority populations such as children, older adults, and women

2025 CHNA Introduction

Scripps Health presents the 2025 Scripps Community Health Needs Assessment (CHNA). This report offers an opportunity to connect with the voices of our community members — individuals who have shared their needs, concerns, and aspirations for a healthier future. It serves as a valuable resource for hospitals, health care systems, and community organizations committed to improving health outcomes across the region.

Scripps Health CHNA Background and Commitment

Since 1994, Scripps has conducted triennial CHNA's in compliance with Senate Bill (SB) 697[1], which requires that California's not-for-profit hospitals identify and address community health needs. Information is gathered through the CHNA for the purposes of reporting community benefit, developing strategic plans, creating annual reports, providing input on legislative proposals, and informing the general community of health issues and trends.

The CHNA also fulfills federal requirements under IRS Code Section 501(r)[2], which mandates that tax-exempt hospitals conduct a CHNA and adopt a corresponding Implementation Strategy. To comply, Scripps conducts a consolidated CHNA and joint Implementation Strategy for its licensed hospital facilities. Federal guidelines require that hospitals define their community, take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of/or expertise in public health, and provide written documentation of the CHNA in a report adopted by an authorized body of the hospital. See Appendix A for details on CHNA regulations.

About the 2025 CHNA

Scripps participates in the CHNA collaborative led by the Hospital Association of San Diego & Imperial Counties (HASD&IC). The 2025 CHNA reflects a region-wide coordinated effort including private, public, behavioral health, and health district hospitals. Although only not-for-profit 501(c)(3) hospitals are legally required to conduct CHNA's, this collaborative approach demonstrates a shared commitment to identifying and addressing the region's most pressing health challenges.

The CHNA guides hospitals in shaping programs and strategies that directly respond to community health priorities. It captures the lived experiences of San Diego County residents and provides a strong foundation for data-informed, impactful initiatives. In addition to meeting regulatory requirements, the CHNA enhances strategic planning and enhances the alignment of community benefit efforts.

The 2025 CHNA incorporates both qualitative and quantitative data sources to provide a comprehensive view of health needs across the region. A total of 1,625 individuals across San Diego County participated in the data collection process, offering insights that helped shape the report's findings.

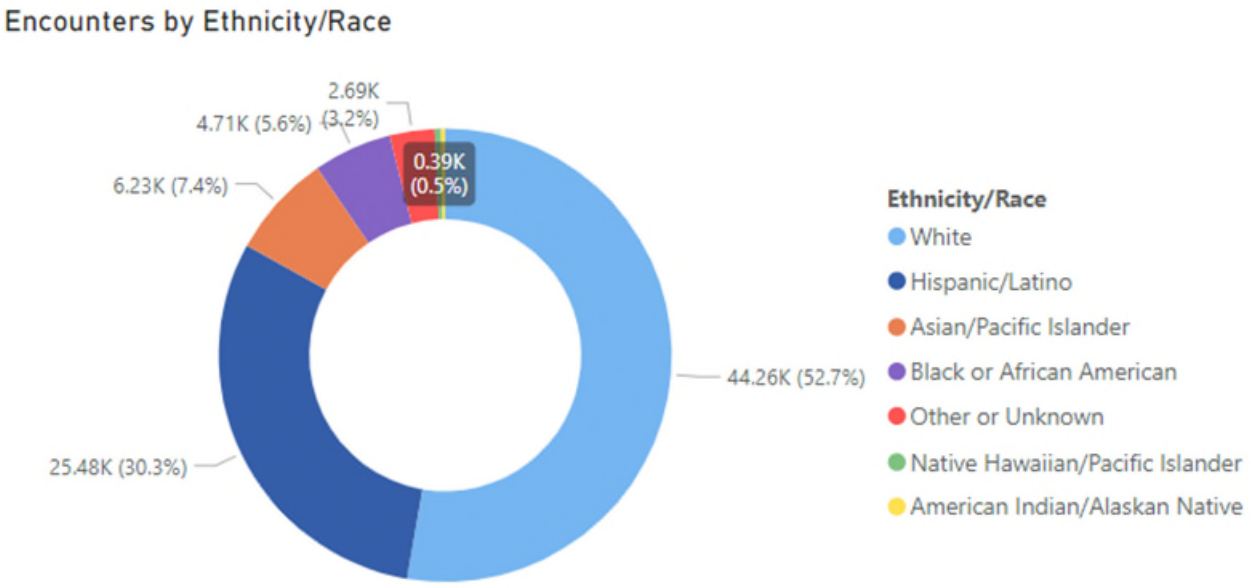
CHNA qualitative and quantitative data sources included:

The report also incorporates secondary data analysis, including emergency department visits and inpatient discharges, to better understand local healthcare utilization patterns.[3]

The 2025 CHNA is intended to foster transparency and accessibility for all stakeholders. Scripps remains committed to using these findings to inform collaborative efforts with healthcare providers, government agencies, businesses, and community organizations —working together to improve health outcomes across San Diego County.

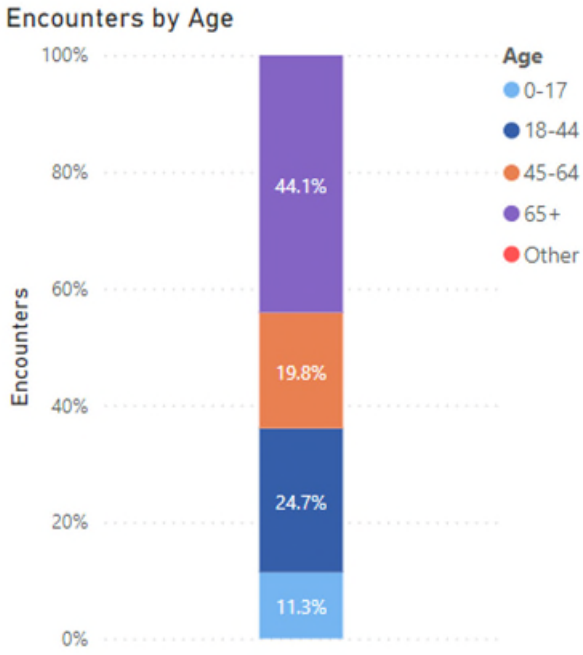
Scripps Health Fiscal Year 2024 Patient Community Demographics

Inpatient Discharges by Race/Ethnicity

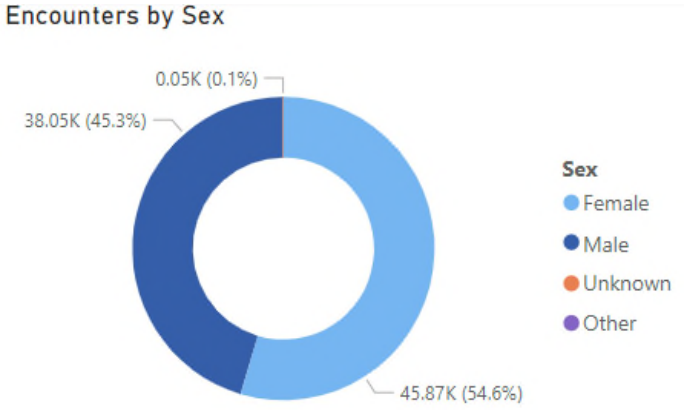


In the Scripps Health service area 52.7% of the inpatient discharges are White, 30.3% are Hispanic/Latino, 7.4% are Asian/Pacific Islander, 5.6% are Black or African American.

Scripps FY 2024 Inpatient Discharges by Age



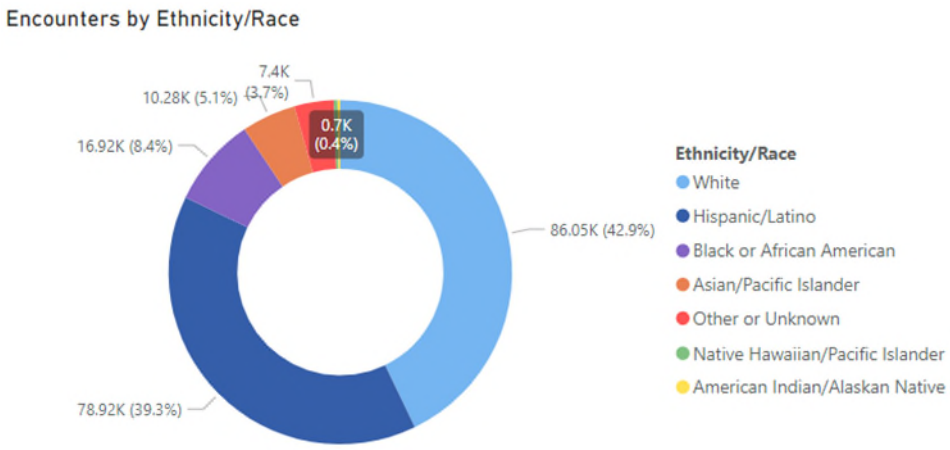
Scripps FY 2024 Inpatient Discharges by Sex



In the Scripps Health service area 54.6% of the inpatient discharges are female and 45.3% are male.

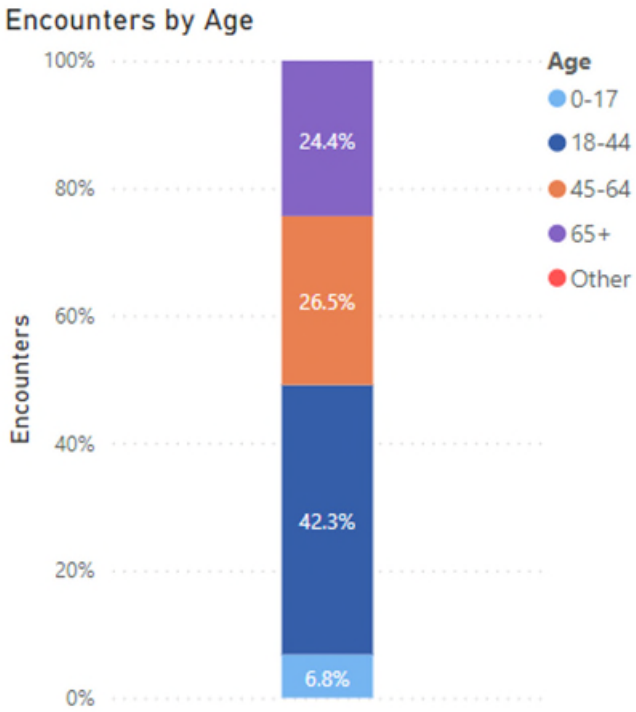
Scripps Fiscal Year 2024 Emergency Department (ED) Encounters

Encounters by Race/Ethnicity

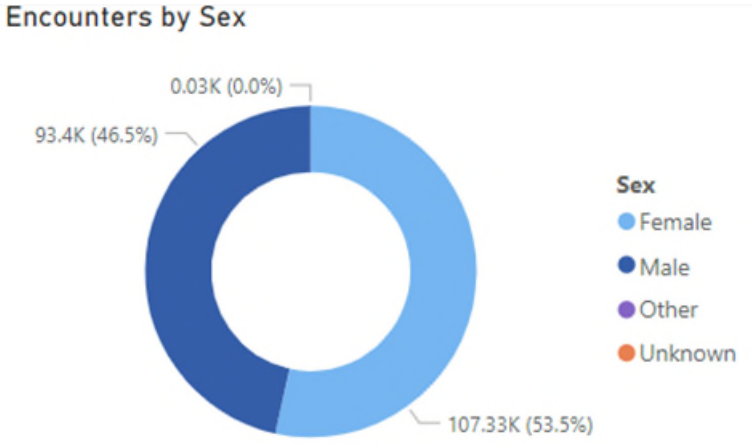


In the Scripps Health service area 42.9% of the emergency department encounters are White, 39.3% are Hispanic/Latino, 8.4% are Black/African American, 5.1% are Asian/Pacific Islander.

Scripps FY 2024 ED Encounters by Age

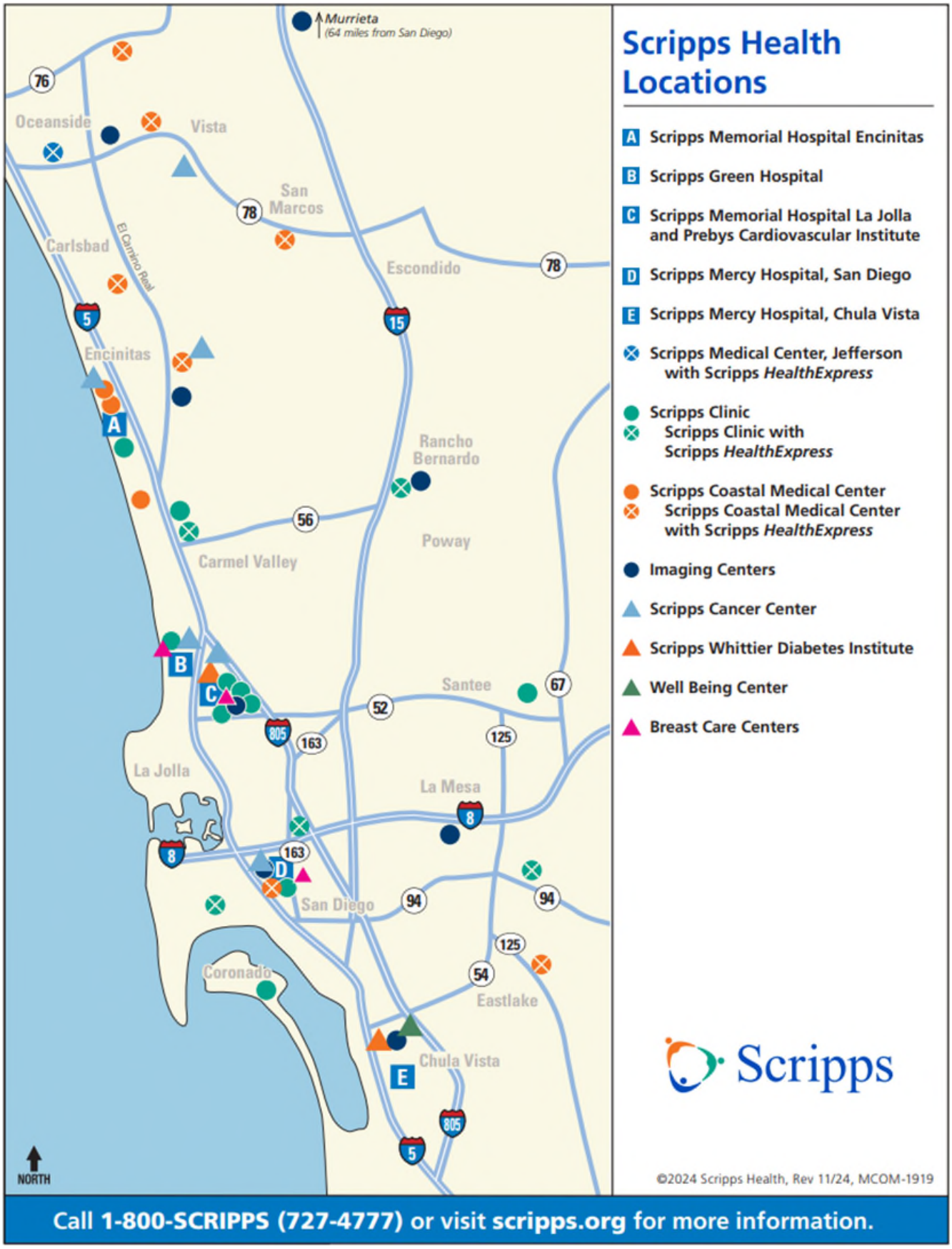


Scripps FY 2024 ED Encounters by Sex



In the Scripps Health service area 53.5% of the emergency department encounters are female and 46.5% are male.

Figure 4.1 – Scripps Health Service Area



Scripps

Click here to return to Table of Contents

Executive Summary

The Community Health Needs Assessment (CHNA) for 2025 represents a collaborative effort of all San Diego County hospitals and health care systems to understand the community needs across San Diego County. Findings are used to develop, modify, and expand health and social service programs. The 2025 CHNA utilized a health equity framework and emphasized community based participatory research that was academic, analytical, actionable, accessible, and accountable.

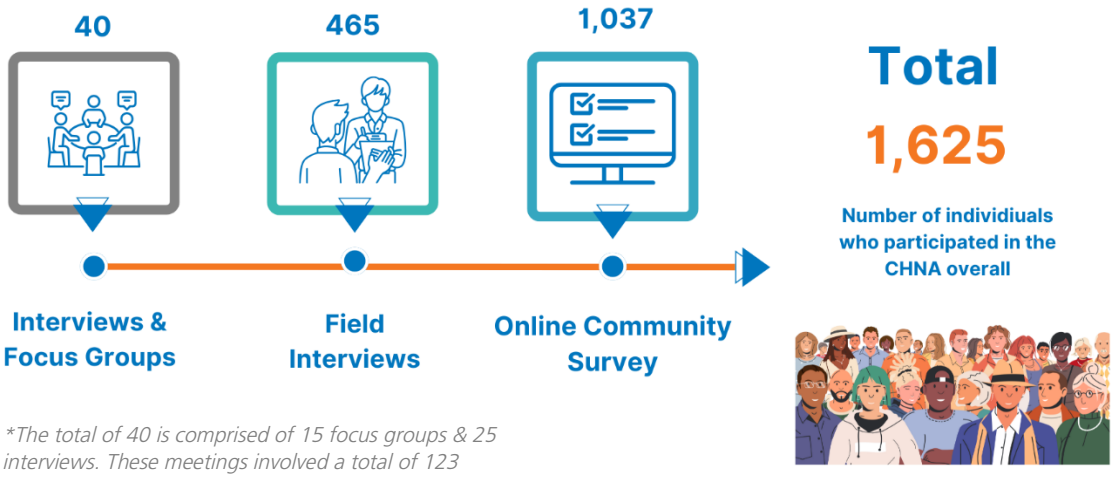
Methods

The CHNA research team conducted focus groups, key informant interviews, field interviews, and an online survey to gather data and 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?

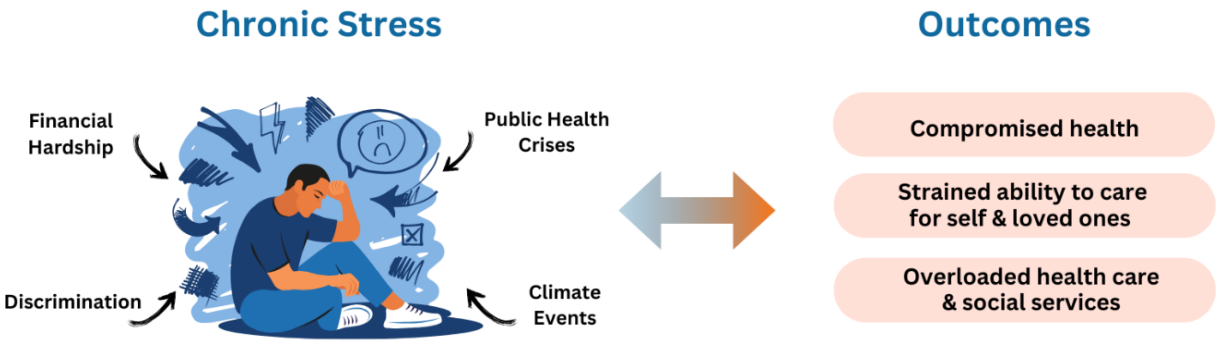
Feedback was gathered from **1,625** members of the San Diego community. Research collaborators from the San Diego Refugee Communities Coalition and San Diego County Promotores Coalition completed 465 field interviews, the online survey was taken 1,037 times and 40 groups of people (123 individuals)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



**The total of 40 is comprised of 15 focus groups & 25 interviews. These meetings involved a total of 123 individuals, accounted for in the grand total of 1,625 individuals who participated in the CHNA overall.*

Primary Finding

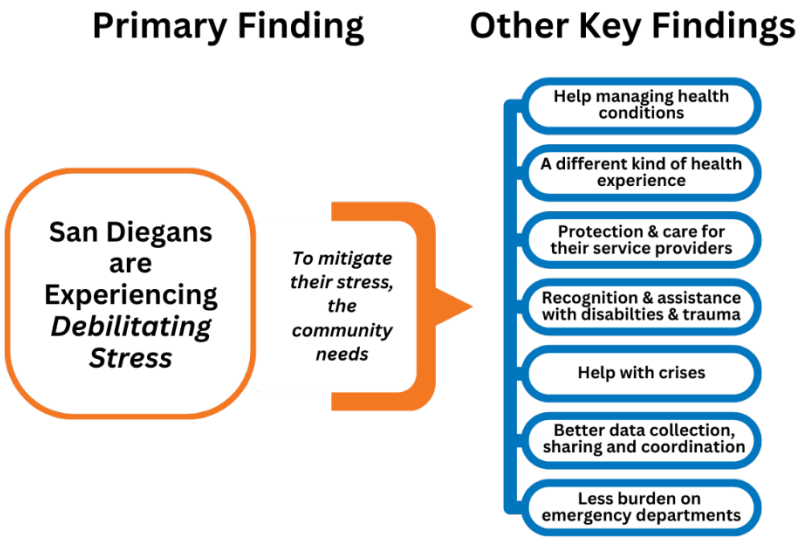
One theme emerged from all methods of data collection: ***Our community is under significant, ongoing, debilitating stress.*** This stress, they said, is caused by the high cost of living in San Diego, rising levels of racism, prejudice, and discrimination, ongoing challenges from COVID19, and recent public health emergencies. ***And it is severely impacting their health and their ability to manage their health care.*** This stress has resulted in a health care system trying to help more patients while health care workers are, themselves, experiencing hardship.



It is within this context of enduring community stress that the needs assessment was conducted, and with that in mind, the assessment focused on what the community needs from hospitals and health care systems to mitigate this stress, and, therefore, improve their health.

Key Findings

When we asked how hospitals and health care systems could help improve their health, however, the community discussed several strategies, as illustrated in the graphic, at right.



2025 CHNA FINDING

The community named ***several specific health conditions*** they need assistance managing, listed in the graphic below in ***alphabetical order below***.

The Community Needs Help Managing Health Conditions					
Asthma	Blood Pressure	Cancer	Dental Health	Diabetes	Mental Health

2025 CHNA FINDING

The community also emphasized that they need ***a different kind of health care experience.***

They need health care to be respectful of their time, to offer care when they need it. They want easier ways to get to 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.

2025 CHNA FINDING

While asking for change in the way they experience health care, the community was also emphatic in that they ***appreciate their health care workers, understand the pressures they are under, and want them to be cared for as well.*** They offered praise for health care workers and concern about staff shortages, worker burn-out, and vicarious trauma.

2025 CHNA FINDING

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

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

2025 CHNA FINDING

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, crisis discussed:***

Heat: Extreme temperatures have affected residents' daily lives, with many reporting health issues such as migraines, blood pressure fluctuations, dehydration, and respiratory problems.

Wildfires: Wildfires and 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 illness and 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.

2025 CHNA FINDING

The community is seeking ***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.

2025 CHNA FINDING

The community is concerned about ***the capacity of San Diego County's emergency departments (ED's),*** 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.

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

Community Suggestions

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

Patient support	• **Ensuring that *all individuals in the room during consultations introduce themselves* and explain their roles** • **Expanding the use of *peer support for health care navigation*** • **Establishing *a phone line for insurance-related inquiries*** • **Creating *immediate feedback systems*, such as allowing patients to provide feedback directly after appointments** • **Encouraging patients to have a *friend, family member, or advocate attend appointments* with them** • **Enabling *easy identification of ADA coordinators* to assist with disability accommodations**
Health care worker support	• **Providing *opportunities for cultural exchanges and education* in the community** • **Acknowledging and *addressing health care worker burn-out and vicarious trauma*** • **Making efforts to *reduce staff turnover*** • **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 and convenient education and training for medical assistants, certified nursing assistants and licensed vocational nurses***
Hospital and 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***
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 address those needs easier to *create community-centered programs and services to* address those needs**

Limitations and Future Directions

The 2025 CHNA engaged a broad spectrum of the public to better understand their needs. Collaborative efforts allowed for feedback from more than 1,600 members of the community, resulting in an assessment that represented more community members – from more diverse backgrounds -- than ever before.

Limitations of the CHNA 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 a full analysis within time and budget constraints.

Scripps

Click here to return to Table of Contents

Research Methods & Approach

2025 CHNA Guiding Principles

Several principles guided this CHNA. These were based on Institute of Public Health (IPH) research guidelines, the 2022 CHNA Health Equity Framework, and input from the CHNA Committee.

CHNA Health Equity Framework

Equity

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

Inclusion

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

Empathy

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

Responsibility

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

Accountability

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

IPH Research Guidelines

1. Academic and Analytical

Identifying the needs of over 3 million people living across 4,000 square miles is a daunting task; nevertheless, the CHNA Committee worked to ensure as much methodological rigor as possible. To do so, we employed the research practices considered best for needs assessments.

Strategies to ensure academic and analytical rigor included:

Triangulation	Data are collected in multiple ways from multiple sources and analyzed independently by more than one researcher.
Saturation	Enough data are collected to feel confident that the research question has been answered.
Follow-Up	As data are analyzed, the integrity of the analysis is enhanced by returning to sources for clarification when possible.
Interrater Reliability	Two or more people come to the same conclusions when analyzing the data.
Concordance	Similar themes are identified across different data collection methods and sources.

2. Actionable

Another goal of the CHNA was to structure the assessment so that the findings could realistically be used to improve community health.[7] We took a solutions-based approach that asked the community for input about ways to solve health-related problems.[8] Questions were designed to solicit useful information for hospitals, health care systems, and community partners.[9]

3. Accessible

Another priority was to ensure that everyone who contributed to this needs assessment, from hospital systems to community members, could understand the findings of the report. We decided to use what the US government calls "plain language" so that the report would be as easy to read as possible.[10 & 11] Simple, clear language also supports the nearly 40% of our community who speaks English as a second language and makes translation into other languages easier. In addition to using plain language, the needs assessment prioritizes using the exact words of community members.

4. Accountable

"You need to go into the communities and tell them tangible changes that have been made that can be reported out." – Key Informant

Community members want to know that when they take the time to work with us, it will matter. The CHNA team recognizes our obligation to share the results of the CHNA with them. Data collected must be given back to the communities from which it was gathered and be used to create feasible, relevant solutions to the identified problems. This is a key ethical standard of all community-based work and a regulatory requirement for the CHNA. Holding ourselves accountable to our community also builds trust between the medical community and the people it serves, particularly the people for whom there is a history of mistrust of the medical community.[12 & 13]

5. Community-based

Research into the quality of CHNAs has noted that too often community voice is lacking:

> *"CHNAs are designed to help hospitals better tailor health services to the needs of local residents. However, CHNAs most often use quantitative, population-level data, and rarely incorporate the actual voices of local community members. This is particularly a problem for meeting the needs of residents who are also racial or ethnic minorities."*[14]

A primary goal of the 2025 CHNA process was, therefore, to involve Community Health Workers (CHWs), community partners, and members of the community as research collaborators. The San Diego Refugee Communities Coalition and the San Diego County Promotores Coalition helped design data collection tools, collected field interview data, and provided important assistance with data analysis.

Thanks to their efforts and the generosity of our community members, the CHNA team achieved our goal of gathering data from a larger, more representative sample of San Diegans than ever before.

Methods

The CHNA Team, led by researchers at the IPH, collected data through focus groups, key informant interviews, field interviews, and an online survey, described below. The CHNA team also consulted publicly available data, such as demographic information from the American Community Survey of the Census Bureau and the 2018-2022 demographic data published by the County of San Diego.[15 & 16] In addition, we examined hospital and emergency department discharge data for some conditions, reviewed relevant published research literature, and read approximately 60 CHNAs completed in other parts of the country. We also utilized the Healthy Places Index to identify populations of focus.[17]

In this way, we were able to analyze both quantitative and qualitative data to understand community needs. Quantitative data, data that are expressed numerically, are used to measure or count, to answer questions like, "how much?" Qualitative data, data that are expressed in words, are used to understand, to answer questions like "why?" or "in what context?" The use of different types of data and multiple methods of data collection helps ensure that our findings are valid.

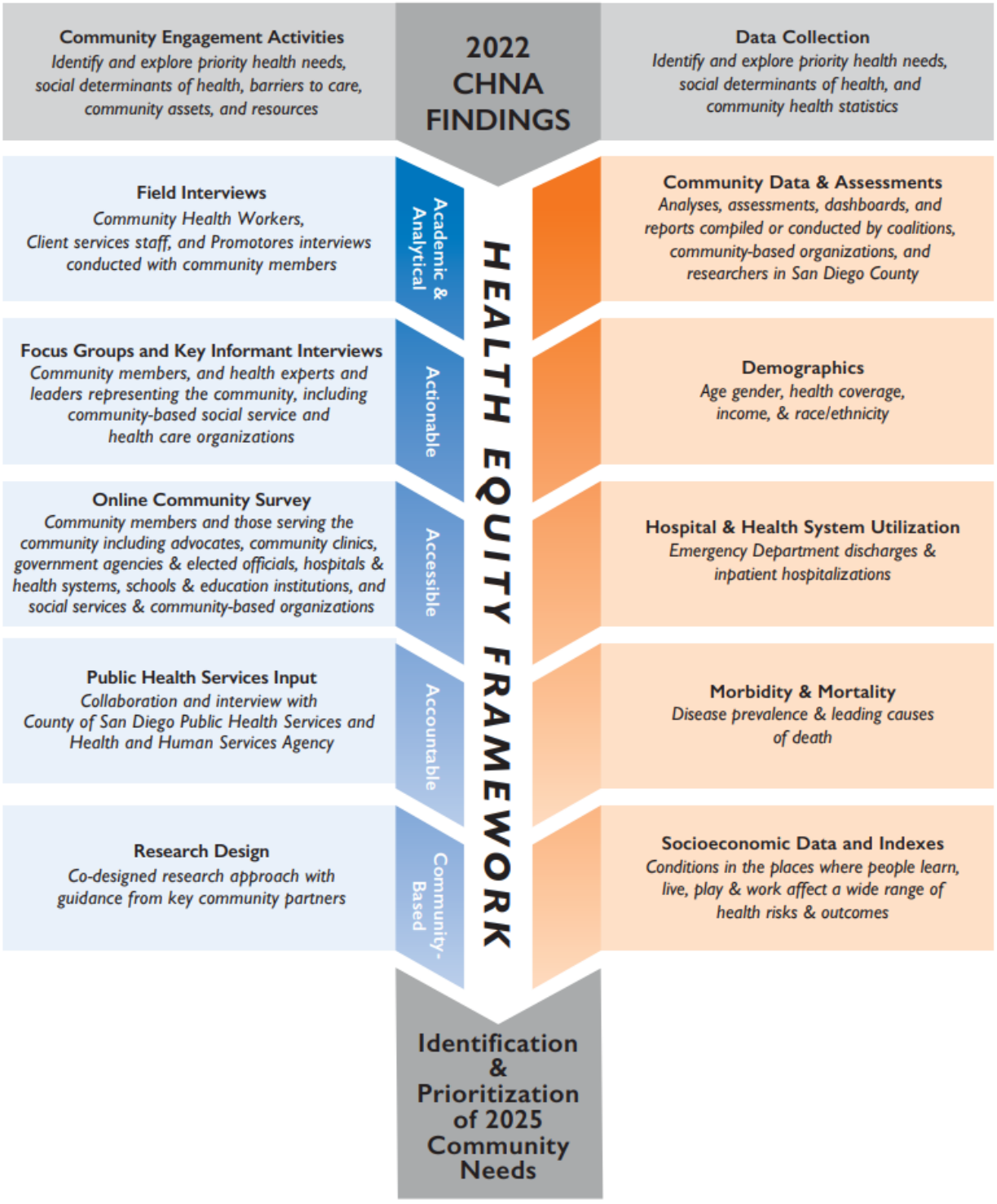
Data collection was guided by our primary research questions:

What are the most pressing needs of our community?

How can hospitals and health systems help address those needs?

The needs assessment process is mapped in the diagram on the following page.

2025 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS MAP



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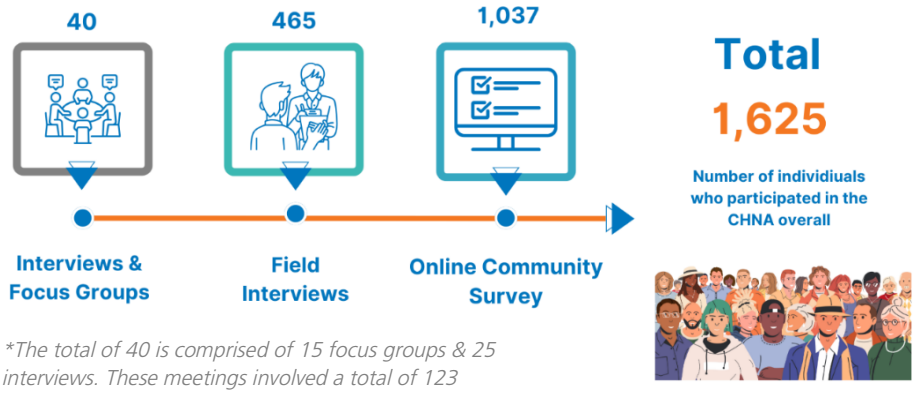
HOSPITAL ASSOCIATION of San Diego & Imperial Counties

The Sample

The total sample size for the CHNA was 1,625. This sample size can be compared to that of the California Health Interview Survey conducted by UCLA, which is a year-long effort backed by local, state, federal, and private funding. The sample size for CHIS was 2,281 for 2023.[18] Our partners from the San Diego Refugee Communities Coalition and San Diego County Promotores Coalition completed 465 field interviews, and the online survey was taken 1,037 times. Additionally, a total of fifteen focus groups and twenty-five key informant interviews were conducted (40 groups in total, involving 123 individuals), exceeding the recommended number for data validity.[19 & 20]



**The total of 40 is comprised of 15 focus groups & 25 interviews. These meetings involved a total of 123 individuals, accounted for in the grand total of 1,625 individuals who participated in the CHNA overall.*

Field Interviews

Data were collected directly from the public through field interviews. These are short interviews with people stopped outside of public places, like stores and transit stops. The purpose was to gather opinions from people who likely have no professional connection with the medical or social service community, people who can be considered representative of the general public.[21]

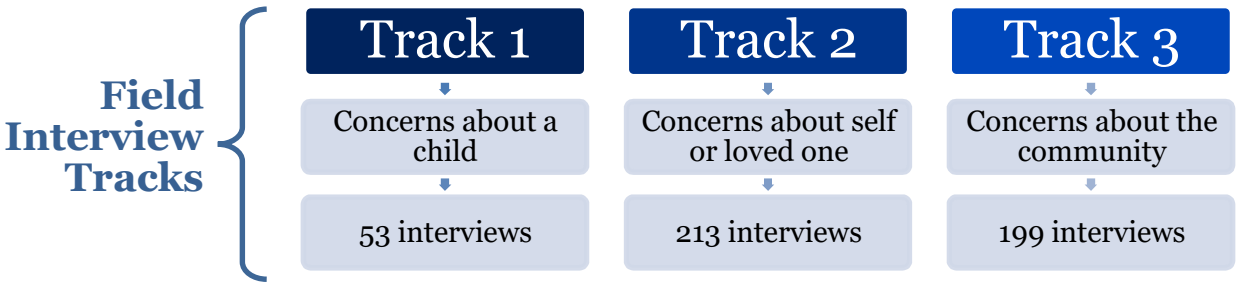
The CHNA team relied heavily on the expertise of Community Health Workers at the IPH, SDRCC, and SDCPC to develop the field interview tool. We wanted the tool to answer our research questions, be culturally relevant and sensitive, and as simple and short as possible. The CHNA team met with groups from all three organizations to create the tool and then, once finalized, offer training about how to use it. The tool was then piloted with staff at each organization.

People who were 18 years old or older and lived in San Diego County were eligible to complete the interview. As a thank you, they received gift cards upon completion of the interview.

The interview had three "tracks."[22] Interviewees could discuss concerns about their children, themselves or a loved one, or the community, as shown below. The third track allowed respondents to answer questions about health concerns in a less personal manner.[23]

What is a Community Health Worker (CHW)?

CHWs are frontline workers who are trusted members of a community who speak the community's language. They are a link between health/social services and the community and promote access to services. They also advocate for cultural and linguistic competency and provide outreach, community education, and support.



The field interview was written in English and translated into Spanish. Data collectors who spoke other languages translated the English survey on the spot for community members. Our results were far-reaching; data were collected from community members in at least **20** different languages.[24]

Field interviews were conducted by CHWs and staff from SDRCC and SDCPC in their own communities across San Diego County. Interviews lasted anywhere from 5 to 45 minutes, depending on the amount of input respondents shared and level of translation needed. Feedback from the data collectors suggests this innovative approach was effective. As trusted members of the communities, they successfully recruited many people to complete the interview.

Focus Groups and Key Informant Interviews

Sampling/Recruitment

In initial planning meetings with the CHNA Committee, populations of focus were chosen based on feedback from the last CHNA, data from the Healthy Places Index (HPI),[25] and research on health inequities.

Once agreement was reached about those populations, subjects were recruited for focus groups and key informant interviews using purposive sampling, which draws on the networks of the researchers and local resources to find people who have valuable information to contribute to the research questions.[26] Professionals, organizations, advocacy groups, and coalitions working with our populations of focus were contacted and asked for guidance on with whom we should speak and assistance with recruiting.

Focus group and interview questions were developed in consultation with the CHNA Committee.[27] Before each event, the CHNA team reviewed information about the scheduled guests to understand their roles, services offered, and populations served. Questions were then adapted specifically for those participants.

Key informant interviews and focus groups were semi-structured to ensure the primary research questions were addressed while also allowing for a conversational style so participants could discuss what was most important to them.[28] Questions focused on the most pressing health and social needs of the populations of focus, services and programs that were working well to address those, ideas about what could better address the community's needs, and what participants wanted hospitals and health care systems to know.

Key informant interviews and focus groups were facilitated by an IPH research associate with expertise in qualitative research methods. Seven focus groups were held virtually over Zoom, and one was in person. All 12 key informant interviews were held on Zoom. With permission from the participants, interviews and focus groups were recorded and then transcribed. After each, the facilitator and note takers debriefed to discuss the themes that emerged.

Two IPH research associates then separately analyzed the notes taken, the debriefing notes, and the transcripts to code the data. Using iterative thematic analysis, which included both deductive (using pre-determined categories) and inductive (creating new categories) approaches, the data were categorized into initial themes.[29]

The CHNA team then met to compare these analyses. Similar codes were merged into one when they pertained to similar topics and then clustered into main themes and sub themes. Each theme was supported by statements and quotes from the interview or group. When questions arose, researchers followed up with participants to ask clarifying questions.

Online Survey

The online survey was informed by the survey utilized in the 2022 CHNA and available in English and Spanish.[30] The survey was distributed to community partners across San Diego. The County of San Diego distributed the survey to their regional Live Well Groups as well as other health and public health listservs, including five different regional community updates through the Office of Equitable Communities. Community partners were asked to distribute the survey link to their colleagues and clients, a sampling strategy known as snowball sampling.[31] The survey was taken 1,037 times.

Prioritization

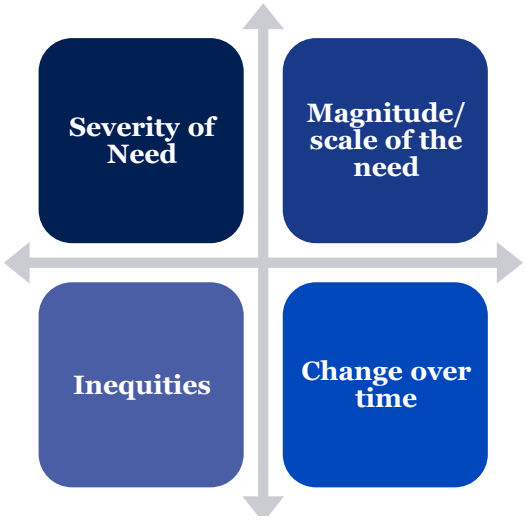
Once initial analyses were completed, the CHNA committee met to determine which community needs should be central to this report. We considered:

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?



Scripps

to return to Table of Contents

Primary Finding

Primary Finding: San Diegans are Experiencing Debilitating Stress

" You are stressed out all the time, you don't know what to do, you feel lost."
– Focus Group Participant

"We all carry our backpack of stresses. The things we keep quietly and the things we speak out loud."
– Focus Group Participant

" Our patients are in a very chronic stressful reaction." – Key Informant

Our community is under significant, ongoing, debilitating stress. This was what our community emphasized over and over again, in field interviews, key informant interviews, focus groups, and the online survey. And this stress, they said, has devastating impacts on their bodies and their ability to manage their health care and that of their loved ones.

Health care and social service providers told the research partner that that this chronic, severe stress has resulted in increasing numbers of community members who are sicker than ever, seeking help within a system that is overburdened. The result is that, at the very time our community needs care the most, the capacity to provide that care has diminished. The graphic below illustrates this finding.

Health Impacts of Chronic Stress

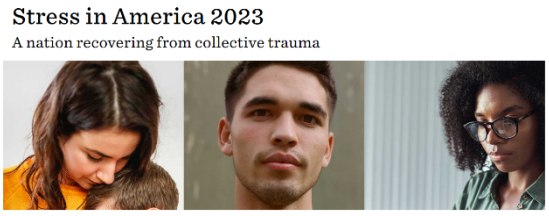
The impacts of stress on human biology are well-documented. In fact, a search of "chronic stress impact on health" in the National Library of Medicine database yields more than 600,000 research articles. This research illustrates that chronic stress is associated with

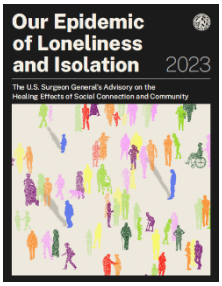
- decreased immune system functioning
- cardiovascular and respiratory disease
- diabetes
- drug dependency
- cancer morbidity and mortality
- gastrointestinal issues
- sleep disturbances
- obesity
- cognitive impairments
- mental health concerns, and
- chronic illnesses.[32]

In fact, critical protective materials on chromosomes, called telomeres, deteriorate when people are exposed to ongoing stress and trauma.[33] Emerging research has also documented that DNA modifications caused by trauma can be passed to offspring, continuing a cycle of poor health in future generations.[34]

Three recent national reports have called attention to the impact of chronic stress on health.

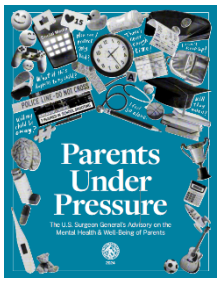
In their report ***Stress in America 2023: A Nation Recovering from Collective Trauma,*** the American Psychological Association details increasing rates of chronic illnesses and mental health conditions and the struggle of many Americans to plan for the future because of stress in their daily lives.[35]





A 2023 Surgeon General's Advisory, ***Our Epidemic of Loneliness and Isolation***, documented the significant negative health consequences of the stress caused by Americans' pervasive levels of loneliness.[36]

In 2024, an additional Advisory, ***Parents Under Pressure*** was released, outlining the incredible pressure parents and caregivers are facing and the impacts of this stress on parent and child well-being.[37]



The community agrees with the national research. In field interviews, when asked what factors contribute to poor health, the most common answer was, simply, "Stress." Other similar answers included "personal issues," "financial concerns," and "work issues."[38] The community also emphasized that being under constant stress interferes with their capacity to seek out, receive, and manage the health care that they need to maintain their well-being. Health care workers, social service providers, hospitals, and health care systems are a part of this community. They also reported being overwhelmed by high levels of stress.

Stressors	Financial Distress
	Climate public health events
	Racism, prejudice, discrimination
	Continued challenges from the COVID-19 pandemic

Stressor: Financial Distress

"Do I pay for food, or do I use my last money to get some tampons?" – Key Informant

"Even amongst us, the staff here … we're like, man, things are rough… Our own pockets are suffering. And we're coming to work to try to help other people but sometimes we're short and it's like, what do we do? We have a full-time job and we're here to help people, but then who helps us?"
- Focus Group Participant

1/3 of people in San Diego do not earn enough to be self-sufficient

- The San Diego Economic Equity Report

Our community is struggling.[39] In field interviews, the community emphasized that financial hardships are worsening people's health, and in the online survey, "not having enough money to pay the bills" was selected as a top community concern.

According to Self-Sufficiency Standards calculated by the County of San Diego, ***the minimum hourly wage for one person to support themselves in San Diego is $28.42 or $58,744 a year.*** In a household with two adults and two children, their yearly income needs to be $97,861.[40] The current minimum wage in the City of San Diego is $17.25 per hour (slightly more than the California state minimum wage of $16.50 per hour). At $17.25 an hour, a person's full time annual income is $35,880.

About 11% of people in San Diego County live below the federal poverty line,[41] and more than a third do not make enough money to be self-sufficient. These numbers are even more startling for many people of color: 51% of Hispanic San Diegans and 46% of Black San Diegans do not earn self-sufficient wages.[42]

Two specific financial burdens were mentioned most frequently by the community: *The cost of housing and food.*

Housing Costs 

"We have an unprecedented number of people who are living in their cars." – Key Informant

"I've been looking at places, and I have two kiddos, and my elderly mother lives with us. So, for a three bedroom, it's crazy, crazy, $4,000." – Focus Group Participant

"[Older] people are getting priced out of their units because we don't have rent control. And you have seniors who are on fixed income who can't sustain those units if they don't have that long-term subsidy. So, you're seeing a lot of first-time homeless folks. And the fact that the 55 and over number continues to grow is very concerning." - Key Informant

The 2023 San Diego County Housing report notes that San Diego's average monthly rent is $2,391, necessitating a wage of $45.98 per hour to make the rent affordable for an individual. More than half of people renting in San Diego spend 30% or more of their income on rent or mortgage payments. The situation for low-income households is especially troubling: 82% of extremely low-income households spend more than half their income on housing.[43]

In the online survey and field interviews, housing costs were often named as contributing to poor health. And in focus groups and interviews, the community spoke frequently of their constant worry over having a place to live. Service providers told our research partner that many of their clients now live out of their cars. Some groups of people, like older adults, were recognized as being at particular risk of losing their homes.

Food Prices

"We're having a rough time accessing food sometimes … and I can't even imagine putting myself in the shoes of our clients that … have to say, well, I have to drive the kids to school, but then I also have to feed them, so let me figure out what our priorities are."- Focus Group Participant

Food prices across the US have risen substantially over the past several years. In 2022, the price of groceries increased by 11.4%, and in 2023, they rose an additional 5%.[44] The cost of a home-cooked meal in San Diego in 2023 was $3.64, surpassing the maximum CalFresh benefit of $2.83 per meal by 29%, meaning that even when families receive this benefit to help cover the cost of food, it isn't enough.[45 & 46]

People who rely on benefits like CalFresh are often faced with terrible decisions about their benefits: they can't survive without them and even a slight rise in wages may render them ineligible. Service providers told the research partner stories of clients who had to turn down raises because the increase in their pay would lead to the loss of benefits, while not providing enough income to make up the difference.

Stressor: Racism, prejudice, discrimination

"You learn as a person of color early on that your voice is not heard and not wanted." – Key Informant

"Young people who are in LGBTQ communities or in families that have LGBTQ members are being suppressed. And outwardly, emotionally, experiencing violence…that is the biggest health crisis that is happening to young people right now." – Key Informant

Community members reported that levels of racism, prejudice, and discrimination seem to be rising in San Diego County. They told stories of experiencing racism and homophobia and anti-transgender violence in the community. They also talked about witnessing hostility against unhoused people.

39% increase in hate crimes reported by San Diego County residents from 2022-2023 - *San Diego Association of Governments*

These experiences are reflected in local statistics. The San Diego Association of Governments collects data from numerous local police and sheriff departments. Their data show steady increases in hate crimes since 2021, with a 39% increase from 2022 to 2023. The majority of the crimes were motivated by race, ethnicity or national origin (more than half of which were anti-Black), followed by sexual orientation, religion, and disability.[47] Nationally, the American Psychological Association states that 45% of LGBTQIA+ adults, 43% of Black adults, 40% of Latino adults, and 34% of disabled adults report that discrimination is a significant daily stressor.[48]

Stressor: Ongoing challenges from pandemic, including long COVID

"When I'm down, I'm completely down... sometimes I tell my kids I feel like... I can't formulate sentences the way that I want to. The brain fog is so severe."

– Key Informant with Long COVID

San Diego County reported 156,475 confirmed COVID cases and 626 deaths from COVID in the 2022-2023 fiscal year.[49] In 2023-2024, 48,876 confirmed cases of COVID were documented, along with 362 deaths (compared to 63 from the flu).[50] These numbers are likely an undercount due to changes in testing habits and reporting requirements.[51]

Impact of COVID-19

PTSD
Grief
Burn-out
Collective trauma
Lack of social skills
Workforce shortages
Health complications
Delays in motor skills
Academic deficiencies

While this is a substantial decrease from COVID deaths in 2020-2021, the community emphasized to the research partner that they continue to observe and experience lasting consequences from COVID. They discussed deficiencies in academics, motor skills, and social abilities in children. Health care workers and other service providers told the research partner about workforce shortages, staff burn-out, and diagnoses of PTSD from working during the pandemic. We also heard about the grief of losing loved ones to COVID and the difficulties of adjusting to complications from COVID, including Long COVID.[52]

In the American Psychological Association's *Stress in America 2023: A Nation Recovering from Collective Trauma* report, the APA observed "*signs of collective trauma among all age cohorts*" resulting from the pandemic, and their Chief Executive Officer, Dr. Aurther Evans emphasized *"While the early-pandemic lockdowns may seem like the distant past, the aftermath remains."*[53]

Stressor: Climate and Public Health Events

"At least 200 to 300 homes had water up to a foot under their ceiling, completely submerged…and no one has tracked anything. No one has tracked mold exposure. No one has tracked deaths. No one has tracked mental health outcomes… no one's tracking hospitalizations, urgent care visits, primary care visits. No one is tracking all of the symptoms that come with it. I've had reports from family members … having pneumonia and then dying days later, lots of people ingested the water. We have lots of rashes and all kinds of skin conditions. And again … the specific community that was impacted has high rates of asthma, high rates of eczema, high rates of cardiovascular disease, all these things like that."
– Key Informant

"*El olor es insoportable, y nos podemos enfermar.*"

[**Translation**: "The smell is unbearable, and we can get sick."] – Field Interview Participant

"*En donde vivo los apartamentos se ponen muy calientes y a mi mamá se le baja la presión y a mi me dan muchos dolores de cabeza (la migraña).*"

[**Translation**: "Where I live, the apartments get so hot that my mom's blood pressure drops, and I get a lot of headaches (migraines)."] - Field Interview Participant

The past few years have brought San Diego several serious climate-related and other public health disasters[54 & 55]. In field interviews, nearly half of respondents said that it had been so hot that it impacted their daily lives; in the online survey 57% reported heat-related interruptions to their daily lives. Across data sources, many people reported experiencing flooding, with devastating consequences for neighborhoods in Southeast and South San Diego.[56] Others reported living through wildfires, smoke, high winds, and storms. And for those residing along the Tijuana riverbed, they contended with horrible smells and fumes that some researchers have documented as toxic to health.[57 & 58 & 59]

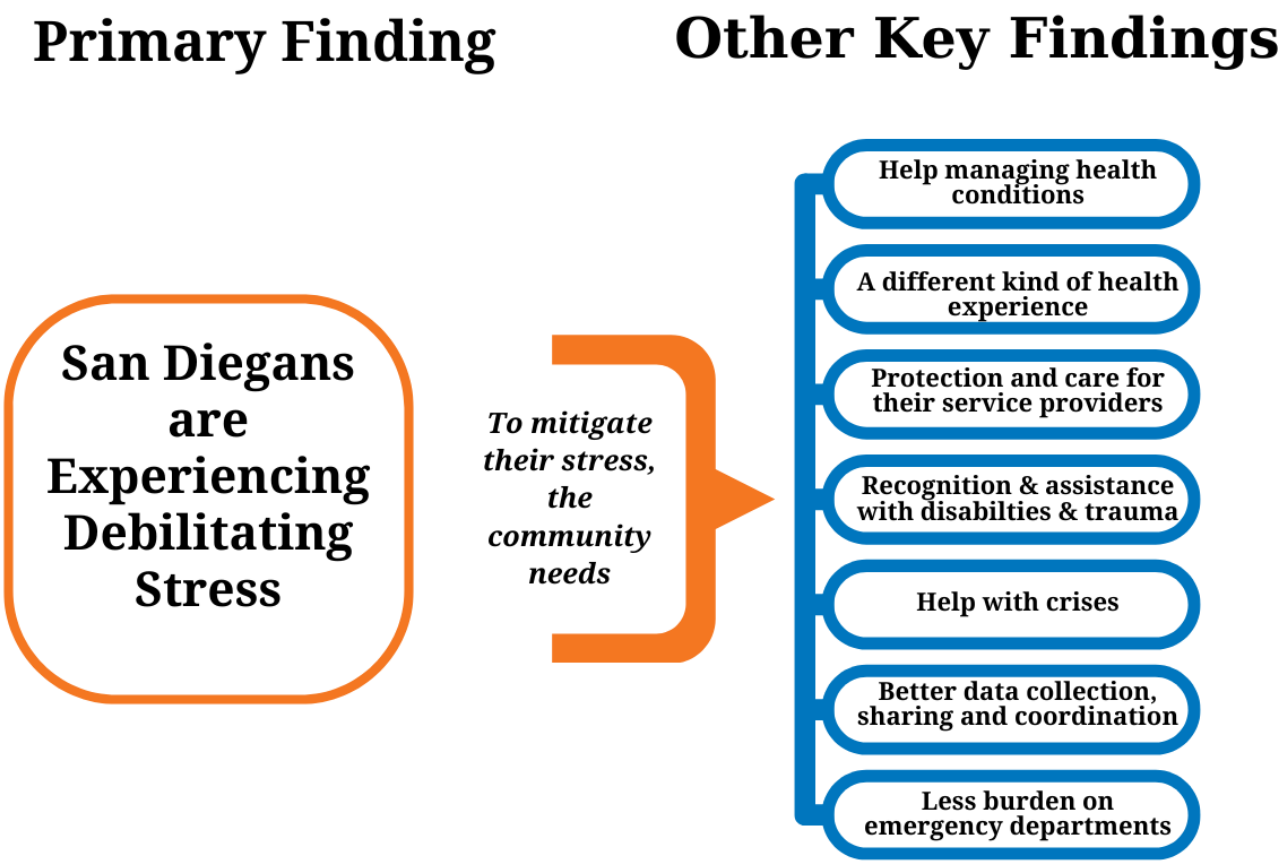
These disastrous events, along with continuing repercussions from the pandemic, pervasive racism and prejudice, and financial hardship, along with other stressors, have plunged our community into a continuous state of extreme stress.

It is within this context of this enduring and severe stress that this needs assessment was conducted, and with that in mind, we asked the community what they needed from hospitals and health care systems to mitigate it, and, therefore, improve their health.

Other Key Findings

Other Key Findings

The community was sympathetic toward and understanding of the pressures facing health care providers and recognized that hospitals and health care systems cannot solve complicated societal issues, like the current housing crisis and the high cost of living in San Diego. When we asked how hospitals and health care systems could help reduce their stress and improve their health, however, needs assessment participants outlined several strategies, as illustrated in the graphic below and discussed in the following pages.



The Community Needs Help Managing Several Specific Health Conditions

2025 CHNA FINDING

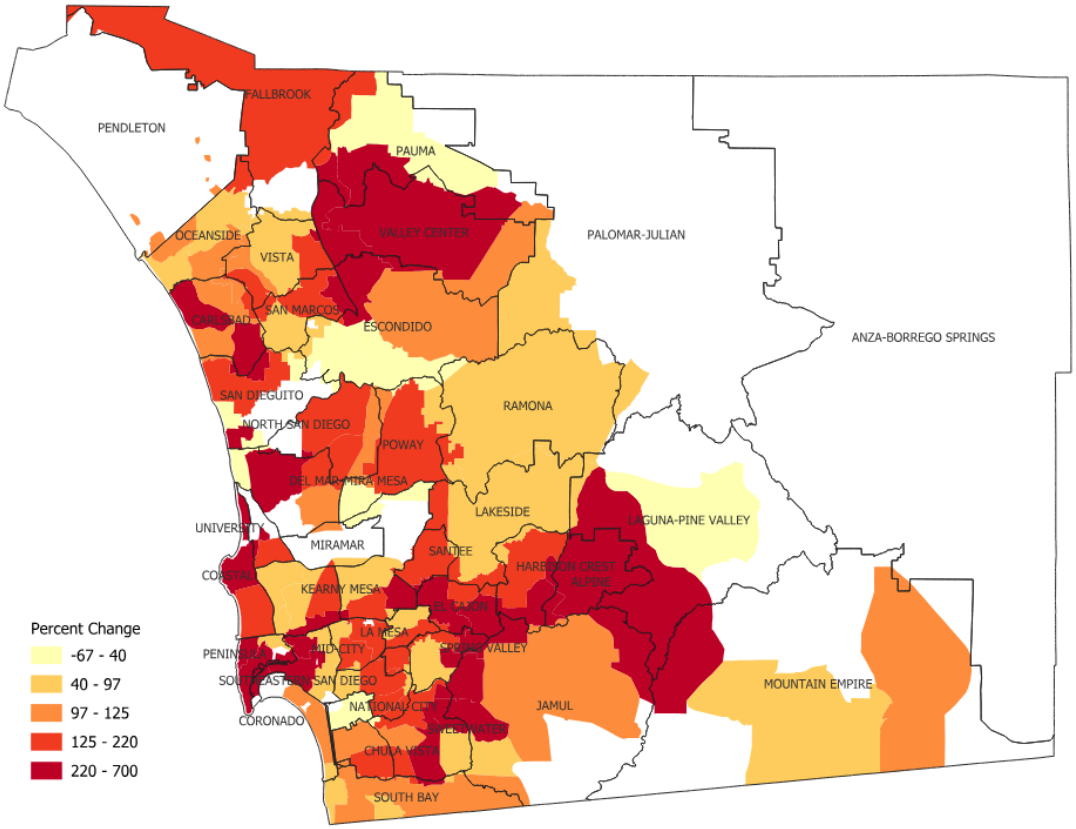
The Community Needs Help Managing Several Specific Health Conditions

When we asked the community about specific health conditions they were concerned about, they discussed several conditions. We present detailed findings about each, in ***alphabetical order below.***

The Community Needs Help Managing					
Asthma	Blood Pressure	Cancer	Dental Health	Diabetes	Mental Health

Asthma

Between 2022 and 2023, data show a statistically significant increase in inpatient hospital discharge rates for asthma. For all patients, the rate increased by 100%, and for children (ages 0-17), they increased by an alarming 266%, as shown in the map below.



In San Diego, as of 2022, 9.2% of adults in San Diego have asthma. In our field interviews 11% of people who had concerns about their children named asthma as the primary concern. In San Diego, people who live in census tracts that were previously redlined are much more likely to be treated in emergency departments for asthma.[60 & 61]

The community emphasized that the severe flooding and the sewage crisis in some regions of San Diego in 2024 have worsened respiratory issues.[62]

Blood Pressure

In field interviews, blood pressure was the most frequently named health concern for adults, named ***by 29% of people.*** Additionally, 9% of people who were worried ***their children's health said blood pressure was the most serious concern.*** Hospital discharge data support the community's concern. From 2020-2022, rates of ED discharges for hypertension increased across all ages, including children. Every week in 2022, there were more than 15 pediatric hospital discharges with a primary diagnosis of hypertension.[63]

Cancer

Cancer is the leading cause of death in San Diego County.[64] From 2018-2022, 25,321 San Diegans died of cancer. From 2017-2021, 77,781 cases of cancer were reported, a rate of 426 per every 100,000 people. The highest rates of cancer in San Diego are among Native Alaskans/American Indians (453.1 per 100,000).[65] In the online survey, 24% of respondents chose cancer as a top health concern. In our interviews and focus groups, participants talked about how difficult it is to manage cancer care.

The following story from a key informant, speaking about their own experience with cancer, is illustrative of what we heard:

> *"I was diagnosed with melanoma in September, and I had to have surgery in November, and I had three surgeons. I had a general surgeon, a plastic surgeon, and an ENT. And I kept getting calls from each of these three offices, saying, "Be here at seven, be here at nine, be here at 10:30." And so finally I said, "You need to get your sh*t together and somebody tell me what first time I need to be there because your offices are not communicating. And if I was not someone that …understood the health care system, I'm going to show up at the last time the person told me to at that last phone call…*
>
> *So I had a conversation with the general surgeon who was kind of leading all of this, and I was like, "You need a patient navigator…" he's like, "Well, we use them for breast cancer patients but not melanoma patients…" I can only imagine if I wasn't as mouthy as I am, if I wasn't the advocate for myself that I am, and if English was my second language. It was miserable enough experience for me who is someone of privilege who does understand the system. I shouldn't have to worry about that when I have cancer…*

Here's another thing. So we went from the surgery that day, and no one told us that children aren't allowed under 12 in the hospital. So we were trying to not have my daughter worry. She's six. And so we get to the door at the hospital and they're like, "Kids can't come in." And I'm like, "Are you kidding me?" So then we had to on the fly, change our plans for my daughter, which created more anxiety for her. And then I go through the first procedure and get to the second one, and by that time my husband's back and they're like, "Your surgery has been pushed until 1:30..."

And so I had no childcare plan, nobody to pick up my kid from school. But nobody bothered to call and tell me. I cannot imagine a single mother who used public transportation to get there and was planning on getting out of the hospital as uncomfortable as they were going to be. They had to pick up their child at school that day, even though they were in pain and still medicated…and the system did not care about that.

Dental Care

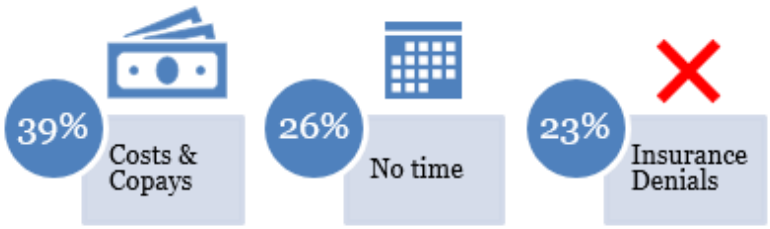
Our participants frequently discussed concerns about the challenges San Diegans face in obtaining dental care. They noted that for people under extreme stress, dental care does not seem important. One community member who had previously experienced homelessness described it this way:

> *"Because we haven't been in so long, and we are still on Medi-Cal, even the thought of calling to find one in my neighborhood…is an overwhelming feeling… I've lost two teeth… I had beautiful teeth. You don't get to, I don't want to say pamper yourself, you don't get to do those everyday things. That's not even pampering. We're just talking about human things."* – Key Informant

Other concerns community members voiced about dental care included not having dental insurance, finding dentists who accept their insurance, believing dental care is not a high health or financial priority, challenges finding dentists who speak the community member's language, and feeling unsure about whether their concerns will be addressed or if dentists will "*extend the process*" to make more money. Dental care was noted to be of particular concern for seniors, immigrants, pregnant people, people experiencing homelessness, and children.

In the online survey, participants were asked to choose the ***top reasons that people do not or cannot maintain good oral health care.*** The reasons chosen most often are highlighted below:

Online Survey: Top 3 Dental Challenges



Diabetes

Across all data collection strategies, the community talked about diabetes as one of their most worrisome health concerns.

In field interviews:

- 25% of people with health concerns for themselves or an adult loved one named it as a top health concern
- 15% of those who were concerned about their children's health named diabetes as their most serious concern.

In the online survey:

- 29% of respondents indicated that diabetes was the health condition having the greatest impact on adults in San Diego – the second most frequently chosen condition after mental health.

In San Diego, 9.8% of people have diabetes.[66] Death rates from diabetes are much higher for Non-Hispanic Black residents (47.4 per 100,000) compared to the overall death rate due to diabetes in San Diego County (27.6 per 100,000).[67]

Diabetes is a chronic condition that requires ongoing self- and medical care. In focus groups and interviews, our community discussed the challenges many people have in maintaining this care, including having easy access to and knowledge about the right foods for people with diabetes to eat, monitoring blood sugar levels, and administering medications. They also talked about community members being hospitalized for diabetes-related health problems and then being unable to sustain the progress they make once released from the hospital:

"...Then they get out, and they go back to their former way of eating. Nobody's there to come in and give them their injections or check their blood sugars all the time." - Focus Group Participant

One community member told the researcher the story of her daughter's diabetes: her adolescent daughter is not compliant with medical advice, so her sugars are always high. As a result, the daughter ends up in the emergency department at least once or twice a year. This community member was desperately seeking a program or services that would work directly with her daughter on this issue.

Mental Health and Substance Use

As with past CHNAs, the community reports being very concerned about mental health and substance use.

In the online survey, mental health was identified as a top health concern.

43% of survey respondents identified mental health as the health condition having the most serious impact on adults.

The top 5 behavioral health concerns identified for adults and older adults were:

- Depression
- Anxiety
- Co-occurring disorders/conditions (mental health conditions that occur alongside substance use disorders)
- Chronic Stress
- Alcohol misuse

40% of survey respondents identified mental health as the health condition have the most serious impact on children.

The top 5 behavioral health conditions identified for children were:

- Anxiety/Depression
- Adverse Childhood Experiences (ACES)
- Early Childhood Development & Disabilities (Autism, learning delays)
- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Suicide & Suicidal Thoughts

In field interviews, mental health was also identified most often as a top health concern.

- 27% of people who were worried about their own health or that of an adult loved one ***reported that mental health was their most serious concern,*** second only to blood pressure.
- For those worried about a child's health, 17% named ***mental health*** and another 17% named ***behavioral problems*** as the primary concern.

Data from the most recent Youth Behavioral Risk Survey (YRBS) in the San Diego Unified School District supports this concern. More than 40% of high school students reported feeling sad or hopeless almost every day for more than two weeks in a row – so sad that they stopped some of their usual activities; 21% reported seriously considering attempting suicide; and 10% reported a suicide attempt in the past year. About a quarter of students said that their mental health was most of the time or always not good (including stress, anxiety, and depression).[68]

40% *of San Diego Unified High School Students report feeling sad or hopeless almost every day*

21% *of San Diego Unified High School Students reported having seriously considered suicide.*

In San Diego County, death by suicide is most common among males, people 65 or older, Non-Hispanic Whites, and people living in the East region.[69]

Inpatient hospital discharge data from 2020 and 2022 ***show statistically significant increases in discharges for suicide attempts for people 0-17 years old (17%). The most alarming increases across race/ethnicity were seen in Asian individuals (48%) and Black individuals (18%).***[70]

In our assessment, community members discussed mental health extensively. They noted a severe shortage of mental health professionals, a challenge documented extensively in 2022 by the San Diego Workforce P artnership.[71] They said, consistently, that finding a mental health professional who accepts insurance – or who will take Medi-Cal – and has convenient hours was nearly impossible.

They noted that, too often, mental health professionals were not representative of the people who most need the care, with too few therapists who are people of color or members of the LGBTQIA+ community.

Mental health care was described as fragmented, particularly upon discharge from an inpatient or emergency department admission. People are unsure of where to go in a mental health crisis, and for those with subacute mental health concerns – those who are not actively suicidal but who may become so – the situation is even worse.

"*We know that sending someone to an emergency department for a mental health crisis is not our preferred access point, but it very often ends up being the access point."* - Focus Group Participant

The Community Needs a Different Kind of Health Care Experience

The Community Needs a Different Kind of Health Care Experience

When asked how hospitals and health care systems could improve community health, reduce community stress, and address the concerns they identified, the community had a clear answer***: they want a different kind of health care experience.*** This, they indicated, was where the health care community should be concentrating its efforts.

5 themes emerged when the community spoke about the kind of health care experience they want:

Health care experience theme: The community needs respect for their time

"[I was] in the emergency room [for] 10 hours with my baby in my arms waiting to be seen."
– Field Interview Participant

Community members were clear that setting appointments and receiving health care is burdensome: 32% of people in the online survey said that they have "no time" for care. It takes, they noted, too much time away from work and caring for family members. Long waits at medical offices, urgent cares, emergency departments, and on phone lines make community members feel disrespected and keep them from getting the care they need. Transportation challenges compound this problem. One community member summed up what they wanted hospitals to know in this way:

"*Que las citas al medico sean mas cercanas y que no tengamos que esperar tanto tiempo*"
[**Translation**: Have the medical appointments closer and not have to wait so long.]

Over and over again, community members reported that they need shorter waiting times on the phone and in waiting rooms in order to care for their health.

Health care experience theme: The community needs more timely care

"People are frustrated that they have to wait two months to see a doctor when they have an immediate health concern." - Field Interview Participant

"*El tiempo de espera para una biopsia es de 6 meses o más!!*" [**Translation**: The waiting time for a biopsy is 6 months or longer!] – Field Interview Participant

In the online survey, ***long wait times for appointments was*** the most frequently chosen challenge to getting needed health care. Long waits, respondents indicated, sometimes result in delayed care or receiving care through an emergency department when the situation is not an emergency. Specialty care was described as being especially difficult to obtain, and some informants noted that receiving imaging/radiology services has become especially challenging.

Long wait times for appointments were again the most frequently identified barrier to getting needed health care in field interviews. Community members also shared that they need more appointment availability outside of work and school hours.

Health care experience theme: The community needs better options for transportation

"*Provide more routine transportation to medical services.*" – Field Interview Participant

"*Providing more transportation for the elderly might help them get the help they need.*" – Field Interview Participant

"*Sometimes it's hard for people who are unable to take care of themselves to make it to the hospitals because they don't always have someone to take them.*" – Field Interview Participant

Community members frequently discussed the location of health care sites, and many people said that medical offices, hospitals, and clinics are too far from home. Limited options for affordable, convenient transportation can make it exceptionally challenging to receive needed health care. ***24% of respondents in the online survey selected transportation as a top challenge accessing health care.***

In field interviews, the community chose both ***"transportation"*** and ***"having care closer to home"*** as two of the most important things that would make it easier to get needed care.

Focus group and key informant interview participants noted that insurance sometimes covers rideshare services like Lyft/Uber, and pointed out that many people don't know about it and/or don't understand the rules about how to obtain it. Additionally, insurance may only allow for one or two rides per month, and some patients need multiple trips for labs or other appointments. When people do access ride sharing options, they are, at times problematic. For people who live in rural areas, a focus group participant told the researcher, for example:

> "*We had a patient whose insurance contracted with Uber. So Uber was supposed to come pick her up from her house. She lived in Boulevard, and Uber could not find her. And because that happened, Uber canceled on her. She missed her appointment and had to be seen two weeks later.*"

For those with mobility issues, ride share drivers are not always able to assist them with issues like guiding their walker. And for some, getting into a car with a stranger feels uncomfortable or scary.

Public transportation in San Diego was noted to be expensive and inconvenient. In focus groups, it was noted:

> *"The bus takes forever, and if you have multiple kids, it's challenging. It's also expensive."*

> *"Transportation really sucks. So, you're not able to get around and it's expected that you walk, even after you get off, half a mile to get to your destination, and you're not able to get back to where you need to get back to. So, people just don't bother with it in some cases."*

Health care experience theme:
The community needs a better relationship with their health care providers

"Relational care leads to better health outcomes." – Key Informant

Community members want a different kind of relationship with the people who are involved in their care.

A better relationship with their care providers includes:

- More time with their health care providers
- More empathy
- Better communication
- An understanding of racism & discrimination
- An understanding of cultural & identity differences
- An understanding of the power dynamics

The following is a story shared by a key informant, an advance practice clinician explaining why they believe the relationship between health care workers and patients need to be examined and improved.

> *"I do my own self breast exams every now and then. I happened to find a lump. It was very disturbing. The lump is huge, probably … about half of the size of a golf ball. So I go to my provider…Primary care doctor refers me for imaging. So I go to the site… where I'm supposed to get the imaging done. I share… what I found. They couldn't find it. We know the disparity rates in cancer and Black women… and just all the issues that come with that.*
>
> *And so I'm lifting my arm. I don't understand why she can't feel it. It is very pronounced and obvious to me. We go through three different types of imaging. Ultimately… the highest imaging for mammography was done. I had to fight for that though. I had to fight for it to the point of tears. I was so done. I was so irritated and frustrated with arguing with the provider about why she couldn't, not only feel what I was feeling, but also see on imaging what I was seeing. She was adamant that it was not there…By the time we were done, they found 11 different fibroadenomas in my breast. The largest one I think was like 3.5 by 5.*
>
> *I was just so frustrated. And I am like, If I didn't know any better myself to push for it, to advocate for it, to talk to them about Black women and dense breast tissue, and pushing… and I'm just like, "Why couldn't you just listen to me?" And I did feel like, because I told you that I'm an [advanced care clinician], obviously there's some clinical knowledge there, and I felt like what I was saying was making sense, but I might as well have been talking like somebody off of Charlie Brown because it just wasn't received. And also, at some point, I began to be treated as if I was hostile. There were some, 'should we call security?' moments in there. And I remember calling my husband just in tears, I don't know what to do in this*

moment. I can't believe I'm experiencing this, but obviously I can believe it because it happens to so many people."

This story exemplifies what we heard from many community members: that at times in their appointments, they were rushed, felt dismissed, experienced racism and discrimination, and were caught in a power dynamic in which they had no power.

A better relationship with their care providers includes:

More Time with Health Care Providers

"The vast majority of doctors simply seem to be more concerned with churning through patients rather than the care and attention they give them. This has life-threatening consequences." – Field Interview Participant

"S*horter visits make it harder for patients to get the information they need and ask the questions they have.*" – Focus Group Participant

Community members understood and acknowledged the pressure health care workers are under to see as many patients in a day as possible; nevertheless, having more time with care providers was brought up repeatedly as essential to good health.

In field interviews, participants consistently expressed that they wanted us to tell hospitals and health care systems that they need more time for appointments so that they can fully discuss their concerns.

This was also noted in the online survey as a factor that keeps people from getting the care they need.

A better relationship with their care providers includes:

More Empathy

"*Many people I work with feel dismissed because they [could not] communicate their problems or felt they were not believed, so it made them avoid going to the [ED] or a doctor and [they] only went when pain was overwhelming. People are made to feel that they're lying or exaggerating*" – Focus Group Participant

Community members emphasized that they want caring, compassionate care from their providers and too often feel dismissed.

In field interviews, when ***asked "what they wanted hospitals and health care systems to know,"*** the most common answer related to the quality of interactions between health care providers and patients.

Participants were direct in expressing that they want health care workers, particularly doctors, to be more empathetic, nurturing, and patient. Examples of their comments illustrate this recurring concern:

"To have more genuine compassion, understanding, patience, and care for their patients."

"Believe the patients"

"Be more patient and believe the patient"

"Doctors should be more empathetic with the patient"

*"Por favor que sean mas empaticos con sus pacientes y pensar mejor cómo dar el diagnóstico de un paciente con medir sus palabras o pensar antes de decir su enfermedad" [***Translation***: Please be more empathetic with your patients and think about how to give a patient's diagnosis, measuring your words or thinking before saying their illness.]*

*"Que los medicos tengan un poco de consideración en las necesidades del paciente." [***Translation***: That the doctors have a little consideration of the patient's needs.]*

*"Que los medicos sean mas empaticos con el paciente y puedan cubrir sus necesidades." [***Translation***: That the doctors be more empathetic with the patient and can meet their needs.]*

A better relationship with their care providers includes:

Better Communication

"I had an experience with a patient recently [when I did not speak the language she spoke] … The translator was saying extra things, and it was a male translating for a female, and the patient was saying one little thing and not understanding, and we would say something quick like, "Push strong." And the translator just said a lot of different words, and I wasn't sure if that's normal, but the translator then admitted, "Oh, I'm explaining it to her." And I'm like, "No, no, no, you just translate exactly what we say, don't say extra things." And we ended up switching to a female translator and then the patient was actually vocalizing what was going on, what she was feeling, and she was able to push more effectively. Probably

because she felt more comfortable…That is my concern …for patients, even if you use a translator, they may say extra things, or the patient may not feel comfortable because it's a phone or it could be a gender preference… or whatever.

But yeah, this poor woman had to push for over an hour because of the way the baby's head was, and this was her baby number four, and she'd never pushed this long before. And they were very confused. I was trying to explain, it's because the baby is looking up, it's not coming out the easiest way. And in the end, baby came out fine. It was all beautiful and happy ending, but the actual pushing part was very challenging. And now in hindsight, probably very uncomfortable for her, with the translator she had … she never let on that she was uncomfortable with the male translator, but she was." – Key Informant

This story exemplifies one of the key findings from our assessment: the community needs better communication between health care workers and patients. In particular, the community is calling for better translation services and clearer, more relatable explanations of their health conditions and treatment.

Translation

For community members whose first language is not English, an important component of improving their relationships with the people who care for them is to have readily available, more accurate, more appropriate translation. A significant concern is the limited availability of staff proficient in Spanish.

*More than **100 languages are spoken in San Diego County**, and more than 35% of people in San Diego County speak a language other than English at home.*

County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit

25% of field interview participants commented that having help in their language would help adults get the care they need, and 28% noted that it would help them get the care they need for their child. Translation also frequently came up when the community was asked what they would like for hospitals and health care systems to know.

When timely, appropriate translation is not available for people, other options are utilized. From some community members, ***we heard about children serving as interpreters for their parents.*** This results, at times, in children hearing personal details about their parents' health and in inaccurate translation:

"*You learn so much about the intimate facts of your parents' life that maybe you shouldn't.*" – Focus Group Participant

"There are pressures among children being translators, [children] who are born here about not being able to translate the Haitian Creole well enough." –Focus Group Participant

Often, interpretation services are used on phone lines and tablets, which can lead to discomfort for patients:

"When the interpretation phone line is used, the community does not know the translator, so they feel uncomfortable divulging information to a voice they don't know. It's also difficult to translate over the phone." – Focus Group Participant

Accountability in translation was also named as an important issue:

> *"Yeah, one thing worth noting…the translator was ... like taking stuff out of the translation. And luckily, the parent caught that. That kind of messed up the dynamic between the therapist, the parent and the kid, as well as the translator, that they ended up just ending the meeting… So, accountability within what's being translated.*" – Focus Group Participant

Better Explanations

In addition, community members expressed that they do not always fully understand their health conditions or how to manage them. In the online survey, 12% of people checked "I don't understand my health condition" as a reason that keeps them from getting them the health care they need. We heard concerns about adequate explanations as well:

> "*People will go to the doctor and come back not knowing or understanding what they have. People are not taking medication regularly because they feel they don't need it unless they are not feeling well."* – Focus Group Participant

> **"***Take the time to explain what is going on! Why you are giving a certain medication, why it is preferable compared to other medications?"* – Focus Group Participant

Participants also said that when some people are discharged from the emergency department or after a hospital admission, they do not seem to remember and/or understand the discharge instructions and do not find the printed instructions useful.

A better relationship with their care providers includes:

Acknowledgement and understanding of racism and discrimination

> *"I don't think they're aware of their cultural biases... And I'll give a personal example. I went to [an] emergency room… and I have insurance, had my insurance card, all those things. And when I went in, I was having complications from medical treatment that I had in Mexico. And immediately, they wanted to turn me away, and I had to fight and be like, 'No, I am a patient [in this health care system]. You need to treat me for my current symptoms.' I really had to fight and advocate, because I was being judged that I was coming from across the border seeking emergency services... Yeah, it was just not a very great experience. And there might be some people who feel intimidated, and would have turned around and walked out, and ended up internal bleeding to death, and die, or something like that. So even down to the administrative intake people, really being aware of the language they're using when somebody comes into their clinic, emergency room, whatever it is, down to the appointment hotlines … of leaving personal bias, opinions out."* – Focus Group Participant

Participants in the needs assessment were aware of health inequities, and many had experienced these inequities themselves. They frequently discussed the underlying causes of many of those inequities - racism and discrimination.[72]

As illustrated in the story above and the one that began this section, community members find it both frustrating and disrespectful when they feel health care workers do not have an understanding of those inequities and seem unaware of their own inherent biases and prejudices. Another participant noted:

> "*We need to recognize the systemic racism that has been built into our medical systems and to make a commitment, collectively, to resolve it.*" – Focus Group Participant

A better relationship with their care providers includes:

An Understanding of Cultural and Identity Differences

> "*I am never called my name through my doctor. I always have to be called my legal name, and I have to redirect it, and I have to change it. And the next person walks in, and they call me my legal name, and it's just a constant…for many people if they walk in, and they're deadnamed, they're going to turn around and walk out."* – Focus Group Participant

Similar to their feelings about racism and discrimination, community members talked extensively about feeling as if their cultural backgrounds and other identities – such as being a member of the LGBTQIA+ community – were not understood or respected.

Conscious efforts to not misgender/deadname

Deadnaming is when someone is referred to by a name they do not, or no longer, use. Misgendering is labeling someone as a gender with which they do not identify: this often shows up as calling someone by the wrong pronouns. Both are common experiences for the LGBTQIA+ community when receiving health care. Our community members described it like this:

> *"For the whole LGBT community, that cultural humility, that cultural competency is so important…Even well-meaning medical providers don't know that they're causing harm.*" – Key Informant

> *"My transgender clients that already changed their name. They call them sometimes with the other name. They told me, 'I feel so ashamed… When they say Victor, I want to look at the other side. I want to be called Victoria.'"* – Focus Group Participant

Several community members told the researcher they followed the required procedures to update their names in the electronic medical records, but that health care providers continued to call them by the wrong name or pronouns.

Conscious efforts to understand cultural differences

Awareness of cultural differences is vital to good health care, the community told the researcher. In some communities, people explained, a lack of cultural understanding has resulted in people being unable to access care. In the online survey, 14% of people chose "health care providers do not understand my culture" as one of the challenges of getting the health care they need. Many participants said they wanted to tell hospitals and health care systems to find ways to be more culturally sensitive:

"*To be more culturally appropriate when relaying a message or information.*" – Field Interview Participant

"*Que sean conscientes de la cultura y el idioma que hablamos algunas familias latinas*" [**Translation**: To be more aware of the culture and language that some Latino families speak] – Field Interview Participant

"Culturally, male doctors are not allowed to touch female community members. This is a problem with prenatal care in particular." – Focus Group Participant

A better relationship with their care providers includes:

An Understanding of Power Dynamics

"One of our welcome desk staff gets misgendered all the time, and it has significantly impacted their mental health. It has impacted their mood. There's anger, there's frustration… And the power differential in that. There are people that think doctors and nurses are gods and have all the answers for everything and anything they say is right. And when that power differential is there and you're misgendered, your chart has the wrong pronouns, you are called the wrong pronouns in the room, it's hurtful. It's hurtful to your spirit. But I think that many providers don't understand the power differential that happens in that room. – Key Informant

A common theme that emerged from our focus groups and interviews was that the perceived power differential many people feel in health care settings makes appointments with health care providers uncomfortable. The community spoke to the researcher about what it feels like to be on the side of a power dynamic where they are dependent on having a good experience at the doctor's office, sometimes for a life-or-death matter. This power dynamic can interfere, our community said, with a patient's ability to ask questions and understand instructions about the management of their care:

"*Stepping into the doctor's office can be intimidating, especially for my clients of color who get in there and aren't necessarily talked to as a person or respected.*" -Focus Group Participant

"The moment a doctor steps into the room or a health care provider steps into the room, there's a dynamic there whether we try or not, but that awareness I think is so important." – Focus Group Participant

"I can remember I had to go through IVF to have my daughter, and I walked into the office one time and there was a tech that had a gown, threw it on the table and said 'Pants off, gown open in the front,' and walked out and shut the door. And I was like, 'Are you serious?' And I'm a pretty privileged person. I was like, 'No, this is not how we treat people.' In that moment, I don't think that employee recognized the power differential." – Key Informant

Additionally, some community members perceive health care providers and hospitals as being part of a system of authority. Community members expressed fear and concern about the power of hospital systems being used against them or their families with, for example, immigration authorities. This comment exemplifies that finding:

> *"Health care providers and hospital systems need to find a way to break that association with being an intimidating institution…to reidentify themselves as: I'm here for your health. I'm not here to exploit you. I'm not here to give you the runaround. I'm not here to do all of these other things that institutions are being associated with in their lives."* – Focus Group Participant

Health care experience theme: The community needs help navigating the medical system, insurance, and follow up care

> *"I get frustrated when I call and I'm on hold for five minutes. I'm like, I don't have time for this. Got to go. I'll call you back later. And I have pretty decent coping skills, I'd like to think. But …all of us work with patients who don't always have [good coping skills]. Some do. But I know for the patients we serve an overwhelming majority don't and so I don't know what to do with that, but it's complicated for sure."* – Focus Group Participant

Making appointments, getting referrals, finding specialists, and completing follow up care were all noted as exceptionally challenging by our community members, even for those who work within those systems.

In field interviews, people identified the following as ***things that would make it easier for them to get health care:***

- help in my language
- help navigating how to get services
- help advocating for what I need
- help understanding my insurance

In the online survey, ***commonly chosen challenges to getting health care included:***

- insurance denials/coverage issues
- I don't know how to use my insurance
- finding needed care: how/where to find services, fill out paperwork, schedule appointments

We also heard that certain populations experience particular difficulty navigating their healthcare.

- ***Young adults who are transitioning to adulthood,*** particularly those who had been in the foster care system or who are having a physical or mental health crisis, often have no idea how to get care.

- ***Older adults struggle with accessing electronic health records and appointment systems*** and with changes to their care when they switch over to public insurance once they are eligible for Medicare. We heard stories of older adults being unable to get prescriptions filled because they were unable to get in with their new primary care physicians for months after becoming eligible for Medicare.

- ***People who live in rural areas struggle to find care*** that is reasonably close to them.

- ***People who care for adults and children.***

In the online survey,

- ***18% of respondents*** indicated that ***having no childcare*** available made getting health care challenging.
- ***12% of respondents*** indicated their responsibilities in ***caring for another adult*** made getting health care challenging.

The Community Needs Protection and Care for Their Service Providers

The Community Needs Protection and Care for Their Service Providers

While the community had suggestions for ways that their health care experience could be improved, they also frequently praised the people who provide their care. They were clear that they appreciate their efforts and want their care providers to be protected and cared for.

The community is aware of the pressures health care providers have faced and the trauma experienced during the COVID pandemic. They noted that a lot of health care providers left the field after the pandemic and believe that San Diego is losing health care providers to places with a lower cost of living. We heard about shortages in primary care and specialty medicine. One focus group participant summed it up this way:

> "*We have a problem. We don't have enough people to serve the people.*" – Focus Group Participant

Another said:

> *"What I'm hearing from the clinics, what I'm hearing from the clients...and from [hospital] sites is they're losing people, providers. Not just doctors, but those new grads can't afford to live in San Diego. They can't afford to raise a family in San Diego. They're going to Montana, they're going to Idaho, they're going to someplace where they can buy a home, everybody appreciates them, and they've got a work-life balance.*" – Key Informant

In field interviews, many people expressed appreciation for hospitals, health care systems, and care providers and asked us to tell them:

"They do a good job and try the best they can."

"They are doing great work."

"Thanks for your wonderful work. Keep it up."

"Tell them to keep helping those in need."

"Que los servicios medicos han sido excelentes en el tiempo de la pandemia." **Translation:** *The medical services have been excellent in the time of the pandemic*

"Tell them to keep doing what they are doing."

"Agreadecida con los cuidados obtendios: **Translation:** *Thankful for the care received*

Data indicate that that health care workers are experiencing chronic stress, mental health issues, and burnout.[73] In a survey of health care workers nationwide, more than a quarter of health care providers reported mental health symptoms significant enough to meet the diagnostic criteria for a mental illness, and of those only 38% sought care. Health care workers reported that they did not seek care because of challenges with getting time off work, the cost, and concerns about their care remaining confidential. The community is aware of that health care workers are also experiencing significant stress and emphasized both their gratitude for them and their desire for health care workers to be cared for and protected.

26% of health care workers report mental health symptoms *severe enough to be diagnosed with a mental illness.*

Center for Disease Control and Prevention, Morbidity and Mortality Weekly report, January 16, 2025

The Community Needs More Recognition of and Assistance with Disabilities and Trauma

The Community Needs More Recognition of and Assistance with Disabilities and Trauma

The community recognizes that people who are disabled and those who have experienced trauma need accommodations, compassion, and assistance with resources. They also feel this is an area in which hospitals and health care systems could improve.

> "*I was having a very hard time just making it through the front, the parking, the front door of the hospital to the doctor's office… through the front desk and through the initial testing of… the things the nurses do to get your vitals, to get to the space where she and I could be together to have our doctor's appointment. It was what had seemed so easy…it was all one activity in my mind when I would go to the doctor's office before. And now, having the illness and the symptoms that I had, every step of getting to the doctor was like an almost insurmountable obstacle.*" – Key Informant

One in 10 San Diegans lives with a disability,[74] and has concerns about their health, which was apparent in both the field interviews and online survey.

In field interviews, of those who were concerned about themselves or an adult they loved (track 2), "physical disability" was chosen by 13% of respondents as the condition they were most concerned about; for those discussing their child (track 1), developmental disabilities concerned 15% of people the most, and physical disabilities concerned 11% the most.[75]

In the online survey, 9% of people indicated that not having accommodations for their physical or developmental disability keeps them from receiving the health care they need.

Community members discussed disabilities extensively, referencing that some are apparent, and others are not, such as chronic pain, learning disabilities, or neurodivergence:

> "*Most people are familiar with wheelchair and physical accessibility. They're familiar with auxiliary aids for hearing. They're familiar with large print or braille for vision. They're not familiar with … the other 90% of disabilities and potential disability accommodations.*" – Key Informant

They also talked about trauma and its impact on health.[76 & 77] They noted the collective trauma experienced by the community as a result of COVID and of events like floods and wildfires. They discussed the cultural trauma experienced by people of color. They talked about historical trauma caused by generations of oppression through processes like redlining. And they discussed different kinds of trauma experienced by

individuals, like those who served in the military during combat and people who had many adverse childhood experiences (ACEs).[78]

The community acknowledges that individuals with disabilities and those who have experienced trauma require accommodations, compassion, and support with accessing resources. They also believe this is an area where hospitals and health care systems could enhance their efforts.

Allowing Service Animals

Disabled community members told the researcher that some medical facilities do not allow them to bring in their service animals. They report that security guards seem confused about if the animals are allowed and, if so, in what areas of the facility. The Americans with Disabilities Act (see side bar, below) is clear, however, that service animals must be allowed.[79] They also asked for assistance from medical personnel completing paperwork that documents their disabilities for housing purposes so that their animals will be allowed in rental properties.

Compliance with ADA

The Americans with Disabilities Act

- State and local governments, businesses, and nonprofit organizations that serve the public generally must allow service animals to accompany people with disabilities in all areas of the facility where the public is allowed to go.
- For example, in a hospital it usually would be inappropriate to exclude a service animal from areas such as patient rooms, clinics, cafeterias, or examination rooms.

The community also discussed not having an adequate response when they ask for needed accommodations. It was explained to the researcher that once a request for an accommodation is received, an ADA "engagement process" is supposed to begin. At that point, someone who has been designated as the facility's ADA coordinator is supposed to figure out how to "effectively accommodate" that individual.

Often, they noted ADA accommodation requests are sent through the grievance departments, and when this happens:

"You just end up now moving through a grievance process that doesn't have ADA coordination, and now you've lost the trust of your member. You've probably added to the post-traumatic stress of whatever situation they're dealing with." –Key Informant

Websites, Portals, Phone Systems

Community members expressed that phone systems, websites, and electronic health portals can be difficult for people with disabilities to utilize. This can be true for people with visual and auditory challenges and also for people with other, less obvious, disabilities:

> *"You're dealing with so many people with brain disorders…everything from post-traumatic stress, which shows visual brain deterioration and brain changes [to] the neurodivergent community...Anybody dealing with an illness that affects your cognitive functioning."* – Key Informant

Community members also noted that some health care websites do not clearly list phone numbers, which can create barriers for individuals with disabilities or varying levels of comfort or ability with technology.

Assistance with Identification, Documentation, and Eligibility

Community members told the research partner that they need assistance from medical providers in identifying their disabilities and then helping them figure out if they qualify for services, particularly those that would assist them in obtaining and keeping their housing.[80]

> *"If their medical providers were a little more active in terms of 'do you have a disability? Is it impacting your housing?' This would go a long way to help with housing and other accommodations."* – Focus Group Participant

Some mentioned that primary care doctors do not consistently document persistent disability symptoms as needed to qualify for disability benefits and that some are reluctant to complete medical verifications for housing accommodations, like service or emotional support animals.[81]

> *"And doctors don't in turn, do a good job of documenting persistent symptoms and ongoing need despite treatment. There's no attorney in the world that will succeed in getting that person on Supplemental Security Income (SSI). It's just impossible."* – Focus Group Participant

> *"Sometimes that emotional support animal will be the difference between someone remaining, maintaining their anxiety and being able to remain stable. And the verification piece is such a huge barrier to supporting a number of government benefits and then particularly relating to housing, SSI."* – Focus Group Participant

They also discussed a lack of understanding among health care providers about criteria for In-Home Support Services (IHSS) and how to accurately complete forms for those services. At the same time, the community recognizes the reasons underlying the reluctance:

> *"Doctors don't like filling out forms because…the models of insurance these days are, 'Doctors, you've got 15 minutes with your patient. You've got to get into that next exam room to see the next patient' and under the cap model, and for that doctor or that medical group to make their ends meet, they have to see 40 patients a day or whatever that specific quota is, but it's not small… And so I think a lot of doctors look down upon the need to fill*

out these forms, even though there have been some statutory changes that allow doctors to bill for it under Medi-Cal. I just don't think that doctors are taking the opportunity to do that. It becomes a real big barrier." – Focus Group Participant

Understanding Trauma

Community members also told the research partner that they need health care workers to understand the biology of trauma, its potential impacts on health, and importantly, its impact on people's interactions with the health care system. They talked about coming to health care providers with fears related to medical care based on their own past experiences or that of their parents, grandparents, or other people in their community:

"*I have a student that's in the care of a grandparent who's a veteran, so there's a long histor y of trauma for them being a veteran and trying to get health care, and it shows.*" – Focus Group Participant

"*Those things linger into other generations, so that although…we're somewhat removed fr om what our parents…went through, the mindset about going to the doctor and about ch eckups, it lingers and it plays a role into how we engage with our health care system.*" – Key Informant

The Community Needs More Help with Crises

The Community Needs More Help with Crises

San Diego County residents have experienced several serious climate-related and other public health crises over the past several years. The community expressed clearly that these events have impacted their health and they need more help than they have received.

Heat

In both the online survey and field interviews, a large proportion of people reported being so hot that they could not complete their daily activities.

Community members commented explicitly on the impact of heat on their health, associating the extreme heat with migraines, fluctuations in blood pressure, dehydration, and respiratory problems. They also discussed power outages and the cost of energy, which impacts those who are dependent on electricity-powered medical devices.[82]

Wildfires

Many community members have been impacted by wildfires and related smoke in the past several years. In the online survey, 30% of respondents indicated that they had been exposed to unsafe conditions or had difficulty breathing due to wildfires and/or related smoke.

In addition to concerns about rising temperature levels and wildfires, our community discussed two recent events extensively: the flooding that occurred in January 2024, and fumes emanating from the Tijuana River Valley beginning in September 2024. Although this report discusses these as "events," the community noted emphatically that that both of these crises were preventable as they resulted from long-term problems that had been neglected.

Flooding

> *"One of the main things … we knew was going to be an issue is the fact that if you had water a foot under your ceiling, all of your medication has been washed away, all of your medical equipment has been washed away. We are still dispersing hospital beds to folks, wheelchairs, canes, walkers…We are replacing all of the blood pressure cuffs and the glucometers, the things that are daily medications that you need to take and daily health screenings that you need to be able to provide yourself. Of course, the storage to store insulin and all these things have also gone out the window.*
>
> *When I was in a room with probably about 150 flood survivors, and I knew people had become sick, but I thought it was like, 'Oh, one out of five, one out of three.' When I asked the question, 'How many people had either been hospitalized, had to go to urgent care for flu-like symptoms, or currently have a cough?' When I tell you 97% of the room raised their*

hand, it was so scary to me to know that all these people have experienced some type of breathing abnormality or sickness related to this flood that's just gone unaddressed." – Key Informant

On January 22, 2024, a severe flood hit San Diego. It was the fourth wettest day on record in the county, with over 5 inches of rain falling in some locations. The City of San Diego Fire Department received nearly 900 phone calls, and 248 rescues were conducted.[83] Flooding was most severe in Southeast San Diego, including the neighborhoods of Shelltown, Encanto, Southcrest, and Mount Hope, along with National City. The storm displaced a total of 1224 households, some of which are still displaced as of the end of 2024.[84] These floods were likely the result of the failure to clear the debris from the nearby Chollas Creekbed.

Health data related to the floods have not been collected. It is unclear how many people died or the breadth and severity of the health problems have resulted from the floods, but community members described devastating impacts. Leaders in and residents of these neighborhoods described feeling abandoned and not having the basic resources they needed to care for themselves and their families.

In reaction to the floods, a contracted agency was brought in to assist with housing, and many community members were placed in temporary housing in other cities:

"When you're not feeling well, and you're housed in Long Beach and still got to get to work in Chula Vista or Southeast or wherever you work at… We found out that a significant number of the children housed that far, none of [them] were in school. These were people on IEP plans, had all kinds of other educational needs that were not being met. We have people with access and functional needs, who are elderly, who are disabled." – Key Informant

Mental health was also noted to be especially affected by the flooding, and we heard stories of a young person committing suicide, of children witnessing the deaths of loved ones, and of victims suffering from traumatic stress.

The community is calling for more attention to be paid to the neighborhoods affected by these floods, for more care and concern from health care systems, for better tracking of health outcomes from the floods, and for a plan for if this should happen again.

Tijuana Riverbed Sewage Crisis

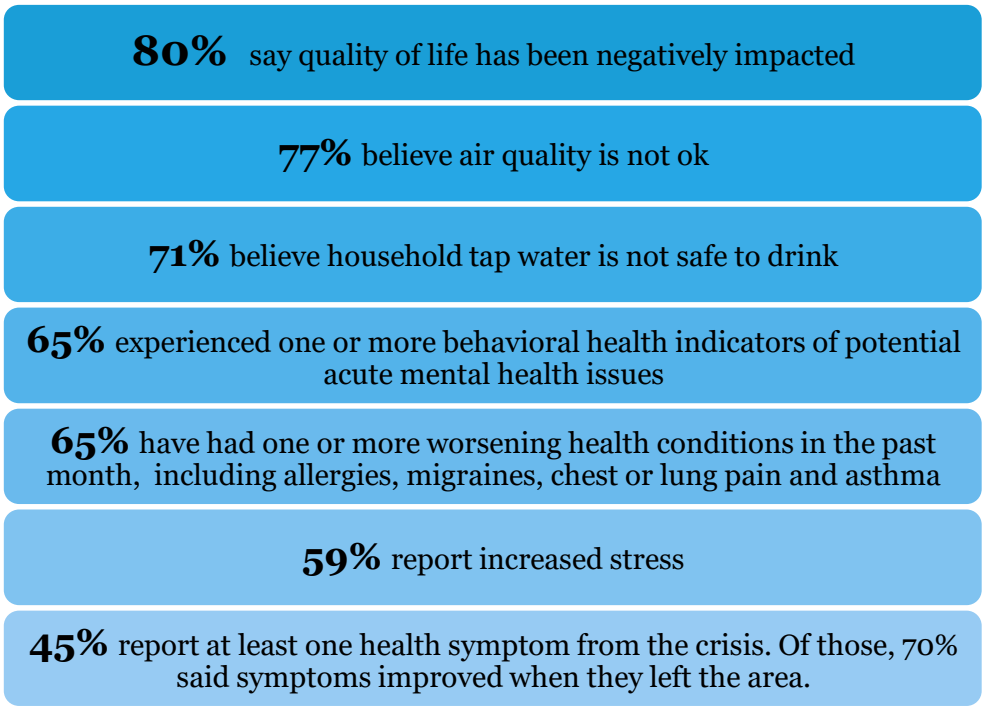
Air quality was also an issue frequently discussed by community members, particularly for those who live near the Tijuana Riverbed. For decades, this riverbed has been a source of concern for people living on both sides of the border. Pollution from sewage has caused beach closures, environmental problems, and health issues. In 2024, this sewage crisis became an even greater emergency. Field interview participants noted things like:

"*El olor que viene del sur está horrible.*" [**Translation**: the odor from the South is horrible]

"*El olor es insoportable y nos podemos enfermar.*" [**Translation**: the smell is unbearable, and we could get sick]

A Community Assessment for Public Health Emergency Response (CASPER) report conducted by the CDC in October 2024 documented that nearly all (94%) of the residents in the area of the Tijuana River Valley had noticed a sewage-like smell, and the vast majority indicated an increase in stress and a decrease in quality of life. Nearly half experienced health problems as a result of the crisis and nearly 2/3 experienced symptoms of an acute mental health issue.[85 & 86]

Other findings from the CASPER report include:



At the time of this writing, the sewage crisis was still ongoing, and it is not yet clear how residents of this area will be impacted or how those impacts will be addressed. The community who spoke of this crisis made clear, however, that they need more help than they are currently receiving.

The Community Needs Better Data Collection, Sharing, and Coordination

The Community Needs Better Data Collection, Sharing, and Coordination

We heard from community members, health care professionals and community-based organizations that the lack of data collection, sharing and coordination across systems creates unnecessary challenges to good health.

Better Data Collection in Crises

During the recent flooding, comprehensive data were not collected about who was impacted, when, and how. This made an understanding how the floods impacted the health of our communities nearly impossible. This also impacts the survivors themselves who did not see their experience reflected in data about the event.

One person who worked extensively with flood survivors noted that many agencies were involved in caring for people – community groups, local government agencies, health care systems, and social service providers, but these entities cannot easily share data, creating burdens both for the survivors and the people who are trying to help them.

> "*It is so absurd and ridiculous, and we're all not just doing double data entry. We're just reworking the same wheel over and over again. And none of us have gotten it right, and none of us have been able to share the results or the information that we have.*" – Key Informant

Better Data Sharing between Hospitals and FQHCs

Another issue that was shared by multiple participants in focus groups and interviews is the inability of Federally Qualified Health Centers (FQHCs) to access the hospital electronic medical record (EMR) systems. FQHCs can sometimes access a portion of the patients' records but are often unable to view important components of patient care like imaging studies and medications given at the hospital. Stories we heard from FQHC personnel illustrate this challenge:

> *"For one patient with a complicated congestive heart disease, it took three weeks to get charting notes from the ED."* – Focus Group Participant

> *"Give me the discharge diagnosis, give me a way that I can get the records in real time, because that's the only thing that's going to give our physicians comfort in seeing the patient."* – Key Informant

> "We don't have the ability to share patient information electronically. That's a big issue…. people are readmitted to the hospital that could have 74 been prevented because we could have been on board and been the ones managing their care to help them through whatever they're recovering from…As a provider, you're really dependent on having that current

documentation of what they've been doing for the last month or what happened in the ER or most recent hospitalization and then we can explain it to the patient again." – Focus Group Participant

Informants also talked about data sharing in a broader sense. They see value in sharing aggregate data between hospitals and clinics to understand each other's "pain points" and figure out how to better work together to meet community needs.

> *"If we could get the data and work together if there was the time, then we could say 'okay where are our issues. What can you do about working with us on this?' We talk about need first. We talk about need, we talk about pain points. Then we can come together and say 'you know what? I think we could design a program like this…let's start talking about what can be done more in the community with the data.'"* – Key Informant

Better Data Sharing between Medical, Educational, and Social Services

Other care providers also commented on the many systems in place in the county that cannot share data about community members, limiting their ability to understand what they need. Hospitals or other health care providers cannot, for example, access the Homeless Management Information System (HMIS). The Community Information Exchange (CIE) does not "speak" to HMIS. School nurses cannot access electronic medical records (EMR). Finally, when an individual's primary care is received through street medicine, like it is for many people experiencing homelessness, information is not shared between those health care providers and hospitals. Comments about this issue included the following:

> *"We're not all on the same platform. So, it's a lot of piecemealing information…Because we have a system that we use, which is called HMIS, Homeless Management Information System. Hospitals don't have access to that. So, you're not able to see who this person is working with or if they even have a unit, sometimes they might be housed…And so, that's where I think we lose that continuity and people going to the streets without the proper follow up and then someone to do the warm hand-off to."* – Key Informant

> *"I think sometimes the hospitals use the CIE for discharge referrals and not all providers are necessarily in there. Or if they have an account, they might not be tracking what's going on. I think through the different systems, HMIS, the CIE, there's a lot of systems to navigate. As county-contracted providers, we're also navigating multiple systems, and those systems don't speak. And so how are substance use referrals being placed? If it's through the CIE, who's managing and following up on those? What's the opportunity to have those intercepted and redirected to the appropriate level of care, I think would be incredibly helpful."* – Focus Group Participant

The Community Needs Less Burden on Emergency Departments

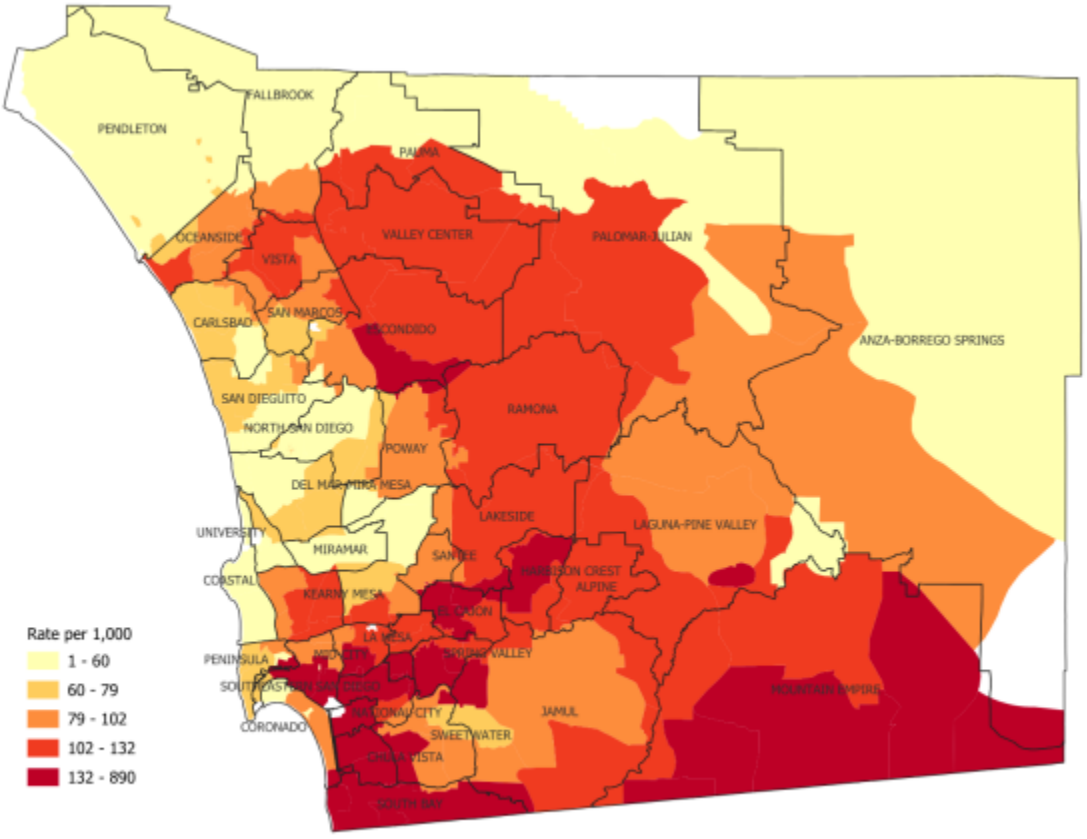
2025 CHNA FINDING

The Community Needs Less Burden on Emergency Departments

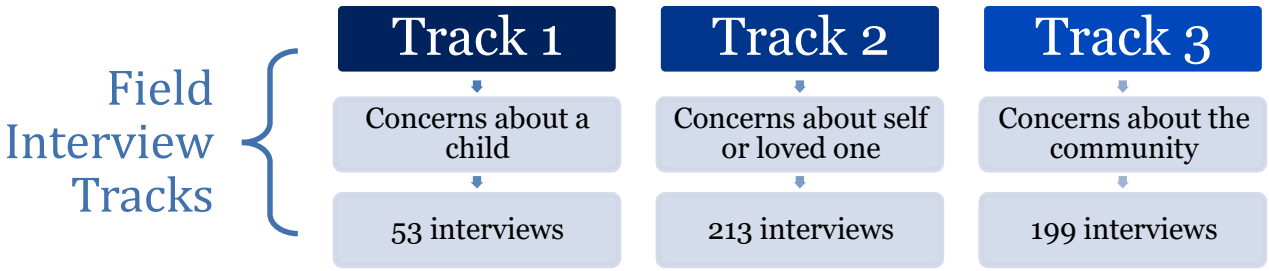
The community spoke to the research partner about long waits in overcrowded emergency departments and that they use EDs frequently for their care. They utilize EDs, they said, at least in part because of long wait times to see primary and specialty care providers. Health care providers also stated that EDs are overburdened and emphasized that they must prioritize caring for life-threatening conditions and referring non-emergent issues for follow-up with non-emergency care providers. The result is that sometimes the conditions that bring people to the ED go unaddressed.

Emergency Department Utilization

The following map illustrates regional differences in the usage of EDs for avoidable conditions[87] in 2022.[88]



The field interviews were an opportunity to explore how often members of the general public call 911 or seek care at the Emergency Department (ED). The questions were posed to interview participants who shared concerns about a child (Track 1) or about themselves or a loved one (Track 2), recognizing that these individuals could offer valuable insights based on their lived experiences.



Question: ***In the last 12 months, has 911 been called for an issue related to this person's health?***

Among interviewees concerned about a **child's health:**

- **27%** said that 911 had been called for the child.

Among interviewees concerned about an adult, friend, or family member's health:

- **12%** reported that 911 had been called for that person

Question: ***Has this person received care at the Emergency Department (ED) for these concerns in the last 12 months?***

Among interviewees concerned about a child's health:

- **More than one third** said the child had visited the ED.
- Of those children who had visited the ED, **74% had multiple ED visits**.

Among interviewees concerned about an adult, friend, or family member's health:

- **Nearly one third** said the adult had visited the ED.
- Of those adults who had visited the ED, **58% had multiple ED visits.**

What Brings Community Members to the EDs

Mental Health

People experiencing a mental health crisis often turn to emergency departments for assistance. While this can be important, as one informant emphasized, to determine that symptoms are indeed being caused by a mental health issue rather than medical concern, many noted that although the ED is not the best place to receive mental health care, people often have nowhere else to go:

> "*Our system is picking up the slack for resources that don't exist in the community, like a true residential co-occurring program that has the same level of care that someone might get in a commercially insured [health] plan."* – Focus Group Participant

Substance Use Disorders

The community also talked about the extreme difficulty of finding the right level of treatment for people with substance use disorders. Detoxification facilities are often full, and substance use treatment programs generally cannot manage someone whose withdrawal is so severe that it has the potential to cause severe medical problems. Emergency departments are not set up to be detoxification facilities. Care coordination between hospitals and treatment facilities was also noted to be especially challenging:

> "*And I know that's no fault of the EDs. There's just nowhere else to send these [people] to so they are housed and they are sheltered while they're in withdrawal… but we're getting [them] back when we shouldn't and we're having to send them back to the [ED] three, four times before they finally realize, okay, [this treatment facility] is not able to handle the medical conditions that are happening here, the mental health conditions that are happening here. So I think it would be really beneficial to have and build out those relationships with the community providers just so you guys have understanding of what the capabilities are of each individual provider. And it would just help streamline some of that stuff. Some of those gaps would probably be closed."* – Focus Group Participant

Alcohol use disorder was discussed as a particularly difficult condition to manage when people are not already connected to treatment. The need for more ambulatory options for alcohol withdrawal was described in this way:

> "*It's an interesting conundrum in that sometimes they'll only get enough [medication] to literally just lower their blood pressure enough to get out of the ED but not given anything for continued safety. And then sometimes they are given the prescription, but …then they don't have the support that they need or maybe a connection to an ambulatory withdrawal [program]. There's a disconnect between those two services …And so then people leave and they're drinking and taking the medication from the ED which is obviously concerning.*"
> – Focus Group Participant

Challenges to Receiving Primary and Specialty Care

Community members spoke of trying to receive the care they needed for medical issues they knew were not emergencies, but not being able to schedule an appointment for months. Sometimes, they noted, their health would then deteriorate to the point that they needed to receive emergency care. Once there, they are referred for follow up appointments and:

> *"Appointments with doctors are two or three months out, so people will go to the ED and the ED staff will tell them to go to the PCP, and when the patient can't do that because of the wait time, they go back to the ED, and the ED staff will see the same patients and will feel irritated, and the community member feels dismissed."* – Focus Group Participant

Because of long wait times for specialty care, primary care physicians are sometimes directing their patients to the emergency department for services:

> *"Doctors are sending people to EDs saying, 'I want you to say this when you get there so that I can get you into gastroenterology' or, 'I can get you in to see orthopedics [at the ED] because I'm not going to be able to get you in soon enough through a referral.'"* – Focus Group Participant

Another underlying cause of ED visits the community discussed was when patients hit "roadblocks" in caring for chronic conditions or in understanding how to care for themselves after a hospitalization:

> "*Patients hit roadblocks getting to follow up care - like transportation or difficulty with making appointments, and then they don't follow through because it's too much work and then they end up back in the hospital or in the ED."* – Focus Group Participant

The community also discussed particular populations who tend to receive care in emergency departments, including people who are experiencing homelessness. One informant described it this way:

> "*What we find is that if you and I aren't feeling well, we may call our doctor, we'll try to figure out solutions and we may end up in the ED, but our first resort to getting our health care met isn't going to the ED.*
>
> *Whereas, our participants or individuals on the street, that's the first access point for them, is going to the EDs and trying to get those basic health care needs met. And in some cases, the primary reason that they need treatment for doesn't really get addressed, especially if somebody has chemical dependency or substance issues.*
>
> *And there is the assumption, and in some cases that could be true, the assumption that unhoused individuals seek the ED to access bed and meal. Therefore, the level of care, medical care they should receive is overshadowed by that.*" – Key Informant

Scripps

Click here to return to Table of Contents

What's Already Working?

Community members frequently praised professionals and volunteers in the community who are working hard to improve our health. When asked what was working to address community health, they discussed the following and said that they would welcome the expansion of these types of programs.

Care that comes to the community

- ***Partnerships between schools and community clinics,*** like those providing primary and specialty care programs and services such as dental and behavioral health.
- ***Dental offices in community health clinics*** that work on sliding fee scales.
- ***Home visits*** to assist with chronic conditions like diabetes and high blood pressure and with preventive dental care for youth like the application of fluoride varnish. The delivery of fresh produce during these visits was noted as especially helpful.
- ***Mobile health care services*** coming into communities, workplaces, and schools.

Transportation assistance

- ***Free parking available onsite*** of some medical buildings and hospitals.
- ***Taxi voucher programs*** operated through some clinics that help them get to appointments.

Personalized support for high-risk patients

- ***Voluntary Identification programs that allow for people to be recognized as disabled*** through wearable and/or portable items such as lanyards. Key chains, bracelets, or information cards.[89]
- ***Specialized Substance Use Disorder (SUD) Nurses within*** Emergency Departments who communicate and coordinate with substance use detoxification and treatment facilities
- ***Discharge Kits*** for conditions like congestive heart failure that include equipment and easy to understand, color-coded instructions.

Scripps

to return to Table of Contents

Community Suggestions

An important component of a community-based needs assessment is asking the community about the kinds of solutions they believe would be effective in meeting their needs. Suggestions to better address the needs outlined can be categorized into four main areas:

Support for Patients

The community had several ideas for ways in which patients' care experiences could be improved.

Introductions for Patients

A simple suggestion made was to ensure that each person who enters an exam or hospital room explains who they are and why they are there. One participant explained that everyone should know:

> "*Why is this other person in the room while all my business is being talked about in front of them?"* – Focus Group Participant

Navigation Assistance

The community would like to see the ***expanded use of peers for health care navigation***. This was discussed as a particularly effective option for people who had previous negative experiences within the health care system. In our focus groups and interviews, we had several in-depth conversations about this idea. Excerpts from those discussions include:

> *"What we found to be successful is accompanying people, going with them, and really trying to reduce the trauma associated with [medical care] or the fear associated with it, making those phone calls with them or doing it for them initially, modeling and then being able to create that treatment."*– Focus Group Participant

> "*Let's go back to the power. It's also intimidating to ask someone in a position of power like a doctor questions. You might feel stupid, and it might be easier to ask someone who is part of the community, who is more like a peer, the question. And if they can't answer, then they could get you the answer or be the in-between and be there with you when you get the answer to help the physician or the nurse or whoever it might be speak in more layman's terms about what's going on."* – Focus Group Participant

> *"We need relatable peers that could be in critical positions like doulas and midwives, in every level of care, not just in birth, not just death but in every other level of care, around mammograms, around cervical screening, around prostate screening, around my diet."*
> – Focus Group Participant

Another solution suggested was ***a phone line that could serve as a navigation hub***, especially for insurance issues:

> "*A separate available support to call to get help with referrals, getting needs met.*" – Focus Group Participant

"How do we make it accessible to all people, so that they have maybe not a specific advocate. But like a hub they can call …a place that helps point them in the right direction, taking into consideration what their insurance covers." – Focus Group Participant

"Many community members do not know anything about insurance or how to access it. It would be helpful to have someone in place to explain everything about insurance, which are the best options, the cost of it, where to call, where to go." – Focus Group Participant

Systems for Immediate Feedback

Community members told the research partner that they need a way to give feedback about their care experiences immediately after their appointment, rather than through the usual surveying. They also expressed concerns about whether patient satisfaction surveys effectively ensure accountability within health care systems.

Participants talked about ideas like ***having the person who checks them out ask how they felt their service was on that day***. Another mentioned having visible signage that tells patients what to do if they felt they were treated unfairly. Comments included:

"And there is no honest, there's no safe space to really say how these populations feel when they are in the health care system. Of course, I know that because I've been one of them. I've been on both sides. And you take what you get and you don't really know what to do with it." – Key Informant

"Someone there to have a heart to heart about how their experience was, ideally someone from the community and then to have accountability about that performance feedback." – Focus Group Participant

Others felt that ***a more formal system of agreement*** between a health care worker and patient was necessary:

"And so when it comes to policy, there are so many creative and innovative ways that we could ensure that people are just listened to…a patient needs to be able to sign off on something where the provider and the patient agree. 'I was heard. I have reported these symptoms.'" – Key Informant

The Presence of Advocates

One solution the community offered was to ensure that people are allowed and encouraged to have people with them for medical appointments who are willing and able to advocate for them. This, they said, could be through the use of peer support or through less formal means, like ensuring that a relative or friend accompanies them to their appointments. The community would appreciate it, they said, ***if their health care workers would suggest and encourage them to bring someone with them*** to their appointments.

Designate and Publicize ADA Coordinators at Medical Facilities

Community members expressed a desire for a designated point of contact at hospitals to assist with disability accommodations or address concerns about potential rights violations. They would like to be able to ***easily identify whom they should speak with,*** and they would like a phone number, in addition to an email, listed as contact information. They also asked that someone be available 24/7 to work with them.

Support for Health Care Workers

Many of the community's suggestions about improving community health centered on providing more support for health care workers, including more opportunities for community involvement, training and education, focusing on reducing turn over

Cultural Exchanges and Education

Because San Diego is so diverse, some participants felt that having cultural exchanges, where health care providers come into communities to learn about their cultural practices, would be immensely helpful. ***Spending a few hours with an organization that serves groups like refugees***, for example, and perhaps learning a few phrases of their language, would go a long way not only in educating health care workers but also in building trust in that community. These are suggestions that have been successfully implemented in other parts of the country.[90 & 91]

Addressing Vicarious Trauma

Health care providers are, like the community, under ongoing stress. They can also suffer from vicarious trauma[92 & 93] as they care for the community. ***Supporting them and reducing their stress, the community said, will lead to better care for patients***.

> *"With health care staffing being what it is, we don't want to create a moral injury or burnout with staff. We want to make sure that they feel safe and that they've done right by their patients and that they don't have regrets."* – Key Informant[94]

> *"What I can tell you is sometimes this vicarious trauma comes around because the frustration of seeing people coming asking for help and sometimes we don't have much to give. Resources are getting little and little and little."* – Focus Group Participant

Reducing Staff Turnover

The community was emphatic that they care about health care workers, understand how difficult their jobs can be, and would like efforts made to improve their satisfaction so that staff turnover is reduced, leading to more consistency in care provision.

Efforts to reduce staff turnover were named as essential to patient well-being:

> *"Focusing on reducing staff turnover is a huge part of the solution for improving patient health and their willingness to get and manage care."* – Key Informant

Community Engagement

The people we spoke with who work within the health care system are interested in ***becoming more engaged with the community and volunteering to help those in underserved areas***.

We also heard, however, that to do so they need to take vacation hours from their jobs. One relatively simple solution offered was to offer support to health care providers for volunteer activities.

Having providers in the community and allowing them paid time off to volunteer would help build relationships with community members and create a more trusting relationship:

> *"I think it will also go a long way if there were some opportunity, even on a policy level, on a volunteer level…for providers to volunteer in the communities… to participate in these community health resource fairs… where are our providers that all of our patients actually see routinely?* – Key Informant

Training Opportunities

The community believes that a key factor in improving the community's health care experience is to provide adequate training for all health care workers ***about issues like power dynamics in relationships, systemic racism, cultural competency, and health inequities.*** One specific type of training suggested by a key informant was on the use of motivational interviewing in health care appointments:

> *"Even when we look at motivational interviewing, like at scale, it's amazing. I love it. It's not realistic, obviously in practice because you just don't have the time. That's not the way our system is set up to do that. But for those that do and when you can, it is extremely informative and it does help. But there are specific populations…where it's critical, if you are not figuring out... why, instead of just adding a fifth hypertensive medication, why don't we deal with the first four that you probably haven't taken, couldn't afford to pick up from the pharmacy, were told something by a family member or a friend as to why you shouldn't take them, or the fact that it's causing an adverse outcome. Those are all the basics, and we don't really have stop gaps."* – Focus Group Participant

They also suggested trainings ***to build sensitivity to and skills for interacting with populations that may have complex health issues***, such as people experiencing homelessness and people who are seeking alternative kinds of medicine:

> *"When we talk about training and what needs to change, it's how physicians and doctors are treating people who are unhoused. So, I think we've had doctors who are very dismissive who would conclude right away, this is what this person has or minimize their pain. Then, you add in racial overtones to that too.*
>
> *And then, you have a lot of our Black and Brown people who do not want to go to a traditional medical setting, health care setting… I think the system has to change."* – Focus Group Participant

The community also suggested that training about trauma and the provision of trauma-informed care be provided to health care workers.

Finally, it was noted that opportunities for ***low-cost and convenient nursing education – particularly for medical assistants, certified nursing assistants, and licensed vocational nurses –*** are limited in San Diego[95]. The amount of debt people must take on to receive the training they need is not always recovered because of the hourly wages of paraprofessionals like medical assistants.

> *"We would be producing a lot more of these to handle the shortages that we have if we had programs and if we didn't have to rely on privately owned schools."* – Key Informant

Discharge Enhancement

The community pointed out that if services upon and after discharge from the ED and inpatient hospitalizations could be enhanced, the community's health would be improved. The burden on the medical system would also likely be reduced. Their suggestions included increasing the amount of medication given to a patient when discharged, improving discharge coordination, expanding recuperative care beds, utilizing In Home Supportive Services, and implementing more post-discharge home visiting programs.

Medication Upon Discharge

One suggestion made by several of our participants was to find a way to ***release people from the emergency department with a longer supply of their prescription medicines***:

> "*Traditionally, you get a 10-day supply, and then you run out. And then at that point you're not healthy yet because you haven't gotten through a full cycle, you haven't had that appointment yet, and you're needing to call 911, and you're getting readmitted to the hospital or to the ED.*" – Key Informant

Some programs have been able to ensure that their participants have been able to secure 30 days' worth of medication, and this has reportedly been helpful:

> *"The patients that are leaving the hospital, they get 30 days' worth of medication because when you're going to schedule follow-up appointments with your PCP, you may not be seen for two or three weeks. And until then, at least you have enough medication to get you through until you see your provider again."* – Focus Group Participant

Discharge Coordination with Hospital Social Workers

Community members were ***impressed with the efforts of hospital social workers*** to manage discharges, and they noted that when patients are able to work with one, additional trips to emergency departments, as well as hospital readmissions, can sometimes be avoided. They also noted, however, that this resource is not always available:

> "*At the hospitals where we have social workers that is the person who bridges the gap, but not all programs have social workers, and we certainly aren't represented 24/7.*" – Key Informant

Community members noted that hospital social workers are able to help transition people between hospitals and other institutions and to set up resources for patients to ensure that they are able to manager their care at home.

More Recuperative Care Beds

Recuperative care facilities are designed to help people who are experiencing homelessness who have been hospitalized and need a place to recover when they no longer require the level of care a hospital provides.[96 & 97]

Participants in this assessment feel that ***these programs offer the potential to relieve some of the burden on emergency departments***, noting that many more are needed and longer periods of insurance authorization are also essential:

> *"If we had that ability to have that medical recuperative care, the hospital frees up beds, people aren't sitting in the hallways or in the emergency rooms or wherever they are. And the nurses are able to take care of the people that are truly in need of care. And then we're able to work with them in the way that we should be able to work with them... We can work on referrals for housing, and then we can work on, let's get you back to work. So those are the kinds of things that we can do that, why in the world would I saddle hospitals where I depend on them to save lives with a community mission that I have plenty of people and organizations in the community that do it better, are wired for it. That's what they do."* – Key Informant

> " *Recuperative beds work but there aren't enough of them. When they are used, the hospital can call an organization…and find out when a recuperative bed will open, and then the org can work on the authorization piece, and then if the hospital can hold for a few days to get the discharge that prevents street discharge …and when we do that, there's continuity of care, which we really love and appreciate, and want more of…the issue though is we just don't have enough of those recuperative care beds. And the [insurance] plans only pay for 90 days to achieve permanent housing and for us to achieve permanent housing within 90 days is very…it's impossible.*" – Key Informant

Utilization of In-Home Supportive Services (IHSS)

In Home Supportive Services are available through the County to people who qualify who are older adults or have disabilities,[98] and IHSS social workers can come into the hospital to do an assessment pre-discharge to identify what needs the patients have for community care workers. ***The community noted that they would like to see better utilization, and potentially expansion, of IHSS***. They also note that:

> *"It's almost never done...They're strapped for resources. California, the governor's budget, has already proposed to further cut IHSS resources available to counties to provide services. So they're under the gun in a lot of ways, but in the end, those services help avoid homelessness [and hospitalizations]."* – Focus Group Participant

Home Visits after Discharge

Home visiting programs were described as especially helpful to people who have been recently discharged from an ED or after an inpatient hospitalization. The community suggested that ***expanding these types of programs would be especially beneficial to their health.***

In addition, programs targeting special populations, such as people who live in rural areas, were described as particularly successful. Having medical professionals check on them after a hospital discharge and help them with medical tasks like making appointments, arranging transportation for those appointments, and setting up prescriptions with pharmacies was discussed as especially helpful, as was helping with a range of household tasks, like grocery shopping, yard work, and ensuring that their living environment is free of hazards. One interview participant told the research partner:

> *"A lot of people, they don't want to be in the hospital. They don't want to be in a SNF [skilled nursing facility], they don't want to be in some type of alternative care facility. They want to stay at home. And we hear that all the time from them. They just want to be home. So the best way to do that is to make them self-sufficient, to give them the tools to take care of themselves better."* – Focus Group Participant

Systemic Efforts

The community also had ideas that involve systemic efforts to advocate for change and to become more community involved. Community members would like hospitals to take a greater role in advocating for beneficial policy changes. They would also like hospitals and health care systems to consult with community members more often to understand and address community health issues.

Advocacy

Some of the solutions posed had to do with advocating – within health care systems or at the legislative level – for changes that would create better health care experiences.

One issue that was discussed is that Federally Qualified Health Centers can only get Medi-Cal reimbursement for one visit per patient per day, meaning patients with Medi-Cal coverage cannot see two different specialists on the same day. As one key informant put it:

> *"It's too bad because the patient comes to the clinic and they should be able to get everything done at one time, but you have to work with what you've got. If your medical appointment is on Monday and your PT is on Tuesday and then we can bill for those. This same-day barrier contributes to patient non-compliance, due to transportation and childcare needed for two days rather than one, t he patient may decide to go without. Conversely, if the provider thinks the second visit is critical to p atient care, both visits are rendered on the same day and the provider goes without payment.*
> – Key Informant

Another suggestion was that each hospital should ***designate administrative champions who have the power to make changes***, and that these champions would put out calls to action to bring to light complex issues like systemic racism and the efforts needed to address it.

Community-Centered Programs

Another foundational concept discussed by the community was to involve the community in addressing the health problems occurring in their neighborhoods. One informant explained that while data can identify the health problems, ***community input is really needed to figure out how to address those problems:***

> *"The key to unlocking a lot of the disinformation, the misinformation, is really pulling people in to be a part of something big, especially when you know that there is a lot of health inequities, there are a lot of data that is trending in the wrong direction. And if you really want to [draw them in] without making them feel like you're beating them over the head with the information, you've got to make them a part of it."* – Key Informant

Another informant suggested that having teams of people, including community members, to address the emerging health problems would be helpful, something they called "health population teams:"

> *"One example that I always compare to is catheter infections. We know in the hospital, if there's no zirconia infections, catheter, when those things start to trend up, we put policies in place. We create whole teams to strategically look at something and to say, 'How do we bring this back down? How do we fix the situation?' And so I feel like there has to be a health population team that really looks at the vulnerable populations and brings them into the fold to have these same conversations that we're having today... Because of course, the community is the best voice, they're very informed."* – Key Informant

Scripps

here to return to Table of Contents

Limitations and Future Directions

One of the primary goals of the CHNA Committee for this year's needs assessment was to hear directly from as many members of the public as possible. This was accomplished through a partnership with two community health worker organizations who went out "into the field" and engaged hundreds of members of the public to talk to them about their health and well-being, needs, and thoughts on our county's hospitals and health care systems.

This innovative methodology ensured that the needs discussed in this year's CHNA represented more community members – from more diverse backgrounds – than ever before.

Many service organizations and experts also contributed to this CHNA, lending the perspective of people who are committed to helping San Diegans achieve good health. Their expertise was invaluable.

A sample size of more than 1,600 for a time- and budget-limited county-wide needs assessment is above and beyond what we hoped, or expected, to achieve. This far exceeds the recommended sample size to ensure the validity of the data collected and is a huge step forward in ensuring the representativeness of the needs assessment.

Nevertheless, these data have limitations. Hospital data used to discuss rates of health conditions, for example, are underestimations of those rates because the data are limited to those who have received care at a hospital.

The purposive sampling we used to recruit participants for focus groups also means that these samples are limited to those people who are connected enough in the community to be exposed to recruitment efforts.

The online survey, while quite successful in terms of the number of responses, was heavily weighted toward professionals. The majority (68%) of the people who completed it indicated that they represented:

- a hospital, health system or health district
- a social service provider/community-based organization
- education/academic institution or school district
- advocate (community, legal, health)
- or an elected official or government agency (county, local, or state employee or representative).

Online surveys are also heavily weighted *against* certain populations, such as those without reliable internet and those who are not adept or comfortable with technology[99 & 100], potentially excluding the populations we most want to reach with the needs assessment [101 & 102]. Online surveys also do not allow for the kind of personal interactions we had during field interviews, key informant interviews, and focus groups which generated a depth and breadth of responses not possible in a survey format.

Although community members actively participated in our interviews and focus groups, we also recognize that we did not reach some groups about whom the community had special concerns, including former foster youth, justice-impacted individuals, and people with chronic medical conditions.

The extent of data collected for this assessment exceeded our ability to fully analyze it given time, budget, and personnel constraints. Our hope is that the data will continue to be analyzed in the future as they contain important information about our community's needs.

Finally, the field interview and online survey were designed at different times, so the questions, while similar, were not always aligned in terms of topics and wording, limiting our ability to compare the results of the two.

For future needs assessments we recommend, therefore:

1. That the majority of data collection occur within the community, relying more on field interviews. Ideally, participants could be offered the opportunity to participate in more in-depth interviews for a larger incentive, allowing researchers to explore our questions deeply with the public.
2. That focus groups be conducted with other populations of concern, such as foster youth, and patient populations such as people with chronic conditions like diabetes, hypertension, and cancer.
3. That resource allocation be expanded for more comprehensive data analyses.
4. That online survey and field interview questions align more closely.

Appendix A – Regulatory Requirements

SB 697 and Scripps History with Past Assessments

Scripps Health has a long history of responding to the health needs of the communities it serves, extending beyond traditional hospital care to address the health care needs of the region's most vulnerable populations. In 1994, California legislators passed Senate Bill 697 (SB 697), which requires all private not-for-profit hospitals in the state to conduct a CHNA every three years. Since 1994, these programs have been created based on an assessment of needs identified through hospital data, community input, and major trends. Previous collaborations among not-for-profit hospitals, health care systems, and other community partners have resulted in numerous well regarded Community Health Needs Assessments (CHNA) reports. Information is gathered through the CHNA for the purposes of reporting community benefit, developing strategic plans, creating annual reports, providing input on legislative decisions, and informing the general community of health issues and trends.

Federal Requirements

Required Components of the Community Health Needs Assessment

Per Internal Revenue Service (IRS) requirements, (Treas. Reg. § 1.501 (r)-3(b) (6) (i)) the following are components the CHNA must include:

A description of how the hospital organization considered input from people who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health.

Prioritized description of all the community health needs identified through the CHNA, as well as a description of the process and criteria used in prioritizing such health needs.

A description of the existing health care facilities and other resources with the community available

An evaluation of the impact of any actions that were taken since the hospital finished conducting its immediately preceding CHNA to address the significant health needs identified in the prior CHNA.

Community Served

A hospital facility may take into account all the relevant facts and circumstances in defining the community it serves. This includes:

However, a hospital facility may not define its community in a way that excludes medically underserved, low-income, or minority populations who live in the geographic areas from which it draws its patients (unless such populations are not part of the hospital facility's target population or affected by its principal functions) or otherwise should be included based on the method the hospital facility uses to define its community.

Medically underserved populations include populations experiencing health disparities or that are at risk of not receiving adequate medical care because of being uninsured or underinsured, or due to geographic, language, financial, or other barriers. Populations with language barriers include those with limited English proficiency. Medically underserved populations also include those living within a hospital facility's service area but not receiving adequate medical care from the facility because of cost, transportation difficulties, stigma, or other barriers.

Additionally, in determining its patient populations for purposes of defining its community, a hospital facility must take into account all patients without regard to whether (or how much) they or their insurers pay for the care received or whether they are eligible for assistance under the hospital facility's financial assistance policy.

If a hospital facility consists of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of these areas or populations.

If a hospital facility consists of multiple buildings that operate under a single state license and serve different geographic areas or populations, the community served by the hospital facility is the aggregate of these areas or populations.

Assessing Community Health Needs

To assess the health needs of its community, a hospital facility must identify the significant health needs of the community. It must also prioritize those health needs, as well as identify resources potentially available to address them. Resources can include organizations, facilities, and programs in the community, including those of the hospital facility, potentially available to address those health needs.

The health needs of a community include requisites for the improvement or maintenance of health status both in the community at large and in particular parts of the community, such as particular neighborhoods or populations experiencing health disparities. Needs may include, for example, the need to:

Address financial and other barriers to accessing care,

- Prevent illness,
- Ensure adequate nutrition, or
- Address social, behavioral, and environmental factors that influence health in the community.

A hospital facility may determine whether a health need is significant based on all the facts and circumstances present in the community it serves. Additionally, a hospital facility may use any criteria to prioritize the significant health needs it identifies, including, but not limited to the:

- Burden, scope, severity, or urgency of the health need,
- Estimated feasibility and effectiveness of possible interventions,
- Health disparities associated with the need, or
- Importance the community places on addressing the need.

Input Representing the Broad Interests of the Community

A hospital must both solicit and take into account input received from all of the following sources in identifying and prioritizing significant health needs and in identifying resources potentially available to address those health needs.

1. At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency), or a State Office of Rural Health described in Section 338J of the Public

community.

Members of medically underserved, low-income, and minority populations in the community served

populations.

Written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.

Additional Sources of Input

In addition to soliciting input from the three required sources, a hospital facility may solicit and take into account input received from a broad range of persons located in or serving its community. This includes, but is not limited to:

Although a hospital facility is not required to solicit input from additional persons, it must take into account input received from any person in the form of written comments on the most recently conducted CHNA or most recently adopted implementation strategy.

Documentation of a CHNA

A hospital facility must document its CHNA in a report that is adopted by an authorized body of the hospital facility. The CHNA report must include the following items.

community was determined.

A description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves.

A prioritized description of the significant health needs of the community identified through the CHNA. This includes a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs.

A description of resources potentially available to address the significant health needs identified through the CHNA.

An evaluation of the impact of any actions that were taken to address the significant health needs identified in the immediately preceding CHNA.

A CHNA report will be considered to describe the process and methods used to conduct the CHNA report if it:

Describes the methods of collecting and analyzing this data and information,

Identifies any parties with whom the hospital facility collaborated or contracted for assistance in conducting the CHNA.

A hospital facility may rely on (and the CHNA report may describe) external source material in conducting its CHNA. In such cases, the hospital facility may simply cite the source material rather than describe the methods of collecting the data.

A hospital facility's CHNA report must describe how the hospital facility took into account input received from persons who represent the broad interests of the community it serves. The CHNA report should:

Describe how and over what time period such input was provided (for example, whether through

dates),

Provide the names of any organizations providing input and summarizes the nature and extent of the organization's input, and

Describe the medically underserved, low-income, or minority populations being represented by organizations or individuals that provided input.

CHNA Report: Widely Available

A hospital facility must make its CHNA report widely available to the public. This must be done by making the CHNA report widely available on a Web site and by making a paper copy of the CHNA report available for public inspection upon request and without charge at the hospital facility. Prior CHNA reports must remain widely available to the public, both on a Web site and in paper, until the hospital facility has made two subsequent CHNA reports widely available to the public.

Background/Required Components of the Implementation Strategy

Provisions in the Affordable Care Act permit a hospital facility that adopts a joint CHNA report to also adopt a joint implementation strategy which, with respect to each significant health need identified through the joint CHNA, either describes how one or more collaborating facilities plan to address the health need or identifies the health need as one collaborating facilities do not intend to address. The joint implementation strategy adopted for the hospital facility must: (Treas. Reg. § 1.501 (r)-3(c) (4).

Adopt an implementation strategy to meet community health needs identified in the CHNA.

- Describe how it is addressing needs identified in the CHNA.
- Describe any needs in the CHNA that are not being addressed and the reasons for not addressing them.

The written implementation strategy describes:

- How the hospital plans to meet significant health needs.
- Describe actions the hospital facility intends to take to address each significant health need identified in the CHNA, and the anticipated impact of those actions, or identify the health need as one it does not intend to address and explain why.
- The anticipated impact of these actions.
- The programs and resources the hospital plan to commit to address the health need.
- Describe any planned collaboration between hospital facilities and other facilities or organizations in addressing health needs.
- The significant health need of the hospital does not intend to meet, explaining why the hospital does not intend to meet the health need.

Appendix B – 2022 CHNA Phases I & II and Evaluation of Impact Report

2022 CHNA Findings

Building on the San Diego 2022 Community Health Needs Assessment

The 2025 CHNA builds upon the research and findings from Phase 1 and Phase 2 of the San Diego 2022 CHNA.

2022 Community Health Needs Assessment: Phase 1

The figure on the right summarizes the 2022 CHNA findings. The highest priority community health needs in San Diego County (in alphabetical order) can be found at the center.

The graphic above represents the top identified community needs, the foundational challenges, and the key underlying themes revealed through the 2022 CHNA process. The needs identified as the most critical for San Diegans are listed in the center of the circle in alphabetical — not ranked — order. The blue outer arrows of the circle represent the negative impact of two foundational challenges — health disparities and workforce shortages — which impacted every need. The orange bars within the outer circle illustrate the underlying themes of stigma and trauma — represent latent themes pervasive during the pandemic.

The full 2022 CHNA report, all other previous CHNA reports, and data briefs can be found on the HASD&IC website.

2022 Community Health Needs Assessment: Phase 2

Phase 2 was designed to follow up on the 2022 San Diego CHNA and was completed in February 2023. An online survey -- the ***2022 CHNA Feedback Survey*** -- was distributed via email to community-based organizations, social service providers, resident-led organizations, federally qualified health centers, governmental agencies, and hospitals and health systems that serve a diverse array of people in San Diego County.

The survey was open from October 2022 through February 2023. Since survey participants were able to forward emails containing the survey link to their colleagues, the total response rate was unable to be calculated. A total of 377 respondents completed the survey.

The purpose of the survey was to evaluate the accuracy of the 2022 CHNA findings, assess the relative importance of identified needs, key underlying themes, and foundational challenges, and gather feedback on future research topics of interest.

Phase 2 Survey Participants and Findings

29%	18%	53%
Community Members	Community-Based Organizations	Hospitals & Health Systems

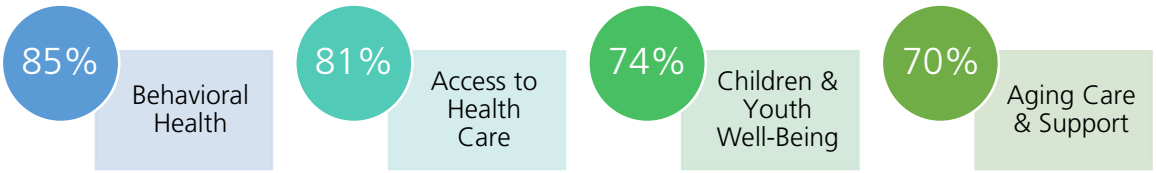
93% of respondents (270 out of 290) agreed or strongly agreed that the 2022 CHNA findings represented the top health and social needs of San Diegans based on the question: "Do you agree that these findings represent the top health and social needs in your community or the clients, patients, and communities you serve?"

Summary of Participant Responses to Key Questions

Identified Community Needs That Are Very Important

Question: *Please share your perspective on the importance of each of the identified community needs.* (n=290)

The following percentages of respondents indicated the following needs as being ***very important***.



Foundational Challenges & Key Underlying Themes That Are Very Important

Question: *Please share your perspective on the importance of the key underlying themes and foundational challenges.* (n=291)

The following percentages of respondents indicated the key underlying themes and foundational challenges as being ***very important***.

Evaluation of Impact Report: FY23-FY25 Implementation Strategy for the 2022 CHNA

Scripps Health 2022 Community Health Needs Assessment

Community Health Needs Assessments are conducted every three years and must include an evaluation of impact of any actions that were taken, since the hospital finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital's prior CHNAs.

In 2022, Scripps conducted its 2022 CHNA, identifying significant health needs in San Diego County and developed an Implementation Strategy to adapt its hospital programs and strategies to better address the region's needs. This strategy outlines the programs, services, and resources Scripps provided to meet identified community needs.

Identified Community Needs

Through a prioritization process, the 2022 CHNA identified seven critical community needs in San Diego County, listed alphabetically:

1. Access to Health Care
2. Aging Care & Support
3. Behavioral Health
4. Children & Youth Well-being
5. Chronic Health Conditions
6. Community Safety
7. Economic Stability

2022 Top 7 Community Needs

Implementation Strategy Overview

With the completion of the 2022 Community Health Needs Assessment (CHNA) and the health priority areas identified, Scripps developed a corresponding Implementation Strategy – a multifaceted, multi-stakeholder plan that addresses community health needs identified in the CHNA as required by state and federal regulations guiding tax-exempt hospitals.

The 2022 Implementation Strategy translates the research and analysis presented in the assessment into actionable, measurable strategies and objectives aimed at improving community health outcomes. The focus areas—access to care, aging care & support, behavioral health, children & youth wellbeing, chronic health conditions (including cardiovascular disease, cancer, and diabetes), community safety, and economic stability—were determined through data collection, analysis, and community input.

The 2022 Implementation Strategy spans for three years (FY23-FY25) and was designed to respond to the needs identified in the 2022 CHNA and is updated annually and made publicly available on Scripps.org at Scripps Health Implementation Strategy Fiscal Year 2023-2025.

Evaluation of Activities

Over the course of the three-year cycle, Scripps evaluates its strategy annually to ensure it remains flexible and responsive to the community's evolving needs. The evaluation includes:

- Resource assessment: Reviewing staffing, funding and support capacity.
- Interventions analysis: Measuring the effectiveness of programs and services.
- Progress tracking: Monitoring participation rates, satisfaction levels, goal completion and the number of people served.
- Financial contributions: Assessing investments made toward community benefit initiatives.

Where feasible, outcome metrics are used to measure the direct impact of initiatives on health-related outcomes. Challenges encountered are documented and adjustments are made as needed. Additionally, Scripps files the Implementation Strategy annually with the IRS via Form 990 Schedule H.

The next section details the impact of the actions and strategies addressing these significant health needs identified in the 2022 CHNA report.

Appendix B – Evaluation of Impact Report: FY23-FY25 Implementation Strategy for the 2022 CHNA

* CHNA reports must include an evaluation of impact of any actions that were taken, since the hospital finished conducting its immediately preceding CHNA, to address the significant health needs identified in the hospital's prior CHNAs.

** The following sections outline the impact of actions taken to address the significant health needs identified in the 2022 CHNA report for FY23 (October 1, 2023 – September 30, 2024) and FY24 (October 1, 2024 – September 30, 2025). Impact data for FY25 (October 1, 2025 – September 30, 2026) are not yet fully available and therefore not included.

Identified Community Need – Access to Care (Community Outreach)			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Facilitating Access to Coordinated Transportation (FACT) INC.** Scripps collaborates with FACT Inc. to provide on-demand transportation services for patients. This partnership simplifies medical transportation by offering various options through a single contact point at FACT. Patients, including those with specialized needs, can access rides for appointments and post-discharge transportation. The service covers curbside, door-to-door, wheelchair-accessible, and gurney rides, benefiting patients across several Scripps facilities. Scripps has been using the FACT transportation service at Scripps Mercy Hospital, Prebys Cancer Center, Green Hospital, Scripps Encinitas and Radiation Therapy centers for those patients that do not have other means of transport.	FACT has provided a total of 7,302 rides to Scripps patients and their caregivers. For the time period July 2023 through Jun 2024 FACT provided 3,122 rides across the following Scripps locations:	These transportation services are available not only in San Diego but also in more distant locations, including Imperial, Riverside, and Los Angeles County. Notably, FACT expanded its services to include Scripps Prebys Cancer Center and Scripps Encinitas during the reporting period.

Identified Community Need – Access to Care (Community Outreach)			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Mobile Health and Resource Fair** The Mobile Health and Resource Fair in Southeast San Diego, supported by Scripps funding, serves hundreds of people monthly, offering cardiovascular, neurocognitive, breast cancer and cardiometabolic screenings. Regularly attended by those who need additional resources and support, it provides essential services in one location. Scripps staff collaborate with the fair team, offering education and consultations on various health topics. Many community members visit the Scripps booth for support, reflecting Scripps commitment to comprehensive health care and community well-being.	**Fiscal Year 2023** • Number of people served at each health fair: 887 • Number of mammogram screenings: 28 • Track number of COVID-19 vaccines given: 234 • Number of cardiometabolic surveys completed – (This is a pre-screen survey to assess risk of hypertension and other chronic conditions): 298. **Fiscal Year 2024** • Number of people served at each health fair: 790 • 228 A1c tests • Number of blood sugar screenings: 1,473 • Number of cholesterol checks: 521 • Number of blood pressure checks: 1,352 • Number of vaccines provided: 41 • Number of breast cancer education sessions: 483 • Number of breast exams: 73	Scripps Cancer Center, with funding from Krueger-Wyeth, focuses on outreach, prevention, and supportive services to benefit underserved populations affected by cancer, cardiovascular disease, and dementia. This initiative highlights the commitment to addressing health disparities and providing essential resources to underserved communities. These surveys directed participants to follow-up health screenings conducted on-site. Impact and Reach: • Reached over 793 underserved and high-risk individuals, who completed needs assessment surveys (data from October 2023 to March 2024). • 21% increase in completed health surveys compared to FY23 (average of 28 surveys per month). • Median participant age: 61 years • Gender distribution: 20.3% male, 77.5% female • Most commonly served ethnic groups: 29% Black/African American and 29% Hispanic/Latino Follow-Up Programs: • Individuals screening positive for diabetes or cardiometabolic diseases are enrolled in Dulce Digital, a 6-month text-based education program available in English, Spanish, Tagalog, Arabic, and Vietnamese. • Referrals made to Live Fit, a healthy living education program with live and virtual options that include physical activity sessions.

Identified Community Need – Access to Care (Community Outreach)			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Scripps Collaborative for Health Equity** Scripps was awarded five-year funding as part of an excess settlement funds distribution (Krueger-Wyeth funds) to support programs at Scripps Cancer Center for a variety of initiatives to support patient care, research, and health equity in the areas of breast cancer, cardiovascular disease, and neurocognitive conditions. Scripps Cancer Center is using the funds to support several efforts, including clinical trials, translational research, expanded biorepository research, community outreach and a cancer survivorship clinic program. Scripps is working on a variety of projects designed to address health care disparities, including outreach, screening and supportive services for dementia, breast cancer and cardiovascular disease. One of the initiatives funded through this grant is the Scripps Collaborative for Health Equity (SCHE). Scripps Collaborative for Health Equity (SCHE) - Scripps Health	**Fiscal Year 2023** The Scripps Collaborative for Healthcare Equity (SCHE) achieved important milestones in in its second year. • Developed and executed a peer-review process to promote trainee research focused on health disparities in breast cancer, cardiovascular disease, and neurocognition. SCHE awarded $75,000 across 6 research projects ranging from cardiovascular care, genetic counseling and testing, diabetes care, and substance abuse screening, and research support, focused on women and multicultural populations. • Implemented a patient survey to assess cultural and linguistically appropriate health care resources and supportive program for patients. • Provided post-discharge support for more than 300 patients recovering from conditions such as acute myocardial infarction (AMI), coronary artery bypass grafting (CABG), congestive heart failure (CHF), and stroke. • Launched an Annual Research Symposium with over 75 participants attending. The symposium is a partnership between Scripps Health Research and SCHE made possible through funding by the Krueger-Wyeth award. - Financial Toxicity in Spanish Speaking Cancer Patients - Understanding Disparities in Substance Use Screening - Be Well at Work: Low-Wage Hospital Workers and Well-Being Intervention - Dulce Digital-COVID Aware Texting Platform - Quality and Health Equity Update and Next Steps **Fiscal Year 2024** The Scripps Collaborative for Healthcare Equity (SCHE) achieved important milestones in in its third year.	

Identified Community Need – Access to Care (Community Outreach)			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
		• Developed and executed a peer-review process to promote trainee research focused on health disparities in breast cancer, cardiovascular disease, and neurocognition. SCHE awarded $72,200 across 8 research projects ranging from cardiovascular care, health and wellness, liver disease, diabetes care among the Filipino population, and research support, focused on women and multicultural populations. • Implemented a wide variety of supportive services to support culturally and linguistically appropriate resources and support for patients and community members. Over 7,000 participants from the community participated in these programs. • Provided post-discharge support for more than 1,300 patients recovering from conditions such as Acute Myocardial Infarction (AMI), Coronary Artery Bypass Grafting (CABG), Congestive Heart Failure (CHF), and stroke as well as an additional population screened at risk for two or more Social Determinants of Health (SDOH) risk factors. • Offered youth pipeline programs for 2,569 youth to supporting building a diverse health care workforce. • Launched a second Annual Research Symposium with over 85 participants attending. The symposium showcased innovative health disparities research being conducted by clinicians, research scientists, and trainees throughout Scripps. The symposium is a partnership between Scripps Health Research and SCHE made possible through funding by the Krueger-Wyeth award. Among the presentations: - Everything is Pulse-able: Getting to the heart of Your Wellness - Racial Disparities in the Receipt of Liver Transplantation among Black Patients with Hepatocellular Carcinoma: A Systemic Review - Allostatic Load in Takotsubo Cardiomyopathy - Improving Cardiometabolic Health-Related Outcomes in Filipino Americans - Health Equity Information Center- Performance & Analytics - Racial/Ethnic disparities in Quality of Life Among Breast Cancer Survivors	

Identified Community Need – Access to Care (Community Outreach)			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps Mercy Hospital San Diego	**Father Joe's Villages Street Health Intervention Project** Street Health is when health care professionals travel out to the streets to provide expert care directly to people experiencing homelessness, including treating wounds, infections, chronic disease, and other conditions. Father Joe's Villages started the first Street Health program in San Diego in order to bring health care to neighbors living without shelter who do not or are unable to access brick-and-mortar health services. Street Health allows Father Joe's Villages to build relationships with these patients over time while also addressing their immediate health needs. Scripps Mercy Hospital San Diego serves a large volume of San Diego's unsheltered homeless population in the Emergency Services Department. Because of the scarcity of shelter and treatment program beds available for these patients, they often leave the Hospital to return to their previous outside location. A collaboration has been established between Father Joe's Village Street Health Intervention Project and Scripps Mercy Hospital targeting unsheltered discharged patients who could benefit from a follow-up visit in the community setting where they reside.	**Fiscal Year 2023** Scripps Mercy Hospital collaborated with Father Joe's Villages Street Health Intervention Project to offer follow-up visits to discharged unsheltered patients. Below are metrics tracked. • As of March 2022, there were 25 referrals, with 13 successfully reached, supporting vulnerable individuals in their communities. • Number of referrals to Father Joe's Villages Street Health Intervention team by the SMH San Diego Emergency Department team • Number of successful contacts with unsheltered persons in the community setting post hospital discharge • Number of unsheltered persons referred to PATH Outreach for Social Service Support Services and type of services rendered in the community. **Fiscal Year 2024** Scripps Mercy Hospital collaborated with Father Joe's Villages Street Health Intervention Project to provide follow-up visits for discharged unsheltered patients. • Under the Street Health Initiative with FJV, referrals are no longer tracked individually, as unsheltered patients are now directed to a designated community location staffed by multiple Street Health programs, offering a broader range of services. • The Emergency Department does not monitor specific referral destinations for these patients.	

Identified Community Need – Access to Care (Community Outreach)

Hospital Facility	Programs and Strategies	Total Impact Measures (FY23 & FY24)	Comments
Select Specialty Hospital San Diego	**Access to Long-Term Acute Care Hospital Level of Care** In 2021, Scripps Health acquired 24.5% of Select Hospital's holdings through IHS Holding Company LLC.	**Fiscal Year 2023 and 2024 Combined** To monitor progress towards providing Long-Term Acute Care Hospital LTACH access to the patient population of the greater San Diego region, the hospital tracks key metrics: Diagnosis and Demographic Information (including age, race, sex, gender).	

Race	#Pts.	%Pts.
White	1071	79.45%
Black or African American	140	10.39%
Filipino	46	3.41%
Other Asian	27	2.00%
None of the Above	18	1.34%
Asian Indian	10	0.74%
Chinese	10	0.74%
American Indian or Alaska Native	6	0.45%
Samoan	5	0.37%
Vietnamese	5	0.37%
Declined to Specify	2	0.15%
Native Hawaiian	1	0.07%
Korean	3	0.22%
Guamanian or Chamorro	3	0.22%
Japanese	1	0.07%
Grand Total	**1348**	**100.00%**

Age	#Pts.	%Pts.
65-74	378	27.98%
75+	357	26.42%
55-64	292	21.61%
40-54	183	13.55%
25-39	124	9.18%
18-24	17	1.26%
Grand Total	**1351**	**100.00%**

Gender	#Pts.	%Pts.
Male	829	61.36%
Female	522	38.64%
Grand Total	**1351**	**100.00%**

Identified Community Need – Aging Care and Support

Hospital Facility	Programs and Strategies	Total Impact Measures (FY23 & FY24)	Comments

FY23 Top 10 Diagnosis Codes

TOP 10

Primary Diagnosis Code	#Pts.	%Pts.
J9621 ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	169	43.78%
J9601 ACUTE RESPIRATORY FAILURE WITH HYPOXIA	60	15.54%
A419 SEPSIS, UNSPECIFIED ORGANISM	34	8.81%
J9611 CHRONIC RESPIRATORY FAILURE WITH HYPOXIA	27	6.99%
M4628 OSTEOMYELITIS OF VERTEBRA, SACRAL AND SACROCOCCYGEAL REGION	20	5.18%
J9690 RESPIRATORY FAILURE, UNSPECIFIED, UNSPECIFIED WHETHER WITH HYPOXIA OR H	17	4.40%
J9600 ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERC/	13	3.37%
L89154 PRESSURE ULCER OF SACRAL REGION, STAGE 4	12	3.11%
J9620 ACUTE AND CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXI	12	3.11%
I132 HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE WITH HEART FAILURE AND WI	11	2.85%
J9622 ACUTE AND CHRONIC RESPIRATORY FAILURE WITH HYPERCAPNIA	11	2.85%
Grand Total	**386**	**100.00%**

FY24 Top 10 Diagnosis Codes

Major Diagnostic Code	Count of Patients	% Patients
Respiratory System	331	51.00%
Musculoskeletal System And Connective Tissue	53	8.17%
Infectious and Parasitic DDs	51	7.86%
Circulatory System	41	6.32%
Skin, Subcutaneous Tissue And Breast	35	5.39%
Factors Influencing Health Status	29	4.47%
Nervous System	25	3.85%
Digestive System	22	3.39%
Kidney And Urinary Tract	20	3.08%
Injuries, Poison And Toxic Effect of Drugs	15	2.31%

Identified Community Need – Aging Care and Support			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	Comments
Scripps Mercy Hospital San Diego	**Scripps Advanced Care Clinic** Older adults are at higher risk for chronic health problems like diabetes, osteoporosis, and Alzheimer's disease. Older adults are also more likely to go to the hospital for some infectious diseases, including pneumonia, which is a leading cause of death for this age group. Making sure older adults get preventive care, including vaccines to protect against the flu and pneumonia, can help them stay healthy. The program provides intensive, proactive, medical, and social services to adults living with multiple chronic diseases. Understanding that diseases can impact all aspects of a person's life, the program treats not just medical issues, but also the psychosocial, economic, and spiritual aspects of care. The Advanced Care Clinic interdisciplinary, patient centered team helps optimize patient health through an evidence-based extensivist clinic model that assists with care coordination and patient advocacy across health care and home settings.	**Fiscal Year 2023** The Scripps Advanced Care Clinic generated a 32% reduction in emergency department visits, 46% reduction in hospitalizations, and 47% reduction in readmissions for its enrolled patients in Fiscal Year 2023. **Fiscal Year 2024** Scripps Advanced Care Clinic generated a 60% reduction in emergency department visits, 67% reduction in hospitalizations, and 56% reduction in readmissions for its enrolled patients in Fiscal Year 2024.	

Identified Community Need – Aging Care and Support			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps Mercy Hospital Chula Vista	**Helping Patients Navigate Post Discharge Services and Support** The "Helping Patients Navigate Post Discharge Services and Support" program is dedicated to ensuring the continuity of care for patients after their discharge. The program provides various services, including scheduling follow-up medical appointments, addressing housing and homelessness issues, offering support for senior-related concerns, managing chronic diseases such as Acute Myocardial Infarction (AMI), Coronary Artery Bypass Grafting (CABG), Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), Pneumonia, Stroke and COVID. Additionally, the program addresses drug and alcohol dependencies, attends to mental health needs, offers support for cancer and provides emotional assistance, among other services. The Well Being Center staff and Scripps Mercy Hospital Chula Vista social workers collaborated to provide ongoing follow-up services to identified social work patients for the two Mercy campuses. These patients require more support and resources (housing/homelessness, senior issues, drug/alcohol and mental health, and cancer) as these are high risk and require more assistance.	**Fiscal Year 2023** Key Metrics: • 1,198 patients referred for services, 743 (62%) accepted services. • 36 patients (5%) readmitted (source: caregiver, Epic). • 803 patients (67%) were successfully contacted (including 30-day follow up and Social Work referral). • 395 patients (32%) not reached due to various barriers (e.g., declined, deceased, no contact information, language barriers) • 489 patients accepted follow up services. • 66% of patients had follow up appointment within two weeks of discharge. • 643 patients (87%) maintained medication compliance (only includes those who accepted services). • 381 patients screened for Social Determinants of Health (SDOH) and connected to resources for housing, food and transportation. • 317 supportive services/resources were provided. **Fiscal Year 2024** Key Metrics: • 1,337 patients referred for services, 948 (71%) accepted services. • 36 patients (4%) readmitted (source: caregiver, Epic). • 1,001 patients (72%) were successfully contacted (including 30-day follow up and Social	

Identified Community Need – Aging Care and Support			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
		Work referral). • 395 patients (28%) not reached due to various barriers (e.g., declined, deceased, no contact information, language barriers). • 886 patients accepted follow up services. • 84% of patients had follow up appointment within two weeks of discharge. • Over 800 patients screened for Social Determinants of Health (SDOH) and connected to resources for housing, food and transportation. • Over 300 supportive services/resources were provided. ** patients include all case management, social work, Medicare, Sprint, and stroke referrals.* *** Follow-up appointments and medication compliance rates were not inclusive for all complex patients referred by case management and social work during FY23-24.*	

Identified Community Need – Aging Care and Support			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Fall Prevention & Home Safety Workshops** According to the National Council on Aging, falls are the leading cause of fatal and nonfatal injuries for older Americans (70% of all falls are geriatric falls > 65 years.). Scripps Social Workers and nurses educate seniors on ways to reduce fall risk, improve safety awareness, and utilize available resources to promote independence and overall safety. Balance classes are designed to help build balance, posture and coordination through strengthening and balance exercises. This important aspect to healthy living for seniors provides education on preventing falls through exercise and being proactive through safety measures in the home. Scripps physical therapy department and physical therapy school volunteers provide fall risk assessments.	**Fiscal Year 2023** **Standing Strong Fall Prevention (Virtual and In Person)** Scripps provided education to older adults through a series of webinars emphasizing exercise and proactive safety measures at home. • Number of persons served: 83. **Fiscal Year 2024** **Standing Strong Fall Prevention Webinar** Scripps provided education to older adults through a series of workshops emphasizing exercise and proactive safety measures at home. • **Scripps La Jolla:** Provided education to older adults through workshops focused on exercise and proactive home safety measures. The Injury Prevention Team served 63 individuals with comprehensive workshops and sessions supporting fall prevention. • **Scripps Encinitas Rehabilitation Center:** Hosted two workshops with 129 attendees, offering fall risk assessments, medication reviews, blood pressure checks, stroke risk assessments, balance and gait classes, and fall prevention presentations. Experts provided practical tips and knowledge to help participants reduce their risk of falls. • **Scripps Mercy San Diego:** Delivered education to older adults through workshops focused on exercise and proactive home safety measures. The Injury Prevention Team served 15 individuals with comprehensive fall prevention workshops and sessions.	

Identified Community Need – Aging Care and Support			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps Memorial Hospital Encinitas Scripps Memorial Hospital La Jolla	**A Matter of Balance: Managing Concerns About Falls** Scripps educates older adults on preventing falls through exercise and being proactive through safety measures in the home. An eight-week program and lecture series provide practical strategies to manage falls, improve safety awareness and utilize available resources to promote independence and overall safety. Scripps physical therapists and physical therapy student volunteers provide fall risk assessments, and lead balance classes to help enhance stability, posture, and coordination. Participants are taught to view falls as controllable, set goals for increasing activity, make changes to reduce fall risks at home and encouraged to exercise to increase strength and balance.	**Fiscal Year 2023** Number of participants enrolled: 18 people served in FY23. Knowledge Survey: Pre/Post FY23 data Question 1 I can find a way to get up if I fall. Pre 2.2/Post 2.3 Question 2 I can find a way to reduce falls. Pre 2.2/Post 3.6 Question 3 I can protect myself if I fall. Pre 1.8/Post 2.8 Question 4 I can increase my physical strength. Pre 2.8/Post 3.8 Question 5 I can become steadier on my feet. Pre 2.2/Post 3.4 **Fiscal Year 2024** Scripps La Jolla and Scripps Encinitas educated 39 older adults on fall prevention through an eight-week program. The program focused on exercise, home safety, and safety awareness to promote independence, with pre- and post-tests measuring its effectiveness. Number of participants enrolled: 39 people served in FY24 Knowledge Survey: Pre/Post FY24 data Question 1 I can find a way to get up if I fall. Pre 2.6/Post 3.3 Question 2 I can find a way to reduce falls. Pre 2.5/Post 3.5 Question 3 I can protect myself if I fall. Pre 1.9/Post 2.6 Question 4 I can increase my physical strength. Pre 3.0/Post 3.6 Question 5 I can become steadier on my feet. Pre 2.9/Post 3.5	

Identified Community Need – Aging Care and Support			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Bingocize Class Series** The 10-week program creatively combines bingo with exercise and health education, making it engaging and effective for older adults. This unique approach addresses common barriers to participation, making it fun and accessible in a group setting. The program aims to enhance functional fitness, health knowledge, and social engagement among older adults, promoting mobility, independence, and overall well-being.	**Fiscal Year 2023** In total, the program engaged with 220 individuals in Fiscal Year 2023. **Fiscal Year 2024** Interest in this class was minimal in Fiscal Year 2024, and no meetings were held.	This program demonstrated its ability to enhance functional fitness, health knowledge, and social engagement among older adults across various settings.

Identified Community Need – Aging Care and Support			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps Memorial Hospital La Jolla	**Tai Chi for Arthritis and Fall Prevention** Many studies have shown Tai Chi to be one of the most effective exercises for preventing falls. Tai Chi for Arthritis and Falls Prevention helps people with arthritis to improve all muscular strength, flexibility, balance, stamina, and more.	Fiscal Year 2023 This program successfully served over 475 individuals with arthritis through sessions aimed at improving muscular strength, flexibility, balance, stamina, and more. Fiscal Year 2024 The Tai Chi instructor left Scripps, and no replacement was found in FY24, so no classes were held.	It is important to note that this program is offered free of charge and is open to the entire community.

Identified Community Need – Behavioral Health			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps Mercy Hospital Chula Vista	**Clinical Training for MSW Students in Adolescent Mental Health at Local High Schools** The partnership between Scripps Family Medicine Residency and Scripps Mercy Hospital Chula Vista Well-Being Center has created a valuable clinical training opportunity for Master of Social Work (MSW) students from San Diego State University. These MSW students are placed at Southwest and Palomar High Schools to address the mental health needs of vulnerable adolescents in the community. Key aspects of this program include: 1. Training for MSW Students: The program offers training and hands-on experience to MSW students, allowing them to work with local healthcare providers who specialize in addressing the mental health concerns of adolescents. 2. Mental Health Services for High School Students: Given the presence of various mental health issues among local high school students, the program strives to enhance mental health care by establishing a school-based clinic.	**Fiscal Year 2023** • Service to Vulnerable Adolescents: In FY 2023, this program served 309 adolescents benefiting from these mental health services. • Number of hours spent in clinical work: 68 hours. • Number of Social Work student participation: 1 MSW. • Type of services & referrals offered: Individual counseling sessions including brief counseling for developing coping skills, solution-focused interventions, cognitive-behavioral therapy interventions, motivational interviewing, and crisis intervention. Facilitated CPS reports and access to Crisis Hotline (988, Access and Crisis Line, Trevor Project Line, Text Hotline, Peer Warm Line, 911), with discussions regarding referrals to San Ysidro Health Outpatient counseling. Collaborated with supervisors and school nurses. **Fiscal Year 2024** • Service to Vulnerable Adolescents: In FY 2024, this program served 570 adolescents and offered educational sessions providing them with vital presentations on mental health, mindfulness, suicide prevention, stress management, public health advocacy and more. Eight adolescents benefited from mental health services. • Number of hours spent in clinical work: 80.5 hours. • Number of Social Work student participation: 1 MSW. • Types of services & referrals offered: 1:1 therapeutic intervention: CBT, solution focused therapy, coping skills psychoeducation, referrals to outpatient behavioral health with SY Health, referrals to local teen centers (Sy Teen Center, Boys & Girls Clubs of South County), referrals to food pantries (South Bay Food Pantry)	Scripps Family Medicine Residency, Scripps Mercy Hospital Chula Vista Well-Being Center, San Diego State University, Southwest, SDSU Public Health and Social Work Students

Identified Community Need – Behavioral Health			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps Mercy Hospital San Diego	**Outpatient Behavioral Health Services: Scripps Mercy & Family Health Centers of San Diego Behavioral Health Partnership** Scripps Mercy Hospital formed a partnership with Family Health Centers of San Diego (FHCSD) in 2016 to provide comprehensive outpatient behavioral health services. This collaboration aimed to enhance mental health care for Medi-Cal patients at Scripps Mercy Hospital. Over the past eight years, the partnership has expanded community-based services and integrated primary and mental health care for patients discharged from various hospital settings. This includes placing social workers and Substance Use Disorder (SUD) counselors in emergency departments to assist with connecting patients to appropriate resources. FHCSD also offers concentrated outpatient therapy near Scripps Mercy Hospital's San Diego campus. Patients are referred from Scripps Mercy Hospital Chula Vista and Mercy San Diego, for assistance with a wide variety of behavioral health needs including addiction, loss, anxiety, and other mental health issues. Scripps - Behavioral Health - San Diego.	**Fiscal Year 2023** In FY23, Scripps Behavioral Health partnered with Family Health Centers (FHC) to improve patient discharge and reduce psychiatric patient readmissions. • A total of 90 appointments were kept, with 9 patients readmitted within 30 days, while 81 were not. • There were 167 missed appointments, with 27 patients responsible for these no-shows. This collaboration aimed to enhance patient care and reduce psychiatric patient recidivism. **Fiscal Year 2024** In FY24, Scripps Behavioral Health partnered with Family Health Centers (FHC) to improve patient discharge and reduce psychiatric patient readmissions. • Of the patients who kept their appointments, 90 were seen, with 9 readmitted within 30 days, while 87 were not. • Among 166 patients who missed appointments, 18 were readmitted within 30 days, while 148 were not. • The readmission rate was approximately 9% for patients who attended their appointments, compared to about 11% for those who missed them.	Family Health Centers of San Diego (FHCSD), NAMI (National Alliance of Mental Illness)

Identified Community Need – Behavioral Health			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Psychiatric Liaison Team (PLT)** The Psychiatric Liaison Team provides excellence in psychiatric evaluation and triage services throughout the Scripps system. All psychiatric liaison team members are either nurses and/or licensed mental health professionals with a broad range of skills and experience. Clinicians provide mental health evaluation to accurately assess patients and provide them with the best and safest community resources to promote ongoing care. The team aims to help people adhere to treatment plans, reduce hospital readmission rates, relieve symptoms, and ensure the long-term stabilization of the patient's mental health. The Psychiatric Liaison Team covers four emergency departments, two urgent care locations, and all inpatient medical floors. Psychiatric Liaison Team - San Diego - Scripps Health.	**Fiscal Year 2023** Number of encounters (visits) referred to **impatient** settings. • Total number of encounters: 51,493. • Number of encounters (visits) referred to **inpatient** settings: o Discharge/Transfer to ED to Mercy Behavioral Health Unit – 1,088 o Other Inpatient Facilities – 53 o Crisis Residential Placement - 1 • Number of encounters (visits) referred to **outpatient** settings: o Number of patients given outpatient referrals (includes psychiatry) – 152. o Family Health Centers - 1 **Fiscal Year 2024** • Total number of encounters: 58,551 • Number of encounters (visits) referred to **inpatient** settings: o Discharge/Transfer to ED to Mercy Behavioral Health Unit – 1,212 o Other Inpatient Facilities – 27 o Crisis Residential Placement - 4 • Number of encounters (visits) referred to **outpatient** settings: o Number of patients given outpatient referrals (includes psychiatry) – 145. o Family Health Centers – 3 o Outpatient Psychiatrists - 178	County Mental Health Department, Family Health Centers of San Diego

Identified Community Need – Behavioral Health			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Scripps Substance Use Disorder Service (SUDS) Nurse** Aware of the impact drugs and alcohol can have on our community, Scripps has developed innovative ways to treating this destructive disease. Scripps deploys specialized nurses certified in addiction; they see patients at their bedside and work closely with the patient's entire health care team to help facilitate a safe detox while hospitalized. The Substance Use Disorder Service (SUDS) nurses are dedicated to helping patients who have been admitted to the hospital and are at risk for detox or who are actively experiencing detox from addictive substances. These nurses evaluate patients who meet certain criteria and work directly with the patient's primary care nurses and their physician to ensure the patient is adequately medicated to control symptoms of withdrawal. This mobile group of specially trained drug and alcohol resource nurses provide education, interventions, and discharge placement assistance to patients in the Scripps hospital system. In addition to helping with the detoxification process, the SUDS nurses work with patients and their families on the disease concept of addiction and include education on its impact on their physical, mental, and social health. The SUDS nurses provide treatment options available to the patient in the community, tailored to the patient's individual needs such as insurance, ability to communicate, co-occurring medical and psychiatric diagnosis.	**Fiscal Year 2023** • In FY23, SUDS nurses had 4,438 encounters, assisting 138 patients with placements at McAlister. • The Hazelden Betty Ford Foundation received 69 referrals from Scripps, resulting in 19 admissions. **Fiscal Year 2024** • In FY24, SUDS nurses had 5,563 encounters, assisting 145 patients with placements at McAlister. • Additionally, the Hazelden Betty Ford Foundation received 57 referrals from Scripps, resulting in 38 admissions.	Scripps has linked itself to separate treatment programs designed to meet the community needs. Partners include the Betty Ford Center, Family Health Centers of San Diego, McAlister Institute. Scripps leases five beds at McAlister Institute, providing detox services for up to five patients weekly. The Scripps Drug and Alcohol Resource Nurses (SUDS nurses) serve as liaisons between Scripps emergency rooms and inpatient hospitals. They ensure that patients admitted to one of the five Scripps hospitals or emergency rooms meet admission criteria and are safely transferred to McAlister.

Identified Community Need – Behavioral Health			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Mental Health Outreach Services, A-Vision Vocational Training Program** Behavioral Health Services at Scripps in partnership with the San Diego Chapter of Mental Health of America established the A-Visons Vocational Training Program (social rehabilitation and prevocational services for people living with mental illness) to help decrease the stigma of mental illness and offer volunteer and employment opportunities to persons with mental illness. This supportive employment program provides vocational training for people receiving mental health treatment, potentially leading to greater independence. This program helps patients receiving mental health treatment by giving them vocational training and employment or volunteer roles alongside a mentor. A-Visions has enrolled approximately 150 people in volunteer or employment opportunities. These individuals work throughout our system in our cafeterias, gift shops, patient waiting rooms, and other departments.	• Since its inception, which dates back to December 31, 2022, there have been a total of 638 inquiries from patients about the program. Among these inquiries, 167 candidates have actively participated in the program, with 104 serving as volunteers and 54 as paid employees. • Currently, the program employs 11 paid casual employees.	Over the years, the A-Visions Vocational Training Program has made substantial improvements in patients functioning. **Recruitment is currently closed** but Scripps continues to support the current A-Vision's participants.

Identified Community Need – Behavioral Health

Hospital Facility	Programs and Strategies	Total Impact Measures (FY23 & FY24)	Comments
Scripps System	**Opioid Stewardship Program - Medication Assisted Treatment (MAT)** Every day, more than 301 people in the United States die after overdosing on opioids. The misuse of and addiction to opioids—including prescription pain relievers, heroin, and synthetic opioids such as fentanyl—is a serious national crisis. In San Diego County, fentanyl overdose is considered an epidemic, causing 9 out of 10 opioid – related deaths. The Opioid Stewardship Program (OSP) at Scripps brings physicians, nurses, and other professionals together to help reduce opioid use by educating patients and providers about opioid use disorder risks as well as promoting alternative ways to manage pain. For patients being discharged from an emergency department visit or hospital stay, Scripps has created educational videos that it makes available for viewing, and Scripps has also set opioid prescription quantity limits at discharge. In addition, some Scripps hospital emergency departments have implemented medication-assisted therapy, in which specially licensed ER physicians can administer medications as a bridge for patients with opioid use disorder until they can receive further care. Scripps currently receives a state grant from the California Department of Health Care Services to help remove barriers to identifying and treating patients with OUD and to provide Medication-Assisted Treatment (MAT).	**Fiscal Year 2023** This program contributed to reducing opioid use by educating patients and providers about the risks associated with opioid use disorder, while also advocating for alternative methods of pain management. **Fiscal Year 2024** Scripps Encinitas experienced a gap in MAT navigator this fiscal year (FY24). However, they now have a new MAT Navigator who is learning the role and building community connections. As a result, the number of patients seen by MAT is lower than in FY23. Scripps Mercy Chula Vista is no longer participating in the MAT program therefore there is no one collecting data for them.	California Department of Health Services, California Bridge Program, Center at Sierra Health Foundation, Family Health Centers of San Diego, McAllister Institute, Betty Ford Center for outpatient care.

	MAT Navigators	Prescriptions for buprenorphine	Track opioid use disorder diagnoses	Track opioid overdose diagnosis
Scripps Mercy San Diego	295	568	982	457
Scripps Mercy Chula Vista	180	682	1,014	208
Scripps La Jolla	173	397	724	813
Scripps Encinitas	78	347	709	221

	MAT Navigators	Prescriptions for Buprenorphine	Track Opioid Use Disorder Diagnosis	Track Opioid Overdose Diagnosis
Scripps Mercy San Diego	362	1426	1368	270
Scripps Encinitas	9	287	1054	117
Scripps La Jolla	10	1157	1211	85

Identified Community Need – Children and Youth Well-Being

<table>
<tr><th>Hospital Facility</th><th>Programs and Strategies</th><th>Total Impact Measures (FY23 & FY24)</th><th>Comments</th></tr>
<tr>
<td>Scripps Mercy Hospital Chula Vista</td>
<td>
Scripps School to Health Career Pathway Programs
Scripps offers diverse student health career activities at the Chula Vista Well-Being Center. These programs, including internships, aim to introduce students to healthcare roles and provide hands-on experience with Scripps professionals. Over 75% of participating youth are pursuing healthcare careers. Below are some of the programs Scripps provides.
• Residency Led Youth Programs
The Family Practice Medicine Residency program use health care professionals, such as medical residents, dieticians, nurses and doctors, to enlighten high school students on health care careers and health related topics.
• Health Careers Opportunity Program (HCOP) - Camp Scripps
Scripps offers a three to six-week camp experience to inspire youth about healthcare careers. Participants gain insights and hands-on experience in different medical fields, including interactions with professionals, mentoring, clinical shadowing, hospital tours, and themed workshops.
• Career Mentoring Program
Scripps Career Mentoring Program pairs youth with volunteer mentors in healthcare, providing exposure to
</td>
<td>
<u>Fiscal Year 2023</u>
• Number of students: 1,937
• Number of interactive classroom presentations between Medical Residents and students: 38
• Students' knowledge/experience pre/post program evaluation survey in order to gain better understanding of the student experience and impact of the program.
<table>
<tr><th>Program Title</th><th>Pre</th><th>Post</th></tr>
<tr><td>Camp Scripps Summer Enrichment Program</td><td>69%</td><td>97%</td></tr>
<tr><td>Scripps Mercy School to Health Career Mentoring Program</td><td>75%</td><td>53%*</td></tr>
</table>
<u>Fiscal Year 2024</u>
• Number of students: 2,569
• Number of interactive classroom presentations between Medical Residents and students: 33
</td>
<td>
<u>Lower post survey scores for the Career Mentoring Program.</u>

*In FY23 the camp was hybrid, while the mentoring was entirely virtual, which presented challenges. Lower post-survey scores for the learning modules compared to higher pre-survey scores were mainly due to coordination issues, lack of participation, and the difficulties of virtual learning. Participants who didn't engage due to time constraints, lack of interest, or competing priorities were less likely to absorb the content, resulting in lower post-survey scores. Technical issues and the absence of face-to-face interaction further reduced motivation and engagement, and virtual environments had more distractions than in-person settings.
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<table>
<tr><th colspan="4">Identified Community Need – Children and Youth Well-Being</th></tr>
<tr><th>Hospital Facility</th><th>Programs and Strategies</th><th>Total Impact Measures (FY23 & FY24)</th><th>Comments</th></tr>
<tr><td></td><td>different roles and departments in a hospital setting to inspire and educate them about career pathways in healthcare.
• Health Professionals in the Classroom
The program offers self-paced webinar presentations on various healthcare careers, health/wellness, leadership, and job readiness to enhance and support the high school classroom curriculum and to introduce youth to healthcare careers.
• Youth Surgery Viewing
Interested students have an opportunity to observe elective surgeries such as total knee and hip replacements.
• Cristo Rey Work Study Program
Scripps collaborates with Cristo Rey High School to introduce students to healthcare careers, provide hospital insights, and offer job readiness skills. This program helps prepare students for future health careers and leadership roles.</td><td>• Students' knowledge/experience pre/post program evaluation survey in order to gain better understanding of the student experience and impact of the program.
<table><tr><th>Program Title</th><th>Pre</th><th>Post</th></tr><tr><td>Camp Scripps Summer Enrichment Program</td><td>69%</td><td>98%</td></tr><tr><td>Scripps Mercy School to Health Career Mentoring Program</td><td>62%</td><td>96%</td></tr></table></td><td></td></tr>
</table>

Identified Community Need – Children and Youth Well-Being			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Scripps High School Exploration Internship Program** Launched by Scripps Health, the program reaches out to young people to pique their interest on health care occupations in dire need of recruits. From the emergency room to surgery, the students rotate through numerous departments, exploring career options and learning life lessons about health and healing along the way.	**Fiscal Year 2023 and 2024** • Number of students: 50 o Scripps Encinitas – 10 o Scripps Green – 10 o Scripps La Jolla – 10 o Scripps Mercy CV – 10 o Scripps Mercy SD – 10 • Departments for shadowing and total hours: Scripps dedicated 6,625 hours to the program, with each student completing 115 hours with a Scripps host.	Scripps collaborates with local high schools to help students explore health care roles and gain firsthand experience as they work with Scripps health professionals.

Identified Community Need – Children and Youth Well-Being			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**University City High School Collaboration** University City High School and Scripps partner to provide a real-life context to the school's Health Care Essentials course. Students are selected to rotate through five different Scripps locations, during the spring semester, to increase their awareness of health care careers. UC High students are exposed to different departments, exploring career options, and learning valuable life lessons about health and healing.	**Fiscal Year 2023** This program was paused in FY23 due to COVID. **Fiscal Year 2024** Scripps partners with the UC High School exploration program to provide opportunities for students to learn about careers in healthcare. Two events were held in FY24. The first event was an ED/Trauma tour and second was a biomed panel presentation to the students. These events hosted a total of 134 students and Scripps staff contributed a total of 20 hours to the events.	Scripps collaborates with local high schools to help students explore health care roles and gain firsthand experience as they work with Scripps professionals.

Identified Community Need – Children and Youth Well-Being			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps Memorial Hospital Encinitas	**Young Leaders in Health Care** An outreach program at Scripps Hospital Encinitas, Young Leaders in Health Care targets local high schools' students interested in exploring health care careers. Students in grades 9–12 participate in the program, which provides a forum for high school students to learn about the health care system and its career opportunities. This combined experience includes weekly meetings at local schools facilitated by teachers and advisors, as well as virtual monthly meetings. The advisors for the program are part of Scripps Health and the San Dieguito Alliance for DrugFree Youth. The program mentors' students on leadership and provides tools for daily challenges. Each year the students work toward a final presentation based on their community service projects related to health care and wellness.	**Fiscal Year 2023** The 2023 class touched a variety of topics from mental health to LifeShare Organ Donation. More than 100 students, community members and health care specialists attended the Young Leader in Health Care final meeting, culminating with student presentations on Fentanyl, Lung Cancer, Ethics of Embryonic Modification, Menopause, Sudden Cardiac Arrest, and Athletic Heart Syndrome. Students that participate in the program are eligible to apply to the High School Explorer summer internship program. Meetings were conducted as Virtual Teams Meetings for the 2022-2023 school year and the virtual format allowed to increase/expand the high schools. **Fiscal Year 2024** Scripps Encinitas hosted the **Young Leaders in Health Care** program for local high school students during the 2023-2024 school year. The program included 9 meetings with over 550 participants in total, covering various health-related topics and presentations. After completing this initiative, students can apply for the High School Explorer Summer Internship program.	Scripps Encinitas offered the Young Leaders in Health Care program, which involves local area high school students. Over 200 students actively participate monthly.

Identified Community Need – Children and Youth Well-Being			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps Mercy Hospital Chula Vista	**Scripps Mercy Maternal Health Fellowship – Obstetrics Residency Education** Scripps received grant funding from the Health Resources and Services Administration (HRSA) and is one of thirty-one medical residency programs in the U.S selected as an award recipient in HRSA's highly competitive grant funding opportunity, which was open to primary care residency programs nationwide. Scripps Mercy Family Medicine Residency has created a fourth-year Maternal Health Fellowship that offers advanced maternal health training with a focus on underserved communities on the US-Mexico border. The goal is to train family physicians with a passion and commitment to address health disparities, advocate for their patients and improve maternal health outcomes. This includes enhanced clinic case presentations, ultrasound training, rural rotations, and substance use disorder training for residents.	**Fiscal Year 2023** • Number of patients served: 41,726. • Number of residents enrolled: 29. • Number of clinical experiences: - Centering Pregnancy: 187 - SUD/Addiction Clinic: 67 - Perinatology: 82 - Rural: 17 - OB Clinic in medically underserved communities: 1,767 **Fiscal Year 2024** • Number of patients served: 39,067 • Number of residents enrolled: 29 • Number of clinical experiences: - Centering Pregnancy: 157 - SUD/Addiction Clinic: 175 - Perinatology: 125 - Rural: 120 - OB Clinic in medically underserved communities: 720	San Ysidro Health, Scripps Perinatology Group, Pioneers Memorial Hospital, San Diego Border Ara Health Education Center, UCSD Family and Preventive Medicine.

Identified Community Need – Children and Youth Well-Being			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps Mercy Hospital Chula Vista	**Improving Health Education and Awareness for Parents** Scripps Mercy Hospital Chula Vista Well-Being Center provides parenting classes tailored for foster, adoptive, and kinship parents, spanning all age groups of children. These sessions cover diverse topics such as health, learning/development, family/safety, advocacy, and parenting tips. Conducted by Scripps Family Medicine Residents, these classes are available in both English and Spanish.	**Fiscal Year 2023** In total, 161 parents participated in both the Spanish and English educational sessions. • Number of parent participation: 161 • Number of sessions and title of sessions: 22 • Range of topics listed below: - Screen Time and Its Effects on Health - LGBTQ+ Foster/Adoptive Youth - How to Support Your Foster/Adoptive Youth Beyond High School - Sex Education - Health Consequences of Youth Vaping and E-Cigarettes - How to Establish Social Media Safety and Awareness with your Foster/Adoptive Youth - Mental Health: How to Identify Signs and Symptoms of Depression - Self-Care: burnout and fatigue prevention - Tips to Stay Safe in the Water - Immunization Awareness - Suicide Prevention **Fiscal Year 2024** In total, 242 parents participated in both the Spanish and English educational sessions.	Collaborating with Grossmont College, Scripps provided parenting educational classes aimed at improving health and education awareness for parents. These informative sessions covered a wide range of topics, including adolescent health and wellness, anger management, social media prevention and wellness, safety, mental health resources, and more.

Identified Community Need – Children and Youth Well-Being			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
		• Number of parent participation: 242 • Number of sessions and title of sessions: 23 • Range of topics listed below: - Screen Time and Its Effects on Health - Teen Mental Health and Wellness - Polysubstance abuse and awareness - Celebrating the Holidays - Self-Care. Burnout and Fatigue Prevention - Accessing Services for Behavioral and Mental Health - Food and Nutrition - The Long-Term Impact of Childhood Physical Abuse and Neglect - Codependency and Families - Talking to Teens about Puberty - Water Safety - Screen Time and its effects on Health - Suicide Prevention	

Identified Community Need – Cancer			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Scripps Cancer Center Support Groups** Through generous community support, Scripps Cancer Center provides free professionally facilitated support groups at various locations to help patients and loved ones find support, guidance, and encouragement. Scripps Cancer Center provides free professionally facilitated support groups at various locations to help patients and loved ones find support, guidance, and encouragement. The support groups address the emotions that come with a cancer diagnosis and help individuals cope more effectively with their treatment regimens that nurture their physical, emotional, and spiritual well-being. Oncology social workers and oncology nurse navigators provide counseling services and guidance regarding transportation, housing, homecare, financial, benefits, emotional concerns, and other issues. Free professionally facilitated support groups sponsored by the cancer center will meet regularly at various locations to help patients and loved ones find support, guidance, and encouragement. Free educational workshops will be held at various sites.	**Scripps Cancer Center Support Groups (Virtual Support Groups)** **Fiscal Year 2023** • Scripps Cancer Center Support Groups provided assistance to 378 individuals in the various support offerings. **Fiscal Year 2024** • Scripps Cancer Center Support Groups provided assistance to 161 individuals through various support offerings.	

Identified Community Need – Cancer			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps Mercy Hospital Chula Vista	**Scripps Mercy Chula Vista's Well-Being Center (WBC) - Helping Address Breast Health and Awareness** The Scripps Mercy Hospital Chula Vista Well-Being Center hosts a bi-monthly support group for the community, specifically designed to assist individuals who are supporting breast cancer survivors. These support group sessions cover a wide range of topics related to navigating the intricate cancer care system and include educational presentations by local healthcare providers. The primary objective is to enhance education, outreach, and access to early detection and screening services, particularly for breast health.	**Fiscal Year 2023** A total of 250 outreach and cancer education services were provided. There were over 150 women who participated in the bi-monthly support group. **Fiscal Year 2024** A total of 102 outreach and cancer education services were provided. There were over 319 women who participated in the bi-monthly support group.	• Educational Services: Flyers distributed, education, phone calls, social/emotional support, case management, hospital visits, home visits, letters sent to patients/providers, mailed educational material, breast cancer supplies (i.e., medical record binder, caps, wigs, bras, hats, mastectomy pillow, etc.), to support group participants. • Outreach Services: Provides Outreach to those overdue for screening and community referrals, breast cancer hospital referrals, community breast cancer referrals, follow up referrals from radiology are sent to outreach services, community outreach/educational presentation attendance.

Identified Community Need – Cancer			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Scripps Cancer Center Lifeguard Cancer Screenings** According to the American Cancer Society, skin cancer is by far the most common form of cancer. More skin cancers are diagnosed in the U.S. each year than all other cancers combined. Dermatologists are starting to see the indirect effect of COVID-19 on people's skin with more advanced cases. For over 20 years, Scripps Health has offered free screenings to lifeguards as part of its community benefit services. Scripps hosts free skin cancer screening clinics for California State Lifeguards at the San Elijo State Beach Lifeguard Headquarters. After the lifeguard completes a form from the American Academy of Dermatology, they step into a screening room and a board-certified dermatologist and nurse conduct the screening.	**Fiscal Year 2023** This program was not conducted in FY23 due to staff changes and resource challenges within the lifeguard team. **Fiscal Year 2024** Doctors and clinical staff from Scripps Cancer Center and Scripps Clinic visited San Elijo State Beach in July 2024 and offered 88 free skin cancer screenings to ocean lifeguards from throughout North County.	Scripps has offered free skin screenings to lifeguards and other first responders for more than 25 years, as part of its community benefit program to support the region's overall health and well-being. (The event also is part of Scripps' Mohs Surgery and Dermatologic Oncology Fellowship, now in its 41st year.)

Identified Community Need – Cancer			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Scripps Cancer Center Restorative Yoga and Sound Therapy Classes for Cancer Survivors and Caregivers** Scripps provides restorative yoga and sound therapy classes that focuses on relaxation and rejuvenation. Participants can choose to rest comfortably or gently move through simple stretches while receiving the healing benefits of sound from a variety of instruments: singing bowls, chimes, drums, and gongs.	**Fiscal Year 2023** • Enrolled 959 patients and community members in the classes. **Fiscal Year 2024** • Enrolled 804 patients and community members in the classes.	

Identified Community Need – Cancer			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Scripps Cancer Center Living Life Well Sessions – Nutrition and Fitness Focus** Classes are offered by Scripps Shiley Fitness staff and the Scripps Cancer Center Oncology Nutrition teams providing much needed evidenced based education to patients on maintaining and improving their level of health and wellness via fitness and nutrition interventions.	**Fiscal Year 2023** Registered Dietitians: Served over 52 individuals educating patients on maintaining and improving their level of health and wellness via fitness and nutrition interventions. **Fiscal Year 2024** Registered Dietitians: Served over 32 individuals educating patients on maintaining and improving their level of health and wellness via fitness and nutrition interventions.	

Identified Community Need – Cancer			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Scripps Cancer Center Wig Boutique and Prosthesis Boutique** The Scripps Cancer Center offers a wig bank at the Woltman Family College Building located at the Scripps Mercy Hospital campus to support women undergoing cancer treatment and/or experiencing hair loss. Scripps Cancer Center Wig Boutique and Prosthesis Boutique fits patients with a brand-new wig, provides a brush set for wigs, a wig stand and hat or turban as an additional head covering.	**Fiscal Year 2023** Since opening the Wig Boutique and Prosthesis Boutique in late 2020, Scripps has fitted 94 women with a new wig, as well as providing other head coverings, such as hats. turbans and/or scarves. As for Breast Prosthesis, Scripps is filling the immediate need of patients with a soft temporary prosthesis, while Scripps awaits certification of fitters for permanent prosthesis. The Scripps Cancer Center also delivered free chemo comfort bags to 316 individuals, providing essential items to alleviate discomfort during chemotherapy treatment. **Fiscal Year 2024** Scripps Cancer Center's Wig Boutique and Prosthesis Bank fitted 261 women with new wigs and provided other head coverings, including hats, turbans, and scarves. Currently, Scripps is in the process of certifying fitters to provide permanent prostheses.	Scripps is committed to patient education, providing resources and information on managing treatment side effects and promoting overall well-being throughout the cancer journey.

Identified Community Need – Cancer			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Scripps Cancer Center Patient Resource Library** The Scripps Cancer Center Resource Library offers valuable resources to support patients, families, and caregivers throughout their cancer journey. It provides helpful books, brochures and other materials covering specific cancer types, treatment options, side effects, nutrition, exercise, support services, post-treatment guidance, legal matters and more. The library, which opened in 2022, is located in The Woltman Family College Building on the campus of Scripps Mercy Hospital in San Diego. Originally built nearly a century ago to train nurses, this historic structure now houses nonclinical cancer support services in addition to the resource library.	**Fiscal Year 2023** Scripps Cancer Center Patient Resource Library assisted 21 patients and their families in comprehending their diagnoses and accessing a range of educational programs and patient information. **Fiscal Year 2024** Scripps Cancer Center Patient Resource Library assisted 113 patients and their families in comprehending their diagnoses and accessing a range of educational programs and patient information.	

Identified Community Need – Cancer			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Scripps Cancer Center Survivor Day (A Celebration of Life)** Throughout the month of June, Scripps Cancer Center invites cancer survivors, cancer patients, their families and caregivers to take part in free cancer webinars, classes and support groups. These events are part of a monthlong celebration of Cancer Survivors Day and are designed to provide the emotional, mental and physical support that is needed to balance and restore well-being. Cancer survivors and other guests share inspirational stories, learn about advances in cancer treatment and research and enjoy the opportunity to connect with caregivers and fellow survivors. Recognizing Cancer Survivors Day June 2023 – Scripps Health.	**Fiscal Year 2023 and 2024** Scripps Cancer Center Survivor Day (A Celebration of Life) served cancer survivors and other guests where they shared inspirational stories, learned about advances in cancer treatment and research and enjoyed the opportunity to connect with caregivers and fellow survivors. The month-long event included virtual and in-person activities like webinars, classes, and support groups, aiming to inspire survivors, share cancer treatment insights, and connect survivors and caregivers. **Fiscal Year 2024** **Temporary Landing Page** 2024 Pageviews: 563 (up from 421 in 2023) **Paid Social Media** Impressions: 67,224 Link clicks: 505 **Organic Social Media** Impressions: 5,800 Link clicks: 32 **Other Tactics** Community calendar listings (difficult to track, but most likely included in website pageviews)	

Identified Community Need – Cardiovascular Disease & Stroke			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Eric Paredes Save A Life Foundation (Sudden Cardiac Arrest Screenings)** Scripps Health is addressing cardiovascular disease and Sudden Cardiac Arrest (SCA) in teens through our partnership with the Eric Paredes Save A Live Foundation. This program helps to prevent sudden cardiac arrest and death in middle and high school aged children, including underserved areas in San Diego County, through awareness, education, and action. SCA is not a heart attack, it is caused by an abnormality in the heart's electrical system that can be easily detected with a simple EKG. If abnormalities are detected, a second test called an echo cardiogram; an ultrasound for the heart is administered. Heart screenings are not part of well-child exams or sport physicals, even though SCA is the #1 killer of student athletes and the leading cause of death on school campuses. Scripps partners with local San Diego schools to administer and read electrocardiograms and if warranted an echocardiogram screening by Scripps physicians (cardiologist) before high school students participate in organized sport and activities.	**Fiscal Year 2023** Scripps contributed $3,500 to the Eric Paredes Save A Life Foundation for youth heart screenings. In FY23, Eric Paredes screened 2,470 out of 4,795 registered students from six high schools, identifying 42 with cardiac issues, 12 of which were serious. About 45% of participants were from low to moderate-income families. All identified cases were referred to their physicians and advised to include ECG (electrocardiogram) in their medical records. Approximately 5,000 youth and parents received CPR and AED training. Scripps employees volunteered 569 hours, including physicians, nurses, techs, and analysts, for the screenings. **Fiscal Year 2024** Scripps contributed $3,500 to the Eric Paredes Save A Life Foundation for youth heart screenings. In FY24, Eric Paredes screened 3,499 out of 5,474 registered students from six high schools, identifying 43 with cardiac issues, 18 of which were serious. About 45% of participants were from low to moderate-income families. All identified cases were referred to their physicians and advised to include ECG (electrocardiogram) in their medical records. Approximately 5,400 youth and parents received CPR and AED training. Scripps employees volunteered 562 hours, including physicians, nurses, techs, and analysts, for the screenings.	When findings are positive, Scripps takes the following steps: • Checks for an abnormal heartbeat that could signal an underlying heart condition using an echocardiogram. • Notify parents of the results for follow-up with their family physician

Identified Community Need – Cardiovascular Disease & Stroke			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Eric Paredes Save A Life Foundation – Prescription for Prevention** Prescription for Prevention is a free, accredited training for primary care practitioners on incorporating a robust cardiac risk assessment in youth into their practice. The Eric Paredes Save A Life Foundation provides Continuing Medical Education (CME) credits on incorporating Sudden Cardiac Arrest prevention into primary care practices. The training module reviews SCA warning signs, risk factors and recommended diagnostic testing protocol. The CME development is directed and narrated by Dr. John Rogers, Scripps Cardiologist and EP Save A Life Medical Director, Scripps Health is instrumental in facilitating engagement in both a front-end needs assessment and in participation in the training module through direct communication with Primary Care Physicians (PCPs). Funding is supported by the development and promotion of the training module on a local, state, and national level, and with the San Diego chapter of the American Academy of Pediatrics. PCPs register for the course and are exposed to the program through live/online lectures. The CME is hosted in the continuing education portal.	**Fiscal Year 2023** Scripps supports the Eric Paredes Save A Life Foundation's "Prescription For Prevention" program, offering CME credits for Sudden Cardiac Arrest prevention in primary care. More than 900 providers have participated, improving their knowledge significantly. Quiz scores rose from 38% to 94%, with notable improvements in key areas like etiology, warning signs, and risk assessment. **Fiscal Year 2024** Scripps continues to refer Scripps providers to the Eric Paredes Save A Life Foundation's "Prescription For Prevention" cardiac risk assessment in youth continuing medical education, which offers credits for Sudden Cardiac Arrest prevention learning in primary care. The course has now been endorsed by the California Chapter of the American College of Cardiology. More than 1,000 providers have participated, with 99% rating the module good, very good or excellent. Practitioners significantly improved their knowledge, with post-quiz scores averaging 94%, and up to 87% of practitioners noting they will implement something new they learned into their practice.	Scripps supports Continuing Medical Education (CME) credits on incorporating Sudden Cardiac Arrest prevention into primary care practices. Scripps Health, SDSU's Institute for Public Heath, U.C Irvine. San Diego Chapter of American Academy of Pediatrics.

Identified Community Need – Cardiovascular Disease & Stroke			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Eric Paredes Save A Life Foundation - Smart Hearts Don't Miss A Beat** Smart Hearts Do Not Miss A Beat is a program that empowers young people to prevent sudden death at home, in school, on the field, at the doctor's office and in their future families, and workplaces. This program offers SCA prevention learning for school aged students to empower the next generation of life savers. The program goals are: • Educate youth to recognize warning signs and family risk factors so they can be their own heart health advocates. • Empower youth to use CPR and an automated external defibrillator (AED) and teach others the Cardiac Chain of Survival. • Equip youth with leadership skills that prepare them to advocate for prevention in their communities.	**Fiscal Year 2023** Scripps supports the "Smart Hearts Do Not Miss A Beat" program offered by the Eric Paredes Save A Life Foundation, educating over 1,400 students and 198 educators on preventing sudden cardiac arrest. The program has equipped high school students to deliver its content to middle schools. On the whole, the average pre-quiz score was 47%, significantly advancing to an average of 78% in the post-quiz, emphasizing its crucial role in educating schools on cardiac arrest prevention. **Fiscal Year 2024** Scripps supports the "Smart Hearts Do Not Miss A Beat" program offered by the Eric Paredes Save A Life Foundation, which educates students and educators on preventing sudden cardiac arrest. The program has empowered high school students to deliver its content to middle schools. Although the Scripps grant did not fund the program this year, as the Eric Paredes Foundation paused high school screenings during the COVID pandemic, they have since resumed screenings and redirected Scripps funds exclusively toward those efforts.	

Identified Community Need – Cardiovascular Disease & Stroke			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps Memorial Hospital Encinitas	**BrainMasters: Improvisational Speaking Group for Stroke and Brain Injury Survivors** According to the American Heart Association, heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. Heart disease and stroke can result in poor quality of life, disability, and death. Making sure people who experience a cardiovascular emergency like stroke, heart attack, or cardiac arrest get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need. In 2017, Scripps Memorial Hospital Encinitas launched a program called BrainMasters to address the communication challenges of stroke and brain injury survivors. BrainMasters is an improvisational speaking group for adults coping with acquired brain injury and is facilitated by a brain injury survivor. Stroke Treatment and Recovery - Scripps Health.	**Fiscal Year 2023** Total attendance of 137 individuals in Fiscal Year 2023. **Fiscal Year 2024** Total attendance of 107 individuals in Fiscal Year 2024	The BrainMasters-Improvisational Speaking Group for Stroke & Brain Injury Survivors, is free and open to the community. The program serves as a valuable resource for survivors, helping them learn self-care strategies and develop coping skills to improve their quality of life.

Identified Community Need – Cardiovascular Disease & Stroke			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps Mercy Hospital Chula Vista	**Stroke and Brain Injury Support Group at Scripps Mercy Hospital Chula Vista Well-Being Center** Scripps offers stroke and brain injury support groups for survivors, caregivers and loved ones at the Scripps Mercy Hospital Chula Vista Well Being Center. The key role is to help patients by assisting in navigating the health care system, reduce any barriers to care that may prevent the patient from accessing care post hospital discharge, and provide community resources/referrals to assist in the patient's wellness.	**Fiscal Year 2023 Support Groups & Educational Sessions** • Scripps held bi-monthly support groups and educational sessions in Spanish and English, benefiting over 100 individuals and families recovering from stroke and brain-related illnesses. • Scripps provided outreach and follow-up calls to stroke and TIA patients, assisting 194 individuals with healthcare navigation, social services, and emotional support. **Fiscal Year 2023 Scripps Health Stroke Program Community Outreach** • A Scripps Stroke Team member presented "Stroke and Depression" in Spanish at the Scripps Chula Vista Wellness Center to 10 participants on August 14, 2023. • The Stroke Team conducted risk assessments at two open house events (Imperial Beach and Coronado Firehouses) in October 2022, screening 60 individuals and educating them on BE FAST stroke recognition and the importance of calling 911. **Fiscal Year 2024 Support Groups & Educational Sessions** • Scripps held bi-monthly support groups and educational sessions in Spanish and English, benefiting over 100 individuals and families recovering from stroke and brain-related illnesses. • Scripps provided outreach and follow-up calls to stroke and TIA patients, assisting 127 individuals with healthcare navigation, social services, and emotional support.	

Identified Community Need – Cardiovascular Disease & Stroke			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps Memorial Hospital Encinitas	**Stroke and Brain Injury Support and Education Group at Scripps Memorial Hospital Encinitas** The support group is offered to brain injury survivors, caregivers, and their loved ones. The following are offered: • Information and resources • Reinforce inner strengths. • Learn self-care strategies. • Develop encouraging peer relationships. • Continue a life of meaning and purpose.	**Fiscal Year 2023** • Scripps Encinitas hosted two comprehensive Fall Prevention Workshops with more than 70 attendees. "Standing Strong Fall Prevention Workshop" which helps seniors reduce risk of falls through assessments and education. • The team assessed individual risk factors for strokes with a stroke prevention educator. Provided education on lifestyle changes that can reduce risk of strokes and falls. Completed 15 stroke risk screenings and identified 5 individuals with high-risk scores. • Scripps Health Stroke Team conducted a Stroke Risk and Blood Pressure Screening event at Scripps Encinitas Rehabilitation Center, screening 15 individuals for stroke risk and providing blood pressure assessments. Education on stroke risk reduction and recognition using the BE-FAST method was offered during the event. **Fiscal Year 2024** The program assisted 262 individuals who participated in the support groups, designed for brain injury survivors, caregivers, and their loved ones.	

Identified Community Need – Cardiovascular Disease & Stroke			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps Green Hospital (Integrative Medicine Department)	**Parkinson's Boot Camp** Scripps provides a full day of education and fun activities for people with Parkinson's disease. Patients and families learn about the psychological impact of Parkinson's, the benefits of exercise and positive attitude, dietary considerations, and integrative approaches to treatment. Patients are offered preventative modalities and overall life improvement options stressing the importance of staying active and joining a support group. Parkinson's Disease Treatment - Scripps Health.	**Fiscal Year 2023** The event was paused due to the pandemic. However, the Parkinson's Association of San Diego has since expanded its scope to reach a wider community audience, offering annual events. The event occurred in November at De Anza Cove in San Diego. https://parkinsonsassociation.org/ **Fiscal Year 2024** The event was paused due to the pandemic. However, the Parkinson's Association of San Diego has since expanded its scope to reach a wider community audience, offering annual events. Scripps is providing daily classes for people with Parkinson's. These classes are supported by Scripps Health Movement Disorder Clinic.	Led by Scripps Clinic Neurologist, Melissa Houser, MD, the Scripps Movement Disorder Clinic, and the Shiley Fitness Center.

Identified Community Need – Cardiovascular Disease & Stroke			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Scripps Health Stroke Program Community Outreach** Scripps Health educates and engages the San Diego community for stroke by attending at least one community event and screening for stroke via a stroke risk factor score card and educating individuals on BE FAST (how to recognize symptoms of stroke and calling 911 for someone exhibiting stroke symptoms). The BE-FAST screening tool is a straightforward way to recognize and remember the signs of stroke. The acronym stands for **B**alance, **E**yes, **F**acial Drooping, **A**rm, **Speech,** and **T**ime The BE-FAST screening tool is a straightforward way to recognize and remember the signs of stroke. The acronym stands for **B**alance, **E**yes, **D**rooping, **A**rm, **Speech,** and **T**ime. • **B**alance: Sudden loss of balance or coordination • **E**yes: Sudden blurred, double or loss of vision • **F**acial drooping: Drooping or numbness of the face. Usually only on one side. This can be recognized by a crooked smile. • **A**rm: Weakness or numbness of arms or legs on one side of the body. The inability to raise one's arm fully. • **S**peech: Slurred speech, unable to speak, or difficult to understand. • **T**ime: If ANY of these symptoms are experienced, call 9-1-1 immediately.	**Fiscal Year 2023** • Scripps sponsors a wide variety of stroke education and awareness events in the community and participated in the SD County Stroke Consortium/Stroke Advisory Committee, a county-wide stroke group, consisting of SD County Stroke Receiving Center Stroke Program Coordinators, Stroke Champions, and Stroke Leadership. • Stroke Awareness San Diego Padres Event. Scripps collaborated with the San Diego Stroke Consortium to raise stroke awareness during a San Diego Padres event. The event utilized the Jumbotron at the Padres Stroke Awareness game to educate the community about the dangers of strokes and how to recognize their signs and symptoms. This effort reached a large audience, as the stadium can hold up to 40,000 fans. It was a significant initiative to promote stroke awareness and prevention. • The Stroke Team conducted four community stroke presentations, educating 62 individuals. Additionally, they participated in three stroke risk assessment events, offering stroke risk screening to 75 individuals. These efforts were crucial in raising awareness and promoting stroke prevention in the community. **Fiscal Year 2024** • Scripps conducted four stroke presentations, educating 372 individuals, and actively participated in five stroke risk assessment events, screening 133 people to increase awareness and promote stroke prevention. • Scripps was part of the San Diego County Stroke Consortium/Stroke Advisory Committee, a county-wide stroke group comprised of SD County Stroke Receiving Center Stroke Program Coordinators, Stroke Champions, and Stroke Leadership.	The Scripps Stroke Team and their community partners worked to decrease strokes in San Diego County by educating and engaging individuals and communities in understanding and taking action to address the risk factors that cause heart attacks and strokes. American Heart Association, San Diego Padres, Scripps Clinics (Coastal) San Diego County Stroke Consortium/Stroke Advisory Committee, San Diego Padres, American Stroke Association, County of San Diego EMS.

Identified Community Need – Cardiovascular Disease & Stroke			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
		• Scripps Stroke Program participated in the San Diego County Stroke Consortium/Stroke Advisory Committee, a county-wide stroke group focused on coordinating stroke care. They led efforts to promote a unified message about seeking emergency treatment for stroke symptoms in the community. • Scripps partnered with the San Diego Stroke Consortium for a stroke awareness event at a San Diego Padres game. This initiative was a significant effort in promoting stroke awareness and prevention. • Scripps offered stroke and brain injury support groups for survivors, caregivers and loved ones at the Scripps Mercy Hospital Chula Vista Well Being Center. The key role is to help patients by assisting in navigating the health care system, reduce any barriers to care that may prevent the patient from accessing care post hospital discharge, and provide community resources/referrals to assist in the patient's wellness.	

Identified Community Need – Cardiovascular Disease & Stroke			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps Mercy Hospital Chula Vista	**Helping Patients with Food Insecurity to Heal** The Scripps-Mama's Kitchen Medically Tailored Meals Post-Discharge from Heart Failure Hospitalization is a pilot study that aims to provide meals and an individualized medical nutrition therapy intervention. In collaboration with Mama's Kitchen, Scripps Mercy aims to improve healthcare outcomes and reduce hospital readmissions within 12 weeks for individuals diagnosed with Congestive Heart Failure (CHF) in San Diego County. The goal is to empower individuals to effectively manage their CHF with a focus on enhancing patient longevity, symptom control, and overall quality of life. Congestive heart failure patients admitted to Scripps Mercy Chula Vista and Scripps Mercy San Diego are eligible to be recruited for the Mama's Kitchen-Scripps Pilot Study. Individuals are randomized into either group 12-weeks of meals only, or meals and registered dietitian group.	**Fiscal Year 2023** • Numbers of persons served: 34 • Number of medically tailored meals delivered and/or other interventions offered: 27 • Readmissions and/or heart disease worsening: 9 hospital readmissions were included in the Mama's Kitchen-Scripps Pilot Study, which aims to assess the impact of tailored meals on readmission rates and overall quality of life. **Fiscal Year 2024** • Number of persons served: 72 • Number of medically tailored meals delivered and/or other interventions offered: 61 • Readmissions and/or heart disease worsening: 15.8%, measuring readmissions within 12 weeks of study enrollment.	

Identified Community Need – Cardiovascular Disease & Stroke			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Select Specialty Hospital San Diego	**Specialized Treatment for Cardiovascular Disease & Stroke** In 2021, Scripps Health acquired 24.5% of Select Hospital's holdings through IHS Holding Company LLC.	**Fiscal Year 2023** Select Specialty Hospital - San Diego targets patients for admission with cardiovascular disease and stroke-related conditions. Documentation of these patients is maintained by tracking each patient's ICD-10 to ensure that the Hospital continues to focus on Cardiovascular and Stroke-related patient population. • Admissions in 2023 - 702 • Cardiovascular disease – 40% • Stroke – 2% • Cardiovascular disease and stroke – 1% • All others - 57% **Fiscal Year 2024** • Admissions in 2024 - 654 • Cardiovascular disease – 45% • Stroke – 4% • Cardiovascular disease and stroke – 1% • All others - 51%	

Identified Community Need – Diabetes			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Project Dulce Care Management** Diabetes prevalence is predicted to rise dramatically during the next 20 years, and associated spending is expected to increase threefold. Low-income and uninsured individuals have been found to be at most risk for poor health status. Cultural barriers contribute to this burden by preventing optimal care among diverse ethnic groups that are at elevated risk for high-cost complications. Internationally recognized as one of the most effective approaches to diabetes management in low-income and diverse populations, Project Dulce has provided diabetes care and self-management education at community health centers, and other community-based locations for over 20 years. The program provides culturally sensitive diabetes care management programs for people in high-risk, underserved communities and uses nurses, dieticians and specially trained educators known as "Promotoras" to counsel diabetes patients while educating them to support others with diabetes within their own cultural groups. Diabetes management classes have been adapted for Hispanic, African American, Arabic and Filipino populations are taught in the patients' native languages.	**Fiscal Year 2023** Project Dulce provided 2,189 diabetes clinical care visits for low income and underserved individuals throughout San Diego. **Fiscal Year 2024** Project Dulce provided 2,150 diabetes clinical care visits for high need and underserved individuals throughout San Diego.	One of the primary components of the program is recruiting peer educators from the community to work directly with patients. These educators reflect the diverse population affected by diabetes and help teach others about changing eating habits, adopting exercise routines, and nurturing their wellbeing to manage this chronic disease. The goal is to expand Project Dulce Clinical Services to different populations.

Identified Community Need – Diabetes			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Scripps Whittier Diabetes Institute - Academic, Health System and Community Partnerships to Support Community Engaged Research** The Scripps Whittier Diabetes Institute (SWDI), in partnership with the San Diego State University provide services and partnerships for the Community Engagement (CE) Research Core for the National Institutes of Health/ National Center for Advancing Translational Sciences (NIH/NCATS) awarded Scripps Research-based Clinical Translational Science Award (CTSA). The CE Core is centered within the Scripps Whittier Diabetes Institute and supported in partnership with the Institute for Public Health and the South Bay Latino Research Center, both located at San Diego State University (SDSU). The goals of the CE core include reducing health disparities and promoting health justice and equity.	**Fiscal Year 2023** • Number of consultations provided annually: 40 • Number of community contacts/collaborations: 39 **Fiscal Year 2024** • Number of consultations provided annually: 16 • Number of community contacts/collaborations: 34	Scripps Research Translational Institute, San Diego State University-Institute for Public Health and South Bay Latino Research Center

Identified Community Need – Need Diabetes			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Scripps Whittier Diabetes Institute - Studies to Improve Health of At-Risk Underrepresented Communities.** • **Dulce Digital Filipino Americans**: "Project Dulce Filipino Americans" customizes diabetes self-management programs, such as Project Dulce and Dulce Digital, for the Filipino American community, which faces a growing prevalence of Type 2 diabetes. This intervention involves cultural adaptations and translations into Tagalog to enhance relevance and engagement. The courses are freely available online and in-person at various locations in the County. • **Dulce Digital Arab Americans**: The "Project Dulce Arab Americans" aims to identify Type 2 diabetes (T2D) health communication barriers within San Diego's Arab American community. It seeks to develop culturally and linguistically tailored diabetes self-management education programs (Project Dulce and Dulce Digital). The study also explores genetic predisposition for T2D in Arab Americans through a biorepository and incorporates genomics education into the tailored program, delivered in Arabic for cultural relevance and better participant engagement. • **Dulce Digital 2.0 Hispanic communities**: "Dulce Digital 2.0 Hispanic Communities" focuses on expanding healthcare access for low socioeconomic status (SES) individuals, reducing health disparities, and enhancing digital health literacy. The program assesses two mobile health (mHealth) adaptations of Project Dulce, aimed at improving digital health literacy among underserved adults with diabetes. It compares three models: 1) a low-cost, educational text messaging program (Dulce Digital); 2) a telehealth version of Project Dulce; 3) the traditional in-person Project Dulce self-management education program, all available in English or Spanish based on participants' preferences.	The Scripps Whittier Diabetes Institute has conducted several studies aimed at improving the health of at-risk, underrepresented communities. These studies include: 1. Dulce Digital Filipino Americans 2. Dulce Digital Arab Americans 3. Dulce Digital 2.0 Hispanic Communities 4. CyberGems 5. ACT1VATE study <u>Recruitment goals</u> for these studies are as follows: 1. 50 Dulce Digital Filipino Americans (recruited from Family Qualified Health Center (FQHC) community partner and Scripps registry report - EPIC) 2. 50 Dulce Digital Arab Americans (recruited from FQHC community partners) 3. 150 Dulce Digital 2.0 Hispanic Communities 4. 550 CyberGems (recruited from Scripps registry report - EPIC) 5. 250 participants in the ACT1VATE study (recruited from Scripps registry report - EPIC) <u>Recruitment numbers to date:</u> • 34 Dulce Digital Filipino Americans • 2 Dulce Digital Arab Americans - Recruitment has been on hold as the Whittier coordinates logistics with an external community partner. • 60 Dulce Digital 2.0 Hispanic Communities • 297 CyberGems– Continuous Glucose Monitoring • 207 participants in the ACT1VATE study	Recruitment involves pulling a registry report from EPIC for all Scripps patients who meet the study inclusion criteria. It is confirmed that these patients have indicated in their Electronic Health Record (EHR) that they are willing to be contacted for research participation. Subsequently, their healthcare providers are contacted for approval to recruit them into the studies. Once all necessary approvals are obtained, the patients are contacted to invite them to participate in the studies.

Identified Community Need – Need Diabetes			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
	• **CyberGEMS - Continuous Glucose Monitoring**: Scripps Whittier Diabetes Institute received a $3.1 million NIH grant to study wireless continuous glucose monitoring (CGM) devices in hospitalized Type 2 diabetes patients. The research builds on previous studies and the use of CGM devices during the COVID-19 pandemic to reduce nurse interventions. The study aims to improve blood sugar control during hospitalization, particularly among high-risk, underserved patients. It began in early 2022 with over 50 participants. • **ACT1VATE**: Scripps Whittier Diabetes Institute received a $3.3 million NIH grant in 2020 for a five-year study called ACT1VATE. It aims to integrate mental health services into Type 1 diabetes care, addressing emotional distress in patients. The study evaluates whether this integration improves diabetes management and quality of life in a real healthcare environment through group-based Acceptance and Commitment Therapy		

Identified Community Need – Diabetes			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Scripps Whittier Diabetes Institute Professional Education and Training** Scripps Whittier Diabetes Institute offers comprehensive professional education programs led by experts, including endocrinologists, nurses, dieticians, psychologists, and more. These programs aim to enhance the diabetes management knowledge and skills of healthcare professionals, community partners, clinical providers, federally qualified health centers, community-based organizations, and peer educators.	**Fiscal Year 2023** In FY23, the team hosted four webinars, three training sessions featuring the Project Dulce curriculum, and one professional CME program to educate healthcare professionals locally and nationally on high-quality diabetes care. • Professional education participants on insulin management, incretin therapy, diabetes basics, and group education training: 60. • CME program attendees (physicians, nurses, pharmacists, dietitians, midlevel providers): 194. **Fiscal Year 2024** In FY24, the team organized four webinars, four training sessions with the Project Dulce curriculum, and one professional CME program to advance diabetes care education locally and nationally. • Professional education participants on insulin management, incretin therapy, diabetes basics, and group education training: 429. • CME program attendees (physicians, nurses, pharmacists, dietitians, midlevel providers): 172.	This is a program developed by Scripps. The target population includes parent educators and clinical providers.

Identified Community Need – Community Safety			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Saving Lives through Stop the Bleed Campaign & Program** The course is developed for a nonmedical audience to address the needs of the immediate responder to control life-threatening bleeding until help arrives. The initiative is a national awareness campaign to teach the civilian population to provide vital initial responses to stop uncontrolled bleeding in emergency situations. Scripps provides a 90-minute course including a formal presentation and hands-on practice of direct pressure application, wound packing, and use of a tourniquet.	**Fiscal Year 2023** Scripps Health conducted 10 training sessions, and a total of 375 individuals attended, equipping them with crucial knowledge and skills to potentially save lives in emergency situations. **Fiscal Year 2024** Scripps Health conducted 9 training sessions, and a total of 266 individuals attended, equipping them with crucial knowledge and skills to potentially save lives in emergency situations.	Supported by the American College of Surgeons, the Department of Homeland Security, and numerous police departments, the program aims to teach bystanders how to properly place pressure on a wound or apply a tourniquet in an emergency. This initiative involved providing a 90-minute course that included a formal presentation and hands-on practice of life-saving techniques such as direct pressure application, wound packing, and tourniquet use. These skills are essential for immediate responders in controlling life-threatening bleeding until professional help arrives. 

Identified Community Need – Community Safety			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps Memorial Hospital La Jolla	**Lifeguard Trauma Conference** This conference is a continuing education and training opportunity for lifeguards to learn from doctors, nurses, and other experts on a variety of topics related to professional ocean lifeguards. Each year, this hospital-based community benefit program is dedicated to reducing the burden of beach injuries and drowning events. Through partnerships with local lifeguard departments, hospital personnel, and nonprofit organizations it will promote beach and water safety culture through targeted education initiatives and engagement with the community.	**Fiscal Year 2023** • Number of participants enrolled: 70 • In Fiscal Year 2023 Scripps Memorial Hospital La Jolla Trauma department hosted an in-person San Diego County Lifeguard Education Conference. It provided education on several topics critical for ocean and beach lifeguards, including drowning resuscitation, Stop the Bleed: Bleeding control training. Skin Cancer Prevention for Lifeguards, Complications of Stingray injuries, and Careers in Lifeguarding. Out of the 70 people that attended the conference there were 34 who completed the satisfaction survey. - 13 individuals evaluated it as excellent. - 17 as very good - 2 as good - 2 as fair **Fiscal Year 2024** • In Fiscal Year 2024, the Trauma Department at Scripps Memorial Hospital La Jolla had to postpone its conference due to renovations in the Great Hall conference center on campus. The conference is now scheduled for January 2025.	California Surf Lifesaving Association (CSLA) Lifesaving Association, California State Parks

Identified Community Need – Community Safety			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps Mercy Hospital San Diego	**Safe Teen Driving - Every 15 Minutes High School Program** "Every 15 Minutes" is a two-day program involving high school juniors and seniors that encourages them to think about personal safety when alcohol is involved, making mature decisions, and recognizing that their actions affect others. The program's name was derived from the fact that in the early 1990's, every fifteen minutes, someone in the United States died in an alcohol-related traffic collision. The program challenges students to look at this issue in an up close and personal way, immersing them in the collateral damage that driving under the influence causes, and calling on them to take responsibility for their personal safety, as well as the safety of others.		This program was not conducted due to COVID-19 and resource availability by both organizations.

Identified Community Need – Economic Stability			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps System	**Scripps Health CalFresh Screenings** Hospitals are proactively addressing food insecurity among individuals to improve their health. The Public Resource Specialist (PRS) Team is dedicated to screening and enrolling patients in CalFresh, a program that helps people access food. Integrating food assistance into healthcare settings encourages eligible residents to sign up for food support as part of their patient care plan.	**Fiscal Year 2023** • The Public Resource Specialist (PRS) team conducted successful screenings and held important conversations about food insecurity with 5,456 patients. • Following these screenings, PRS submitted 3,915 Medi-Cal applications and 561 CalFresh applications to the County. **Fiscal Year 2024** • The Public Resource Specialist (PRS) team conducted successful screenings and held important conversations about food insecurity with 6,941 patients. • Following these screenings, PRS submitted 3,656 Medi-Cal applications and 556 CalFresh applications to the County.	

Identified Community Need – Economic Stability			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps Mercy Hospital San Diego	**Scripps Mercy's Supplemental Nutrition Program for Women, Infants and Children (WIC)** Scripps Mercy Hospital administers the state-funded WIC program in San Diego County, serving around 6,200 women and children annually, with a focus on low-income families. The Scripps Mercy WIC program plays a key role in maternity care by reaching low-income women to promote prenatal care, good nutrition and breastfeeding during pregnancy and offer lactation support (one on one and group), as well as breast pumps, pads, and other supplies during the postpartum period.	**Fiscal Year 2023** This program offered nutrition services, counseling, and food vouchers to support the health and well-being of 75,004 women and children residing in South and Central San Diego. **Fiscal Year 2024** This program provided nutrition services, counseling, and food vouchers to support the health and well-being of 77,581 women and children in South and Central San Diego. This year also marked the 50th anniversary of WIC, with Scripps Mercy participating in the program for over 40 years. The program promotes prenatal care, healthy nutrition, and breastfeeding support, particularly in low-income communities.	Healthy San Diego Health Plans, State Department of Public Health WIC Division.

Identified Community Need – Economic Stability			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps Mercy Hospital San Diego	**Catholic Charites – Case Management Services: Shelter Support for the Medically Fragile** The partnership with Catholic Charities provides short term emergency shelter for medically fragile homeless patients upon discharge from Scripps Mercy Hospital, San Diego, and Chula Vista. Case Management and shelter are provided for homeless patients discharged from Scripps Mercy Hospital. While these patients no longer require hospital care, they do need a short-term recuperative environment. The focus of the case management is to stabilize the client by helping them connect to more permanent sources of income, housing, and other self-reliance measures. The partnership seeks to reduce emergency room recidivism in this population and improve their quality of life.		Catholic Charities no longer provides hotel room vouchers ("bridge services") for the homeless. Referrals are no longer tracked, but the partnership continues. Partnerships & Collaborations: Catholic Charities-Diocese of San Diego, Shelters, Motels, Vocational Rehabilitation Office, Interfaith Shelter Network, Access to Independence, VA Outreach, Consumer Center, Disability Help Center

Identified Community Need – Economic Stability			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps Mercy Hospital San Diego	**The City of Refuge Recuperative Care Unit Programs (RCU)** Recuperative Care provides people who are experiencing homelessness with temporary shelter following a hospital discharge, to prevent them from falling back onto the streets while ill and recovering. Scripps Health partners with City of Refuge San Diego Recuperative Care Shelter (RCS) to offer recuperative care for homeless individuals after hospital discharge, providing them with a safe place to recover and prevent a return to the streets. Scripps pays a daily rate to City of Refuge for housing and services for these patients.	**Fiscal Year 2023** • RCU patients accumulated a total of 432 hospital days, with an average stay of 10 days before transitioning to RCU. Program helps to avoid hospitalization. • Payer mix of recuperative care shelter patients: 25.5% Medi-Cal, 13% Medi-Cal HPE, 7% restricted Medi-Cal, and 46.5% HMO Medi-Cal (including CHG, BSP, Aetna, Healthnet, Molina). • Eligibility benefits of recuperative care shelter patients: 46.5% were enrolled in Medi-Cal. • Patients transitioning into drug rehab and mental health treatment centers: 4.65% received drug rehab services. • Patients connected to a primary care provider or established care at a community clinic: 95.3% did so. • Percentage breakdown of patients completing their recuperative care and returning to previous living situations: 7% chose to return, 35% left voluntarily or were discharged for non-compliance, 18.6% were picked up by family or relocated to a friend's house, 9.3% returned to their hometown, 4.7% improved their living situation, 2% entered a shelter, and 4.7% remained at RCU. **Fiscal Year 2024** • RCU patients accumulated a total of 147 hospital days, with an average stay of 11 days before transitioning to RCU. Program helps to avoid hospitalization. • Payer mix of recuperative care shelter patients: 23% Medi-Cal, 23% Medi-Cal HPE, 7% restricted Medi-Cal, and 31% HMO Medi-Cal (including CHG, BSP, Aetna, Healthnet, Molina), 15% with no Medi-Cal. • Eligibility benefits of recuperative care shelter patients: 31% were enrolled in Medi-Cal. • Patients transitioning into drug rehab and mental health treatment centers 7% received drug rehab services. • Patients connected to a primary care provider or established care at a community clinic: 77% did so.	

Identified Community Need – Economic Stability			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
	Father Joes' (FJV) Recuperative Care Program Through a contract, Scripps Mercy Hospital (SMH) secures two monthly beds in FJV's program for eligible patients needing extended recovery, with beds filled by new SMH patients as others transition to permanent housing or shelters.	• Percentage breakdown of patients completing their recuperative care and returning to previous living situations: 30.8% able to get into an ILF, 38.5% left voluntarily or were discharged for non-compliance, 7% relocated to family's house, 7% went into East County Transitional Housing, and 7% remained in RCU. • Percentage of patients returning to the hospital for further treatment: none. **Father Joe's RCU (Program started May 2024)** • RCU patients accumulated a total of 101 hospital days, with an average stay of 11 days before transitioning to RCU. Program helps to avoid hospitalization. • Payer mix of recuperative care shelter patients: 33% Medi-Cal, 33% Medi-Cal HPE, 22% out of county Medi-Cal, and 11% HMO MCAL. (33% of total patients had MCAL at start of RCU program to enrollment into HMO MCAL by end of RCU) • Eligibility benefits of recuperative care shelter patients: 44% were enrolled in Medi-Cal. • Patients transitioning into drug rehab and mental health treatment centers: None. • Patients connected to a primary care provider or established care at a community clinic: 89% did so. • Percentage breakdown of patients completing their recuperative care and returning to previous living situations: 44% remained in RCU as they were able to extend their stay through HMO MCAL (no longer Scripps paid), 33% left voluntarily or were discharged for non-compliance, and 22% were transitioned to FJV shelter. • Percentage of patients returning to the hospital for further treatment: none	

Identified Community Need – Economic Stability			
Hospital Facility	**Programs and Strategies**	**Total Impact Measures (FY23 & FY24)**	**Comments**
Scripps Mercy Hospital San Diego	**Consumer Center for Health Education and Advocacy (CCHEA) – A Project of the Legal Aid Society of San Diego, Inc.** The Consumer Center partnership is a Medical Legal Partnership with Scripps Mercy hospital. The program helps to educate consumers about health care benefits and changes occurring with eligibility and enrollment in coverage programs. Staff will assist uninsured/underinsured low-income Scripps patients obtain access to Medi-Cal, County Medical Services (CMS), Covered California, and private insurance. **Specific Intent of the Project.** • Collaborate with hospital staff to ensure appropriate and timely referrals including those eligible for SSI. • Screen patients for eligibility to health benefits and income programs. • Guide patients through the hearing process for denials of applications as well as service denials. • Educate patients about the Cal Medi Connect and the benefits of health plan membership including transportation to medical appointments, access to a plan-operated 24/7 nurse line, and additional vision care services. • Provide information to Scripps staff and at community-based health events including to those entities that serve homeless populations. • Monitor benefit changes and educate hospital staff on eligibility requirements for entitlement programs. • Identify systemic issues related to accessing health care benefits.	**Fiscal Year 2023** • During the grant year, project staff received 274 referrals, with 13% resulting in cases. • A total of 52 patients received services, including 35 new referrals. Of these, 16 were granted health benefits or presumptive eligibility, 15 received brief services, 2 received financial assistance from Scripps, and 3 have pending cases. • Additionally, 9 patients from a previous reporting period were granted benefits, and 8 received brief legal advice. • Staff prioritized the patient-centered medical home approach, assisting 16 uninsured patients in enrolling in public benefits during the grant year. **Fiscal Year 2024** • During the grant year, project staff received 235 referrals, with 21% resulting in cases. • A total of 45 patients received services, including 40 new referrals. Of these,18 were granted health benefits or presumptive eligibility, 15 received brief services, 2 received financial assistance from Scripps, and 2 have pending cases. • Additionally, 1 other patients from a previous reporting period was granted health benefits, and 4 received brief legal advice.	

Appendix C – 2025 CHNA Findings Brief: Children, Youth, and Young Adults

2025 Findings Brief: Children, Youth, and Young Adults

"A lot of families use [safe parking lot initiatives]. When I first moved to San Diego, I was baffled by it…because that meant we have accepted that we don't have solutions. It's okay for families to be in their cars, living, doing homework… getting ready for school… and then expecting them to be functioning." –Key Informant

"And often times, their voice is muffled because [society is] not listening to what they're trying to say."—Key Informant speaking about youth in San Diego County

One in five people living in San Diego is younger than 18 years old[1], and our community expressed serious concerns about this population. As with adults, young people are experiencing unprecedented levels of stress (see 2025 CHNA Primary Finding), due in large part to ongoing impacts of COVID and the financial crises of their families. People under 18, for example, experienced the largest rise in homelessness of any group nationally in 2024, with almost 150,000 children experiencing homelessness on a given night[2]. This stress has led to serious consequences for young people, and their needs should be considered within the context of that stress.

We heard about developmental issues and the special needs of children and youth related to physical and mental health. The community also discussed youth substance use. They talked extensively about the challenges faced by young adults – often referred to as transitional aged youth (TAY) – as they try to navigate health care and food security. Finally, the community expressed fear about discrimination and violence faced by youth who are members of the LGBTQIA+ community.

Health Concerns: Children & Youth

- Developmental
- Physical Health
- Mental Health
- Substance Use

Developmental Concerns

In the online survey, developmental delays were chosen as a top concern for children by 235 (30%) of respondents, and both physical disabilities and developmental disabilities were noted as concerns for children in the field interviews. Respondents also specifically named autism and neurodiversity/neurodivergence as issues of concern.

Focus group participants talked about poorly developed motor and spatial skills in toddlers and preschoolers from, they assume, being isolated during COVID:

> *"A lot of our pandemic toddlers are...having a harder time adjusting to…the motor skills. So things like dribbling and just small tossing, aiming things is a huge thing that we're seeing … And then even just with spatial awareness in the teamwork that we've noticed...like, "Do we all get close together to go for the ball?" So there's definitely a result that we've seen from the social distancing and then the lockdown."* – Focus Group Participant

They also noted that, since the pandemic and online schooling, some students are struggling to pay attention in school:

> *"The first graders and the kindergartners who… taking school over the pandemic on the computer, …they're having a lot of trouble with focus and paying attention... They're also having the need to have more brain breaks and more activities where they're engaging in movement or other things in order to … "be regulated" enough to sit and do work and stuff ... a lot of accommodations, a lot more than in the past needed for especially the kindergarten through about, I think around second grade."* – Focus Group Participant

In addition, many parents, they said, are struggling to address some of these concerns because, during the pandemic, they lost the social connections and resources many rely on for guidance about their children's development:

> *"All these parents who just got suddenly isolated and a lot of them learned what to do with their child through Mommy and Me classes or through friends or through all this connective work community …and that suddenly was stripped. So how do we [help] these parents who maybe had a fifth grader and now they have a 16-year-old, and suddenly they're like, 'What do I do?' and all these new big struggles that it felt like a blink of the eye, which always happens, but even more significantly, because they didn't have the space and connection to move through these milestones with [a community]."* – Focus Group Participant

Physical Health

The community named ***several specific physical health conditions*** that children and youth need more assistance with managing, listed in the graphic below in ***alphabetical order***.

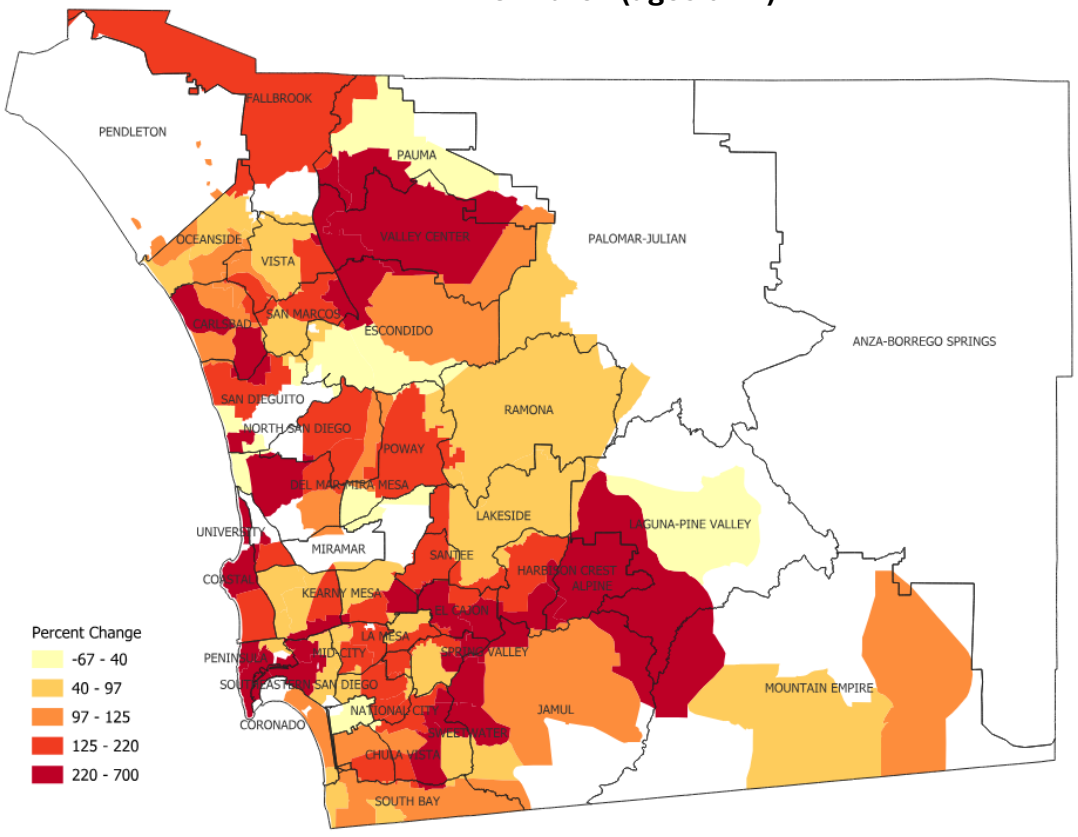
Physical Health Conditions of Concern			
Asthma	**Dental health**	**Sleep**	**Vision**

Asthma

Between 2020-2022, for children (ages 0-17), the inpatient hospital discharge rate for asthma increased by an alarming 266%, as shown in the map below. In field interviews 11% of people who had concerns about their children named asthma as the primary concern.

For more information, see the main 2025 CHNA report.

Asthma Inpatient Discharge Rates
2020-2022
Children (ages 0-17)



Dental Health

As with adults, dental care was discussed as especially challenging to obtain for children. Parents who have insurance through the Medi-Cal Dental Program cannot find dentists they trust who accept their insurance, and they are hesitant to take their children out of school to receive dental care. They also discussed children's fears around dentistry, particularly for those children with mental health or cognitive challenges.

Diabetes

Diabetes is of particular concern among parents in our community and also those who work with children and youth. Evidence suggests that the incidence of both Type 1 and Type 2 in children has risen substantially in children since the start of COVID, which may explain some of this concern.[3] Young people, we were told, can have difficulty managing their diabetes, and parents need resources to help them help their children.

Sleep

We heard from people working with middle and high school age students that many of them do not get adequate sleep. Sleep deprivation then impacts their school performance and their mental and physical health, including increasing their risk of type 2 diabetes.[4] The following comment describes this issue:

> "*I'm finding a lot of my high schoolers are sleep-deprived and exhausted and tired all day. And so I think there's a part of that that is the sleep hygiene of it… systemically, we're not really supporting taking a break, resting, that kind of thing.*" - Focus Group Participant

Vision

Key informants told the research partner that many children need help getting vision screenings and glasses. In one school district, we were told that one out of every three students had failed the vision screening provided at school. Parents need assistance with understanding insurance benefits and appointments that are outside of their work hours and located close to home.

Mental Health

The community spoke about pervasive ***anxiety*** and ***depression*** among young people, and about the devastating consequences of these conditions, including suicide attempts and substance use.

> "*Their voices need to be heard. When they're saying, 'I'm experiencing anxiety,' we need to listen to them because they're going to find a way [to relieve it]*" – Focus Group Participant

> "*Pain is pain, and people seek the absence of pain at any age and especially at the age [when they haven't reached] prefrontal cortex full development.*" – Focus Group Participant

San Diegans are extremely concerned about the mental health of children and youth. In field interviews, the online survey, focus groups, and interviews, community members told us that children and youth are struggling and that they need more help than they are receiving. ***More than 40% of high school students*** in San Diego Unified School District ***reported feeling so sad or hopeless almost every day that they stopped some of their usual activities***, and ***21% have seriously considered attempting suicide***. About a quarter of students report that their mental health was most of the time or always "not good."[5]

Suicide and Suicidal Ideation

In 2022, nearly 24 out of every 100,000 youth under 18 were hospitalized for suicide-related concerns, including non-fatal attempts—an increase of nearly 17% since 2020. Even more alarming, about 411 out of every 100,000 youth were treated in the emergency room for a suicide attempt, a 37% rise over the same time period.[6] [7] The County of San Diego reports that the rates of suicide death increased by 56% for youth aged 10-24 between 2022-2023.[8]

From 2022 to 2023, youth aged 10 to 24 experienced a 56% increase in suicide rates.

- *San Diego County Suicide Prevention Council's annual Report to the Community*

Among Asian Americans, Native Hawaiians and Pacific Islanders ages 15-24 years old, suicide was the leading cause of death in California, and the third leading cause among 10–14 year-olds in this population in 2022.[9]

In 2022, among Asian Americans, Native Hawaiians and Pacific Islanders ages 15-24 years old, suicide was the leading cause of death in California, and the third leading cause among 10–14-year-olds in this population.[10] A third of San Diegans indicated in the online survey that "suicide or self-harm" was the most pressing health concern for children and youth.

Substance Use

> "*I just talked to my little cousin. She's 12. These 12-year-olds are vaping in the (school) bathroom. It's the new 'do you have gum?'*" - Key Informant

Data indicate that among San Diego Unified School District high school students in 2023:[11]

- **31.4%** have used an ***electronic vapor product***
- **22.0%** ***drank alcohol*** during the ***30 days before taking the survey***
- **18.6%** report ***regular marijuana use***

In addition, substance use was chosen by 33% of online survey participants as a main concern, and both alcohol and substance use were discussed frequently in focus groups and interviews.

We heard from service providers that many of San Diego's youth are using drugs as a form of seeking relief from anxiety, depression, other mental health issues, or stress:

> "*It is seeking relief. Street drug usage is relief seeking."* – Key Informant

Some youth, we were told, seek help with their mental health, and then give up, and self-medicate with substances they obtain on their own:

> "*One of our youth, [was] talking about how he takes Xanax because he gets anxiety and then he'll smoke weed… he was very matter of fact and said, 'They [medical providers] d on't listen to me, so I'm going to get my medication the way that I feel that I need to get it.'*" – Focus Group Participant

The two types of substance use that the community discussed most frequently were fentanyl and vaping/nicotine.

Fentanyl

The community told us that they are especially worried about opioid use and fentanyl ingestion, noting that often youth do not know that a substance has fentanyl in it. Approximately one quarter of respondents on the online survey identified opioids/fentanyl as a concern for youth. Data do indicate, however, that visits to emergency departments for opioid overdoses in San Diego County among those 15-24 years old have decreased.[12] [13]

Vaping and Nicotine

We heard from many focus group participants that vaping is a major concern for children in San Diego County. Community members told us children as young 10 years old are vaping, sometimes addicted to nicotine; 29% of people in the online survey named nicotine and vaping as a top concern among children and youth.[14]

One service provider told us:

> *"I met a 12-year-old who is addicted to nicotine. And then their caregivers were asking me, 'how can I help get my child off of vaping,' and I have to say, I don't really know what resources are available for that."* - Focus Group Participant

LGBTQIA+ Youth[15]

One in 10 high school students in the San Diego Unified School District identify as LGBTQ,[16] and these youth, key informants told us, experience traumatic events in their homes and schools. We heard stories about LGBTQ youth being put in the impossible position of being kicked out of their homes or continuing to live at home and endure abuse,[17] leading to overrepresentation in youth homelessness [18]: 40% of homeless youth in San Diego identify as LGBTQIA+.[19]

People who work with LGBTQ youth noted that they have high rates of mental health and substance use issues and more frequently drop out of school. When asked what they were seeing with LGBTQ youth, one informant said:

> "*All kinds of terrible things. Dropping out of school. Using [drugs]… I can tell you in our youth housing program, I've been here 13 years, and I have never seen anything like I'm seeing in the building right now. All of our staff that work with clients have Narcan now. We have saved several people's lives using it.*" – Key Informant

Informants also noted that:

> "*The need for mental health services has just skyrocketed. And the need for gender-affirming care has skyrocketed. During COVID, we had youth that would call us from the shower. They'd pretend they were in the shower and call us because they were stuck at home in a non-safe space, and they wanted to hear… from a safe person.*" – Key Informant

In a 2021 Youth Services Survey by the County of San Diego Children, Youth, and Families Behavioral Health Services, they found that:[20]

- 32% of transgender youth experienced discrimination in the past year due to their gender identity
- A quarter of LGBTQ youth experienced in-person bullying
- About half of sexual minority/cisgender youth and transgender youth felt that their home was not an "affirming space"
- The majority were interested in additional mental health services

72% of transgender students feel persistently sad or hopeless and 26% report attempting suicide in the past year.

-- Morbidity and Mortality Weekly report October 10, 2024

Data about transgender youth are limited. In 2023, however, the first representative data about transgender and gender-questioning high school students were published. These data indicate that transgender and questioning students experienced more violence, worse mental health, higher levels of suicidal ideation and attempts, and less housing stability, and feel less connected to their school. See the chart below.

Survey Results: Transgender and gender-questioning high school students	Compared with 8.5% of cisgender male students, 25.3% of transgender students and 26.4% of questioning students skipped school because they felt unsafe.
	An estimated 40% of transgender and questioning students were bullied at school, and 69% of questioning students and 72% of transgender students experienced persistent feelings of sadness or hopelessness, a marker for experiencing depressive symptoms.
	Approximately 26% of transgender and questioning students attempted suicide in the past year compared with 5% of cisgender male and 11% of cisgender female students."

Our informants also discussed the unique challenges faced by transgender young adults in caring for their health. One put it this way:

> *" Imagine a 22-year-old... and they [identify as] non-binary and want to start taking hormones. Can you imagine the fear going to your doctor? I imagine being a kid, going t o the gynecologist for the first time and answering questions, and the stigma... if you're asking about sex. … there are some that use HRT off the streets…"* – Key Informant

Given the data about the physical and mental health risks faced by LGBTQ youth, the stories we heard about LGBTQ youth living in the East Region of San Diego County were especially troubling.

East County LGBTQIA+ Youth

LGBTQ youth in the East County have experienced intense discrimination in recent months. This in large part stems from decisions made in violation of California state law to remove all mentions of LGBTQ people from sex-ed curriculum in schools and allowing school staff to inform parents when a child starts using a different name or pronoun at school,[22] something considered by experts to be both

common and developmentally appropriate.[23] At the same time, a contract with the school district's usual provider of mental health services was cancelled by the school board because that provider offers services for LGBTQIA+ students. This, key informants told us, disrupted the services for all students, including those who needed it most.[24] One key informant told us that LGBTQIA+ students in these schools are desperate for help and scared for their safety. This key informant expects to see a sharp rise in suicidal ideation and attempts among these youth.

> "*Young people who are in LGBTQ communities or in families that have LGBTQ members are being suppressed…and are experiencing emotional and physical violence.*" - Key Informant

Young Adults

The community also pointed out that young adults (who are sometimes called transitional age youth) between the ages of about 18-24 face unique challenges. The two issues most frequently discussed about this age group were health navigation and food insecurity.

Health Navigation

Many young adults are not prepared to care for their own health. Most, we heard, don't know how their insurance works, how to set up medical appointments, and how to get to those appointments:

> "*We need to educate our youth on what their options [for health care] are and what's available and what to do and where they can go."*
>
> – Focus Group Participant

> "*There's a long wait time to get to a primary care appointment or [to get] follow through after they've been discharged from a hospital, and 18-year-olds don't know how to navigate their health care needs.*"
>
> – Focus Group Participant

Focus group participants also said that some young adults are fearful about attending medical appointments, particularly those who were formerly in foster care:

> "*We have a lot of young folks who are afraid to go to the doctor. Young folks who are parents now... were [previously] in foster care. We have to redevelop what it means to take care of our physical health and attend consistent appointments.*" - Focus Group Participant

Food Insecurity

Another need among young adults is accessing foods that are nutritious and culturally appropriate. This is a special concern, our informants told us, among college students:

> *"Students are wanting to access foods that are more nutritious and things that will help them really flourish as they try and meet their education…another thing is being able to access foods that are culturally appropriate, especially for immigrant families.*"
>
> – Focus Group Participant

What's Working

Summer Meal Programs

Having meals available through during the summer break from school has been helpful to families, which, the community said, was the result of collaborative efforts of several agencies:

> "*From the day that the kiddos got out of school and started their summer break…I know that it's been going countywide, and these meals are available to kids from zero to 19. So it's been something amazing.*"
> – Focus Group Participant

Mobile Health Care Visits

The community is enthusiastic about mobile healthcare visits and feels that they are an effective way to receive routine care like well child visits, vaccines, vision screenings, dental screenings, and the application of fluoride varnish. We heard that children felt comfortable receiving care at schools and community centers, and parents felt like it was easier for them to ensure that their children were receiving the kind of preventive care they need.

Solutions Proposed by the Community

More Partnerships with Schools and Youth-Serving Organizations

In focus groups and interviews, our participants told us they'd like to see the development of more partnerships between hospitals, health care systems and schools or other youth-serving organizations. Teachers and service providers, they said, don't always know the early signs of physical or mental health issues and aren't always certain about the resources available to children and families. They would welcome the expertise of health care providers.

Mentors

Youth, the community told us, are in desperate need of mentors who come from their own communities. They noted that this is vital to learning to care and advocate for themselves.

> "*How young people learn to take care of themselves psychologically and emotionally is by watching the adult that is in their late life, watching the adult actually model how that adult takes care of themselves*" – Key Informant

More Equitable Access to Extracurriculars

Focus group participants emphasized that a key to youth well-being is sparking their interest in extracurriculars, like sports, fitness activities, and the arts, and then making these extracurriculars consistently available to them.

A recent statewide report provides data about inequities in extracurriculars, defining "play equity," as the concept of ensuring that all children, regardless of race, gender, sexual orientation, zip code, or socioeconomic status, have access to the opportunity to play and engage in physical activities. This study showed that the only

youth in California who regularly met the CDC's recommended levels of physical activities were those who lived in families reporting a household income of $100,000 or more.[25]

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[15] We recognize that language is ever-evolving and can carry different meanings for different people. We honor each individual's and community's right to self-identify and use the terms that feel most accurate and affirming to them. Our intention is to use inclusive language throughout, while also acknowledging that we may not always get it right. When we do make mistakes, we see them as opportunities for reflection, dialogue, and growth. In this section, you may notice various forms of the acronym LGBTQ, including +, IA+, and others. These variations may reflect the language used in specific data sources or contexts, and we note them with respect for the diversity within our communities.
[16] County of San Diego, Health and Human Services Agency. The Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth Population in San Diego Unified School District (SDUSD), 2015-2019. April 2022.
[17] https://pmc.ncbi.nlm.nih.gov/articles/PMC6551980/

[18]https://onlinelibrary.wiley.com/doi/abs/10.1111/fare.12638?casa_token=2c6qV12SVfEAAAAA%3A7Cbq4tTPliCXvJsaFTyRNLg6SNUuWy4bHS6CGY4BD6eS7r4WLIQsBsHr6P3YykfhkjRyTMfJmiaQ6Vqn

[19] https://www.sdhc.org/wp-content/uploads/2023/03/HCR23-040-TAY-and-LGBTQ-Shelter-and-Outreach_final-1.pdf

[20]https://www.sandiegounified.org/departments/sexual_health_education/surveillance/youth_risk_behavior_survey

[21] Suarez NA, Trujillo L, McKinnon II, et al. Disparities in School Connectedness, Unstable Housing, Experiences of Violence, Mental Health, and Suicidal Thoughts and Behaviors Among Transgender and Cisgender High School Students — Youth Risk Behavior Survey, United States, 2023. MMWR Suppl 2024;73(Suppl-4):50–58.
DOI: http://dx.doi.org/10.15585/mmwr.su7304a6

[22] Both of these are in violation of California state law. See these stories for more information: (a) https://www.nbcsandiego.com/news/local/cajon-valley-union-school-district-lgbtq-sex-ed-curriculum/3567327/ and (b) https://www.nbcsandiego.com/news/local/east-county-school-district-flouts-law-lets-staff-tell-parents-when-kids-change-pronouns/3597389/ (c) https://www.axios.com/local/san-diego/2024/08/19/cajon-valley-parents-rights-policy-lgbtq-students-gender-california-lawsuit (d) Taketa, K. (2024, July 14). *East County school district scrubbed mention of LGBTQ people from its sex-ed curriculum, violating the law, state says*. San Diego Union-Tribune. https://www.sandiegouniontribune.com/2024/07/14/east-county-school-district-scrubbed-mention-of-lgbtq-people-from-its-sex-ed-curriculum-violating-the-law-state-says/ (e) https://www.nbcsandiego.com/news/local/grossmont-union-high-school-district-ends-decades-long-relationship-with-nonprofit-over-lgbtq-views/3284704/ (f) Frias, A. (2023b, August 15). East County school district splits with nonprofit over LGBTQ+ views, halting student mental health services. *NBC 7 San Diego*.

[23] See (a) Pfeifer, J. H., & Berkman, E. T. (2018). The Development of Self and Identity in Adolescence: Neural Evidence and Implications for A Value-Based Choice Perspective on Motivated Behavior. *Child Development Perspectives*, *12*(3), 158–164. https://doi.org/10.1111/cdep.12279 and (b) Sansfaçon, A. P., Medico, D., Suerich-Gulick, F., & Newhook, J. T. (2020). "I knew that I wasn't cis, I knew that, but I didn't know exactly": Gender identity development, expression and affirmation in youth who access gender affirming medical care. *International Journal of Transgender Health*, *21*(3), 307–320. https://doi.org/10.1080/26895269.2020.1756551

[24] https://www.kpbs.org/news/racial-justice-social-equity/2024/03/28/lgbtq-students-are-considering-suicide-in-some-districts-seeking-help-at-school-doesnt-feel-like-an-option

[25] Evitarus & LA84 Foundation. (2024). *2024 California Play Equity Report*. LA84 Foundation. https://la84.s3.amazonaws.com/report/2024_Play_Equity_Report.pdf

Appendix D – Summary of Community Engagement

Community Engagement Summary

Online Community Survey

Participants	Percentage of Participants
Community Member (responding on behalf of oneself, their family, or their community)	52.0%
Hospital, Health System, or Health District	11.9%
Social Service Provider/Community-Based Organization	11.1%
Education/Academic Institution or School District	6.1%
Advocate (Community, Legal, Health)	4.8%
Elected Official or Government Agency (County, Local, or State Employee or Representative)	4.2%
Other	3.9%
Federally Qualified Health Center (FQHC)/Community Clinic	3.8%
Health Insurance or Managed Care Organization	1.5%
Local Business Representative (Small, Large, or Private)	0.4%
Grantmaking Organization	0.3%
Total	**100%**
Expertise: Community voice, minority, medically underserved, and low-income population living with chronic health conditions	
Survey Dates: 8/19/24-9/16/24	

Field Interviews Conducted by Promotores and Community Health Workers

Interview Track	Number of Interview Participants	Input Perspective	Date Input was Gathered
Community Members with Children	53	Lived experience of caring for a child/children with health concerns	August 2024
Community Members on Self or a Loved One	213	Lived experience of caring for one's health concern(s) or a loved one with health concern(s)	August 2024
Community Members on the Community	199	Concerns about the health of the community	August 2024
Total	**465**		
Expertise: Community voice, minority, medically underserved, and low-income population living with chronic health conditions			
Interview Dates: August 2024			

Key Informant and Focus Group Summary Tables

Background

The **2025 Community Health Needs Assessment (CHNA) community engagement process** was designed to honor and uplift the voices of individuals and organizations with deep knowledge of the health-related challenges faced by many in our region. This includes ***people from racial and ethnic communities impacted by health disparities***, ***individuals and families with lower incomes***, and ***those who have historically faced access to care barriers to care, have limited social support systems,*** *or* ***have been medically underserved***.

Through key informant interviews and focus groups, the CHNA team connected with a diverse group of community members and partners. Their lived experiences and professional insights offered critical perspectives on the health and well-being of communities across San Diego County. These contributions reflect both the strength and expertise found within communities.

Key Informant and Focus Group Engagement Included:

- Individuals and families experiencing socioeconomic hardship
- Communities experiencing systemic inequities and disparities
- Individuals with chronic or specific health and health-related social needs
- Youth and seniors experiencing health and health-related social needs
- Individuals affected by housing instability or homelessness
- People facing employment barriers and economic challenges
- Individuals experiencing food and nutrition insecurity
- Individuals impacted by violence, exploitation, or trauma

To learn more about ***specific populations*** *represented, please see the* ***"Expertise/Perspectives Represented"*** *columns in the summary tables below.*

Key Informant Interviews by Date of Interview Summary Table

	Organization/ Participants	Number of Participants	Racial/Ethnic Groups That Experience Disparities, Those with Low Incomes, or Medically Underserved?	Expertise/ Perspectives Represented	Role in Group	San Diego Region(s) Represented	Date Input was Gathered
1	**Disability Advocate** *Advocate & consultant*	1	Yes	People with disabilities, access to health care, behavioral health, chronic health conditions	Leader, representative	All	6/13/24
2	**Legal Aid Society of San Diego/CCHEA** *CEO/Executive Director/Chief Counsel, Senior Attorney of Consumer Center*	2	Yes	Individuals and families facing housing challenges	Leaders	All	6/20/24
3	**JIREH Providers** *Co-Founder & CEO*	1	Yes	Addressing health disparities, supporting, and promoting equitable healthcare access for communities of color	Leader, representative	Central	7/2/24
4	**The San Diego LGBT Community Center** *Chief Operating Officer*	1	Yes	LGBTQ+ health and social support services and advocacy	Leader	Central, North	7/9/24

	Organization/ Participants	Number of Participants	Racial/Ethnic Groups That Experience Disparities, Those with Low Incomes, or Medically Underserved?	Expertise/ Perspectives Represented	Role in Group	San Diego Region(s) Represented	Date Input was Gathered
5	**Family Health Centers of San Diego** *CEO*	1	Yes	Access to health care for uninsured, low-income, and medically underserved individuals	Leader	All	7/12/24
6	**San Ysidro Health Center** *Program manager/maternal health care provider*	1	Yes	Maternal health, access to health care	Leader, representative	South	8/6/24
7	**San Diego Youth Services** *Chief Program Officer*	1	Yes	Youth experiencing homelessness, LGBTQ+, foster youth, youth with mental health needs, youth at risk of human trafficking	Leader	East	8/7/24
8	**National School District in Partnership with Rady Children's Hospital** *Manager, School Health*	1	Yes	Children and youth, school-based health care	Leader	South	8/14/24
9	**PATH San Diego** *Regional Director*	1	Yes	People experiencing homelessness, people with disabilities	Leader	All	8/15/24
10	**San Diegans for Healthcare Coverage** *Executive Director*	1	Yes	Seniors, people with fixed incomes, access to health care	Leader	All	8/28/24

	Organization/ Participants	Number of Participants	Racial/Ethnic Groups That Experience Disparities, Those with Low Incomes, or Medically Underserved?	Expertise/ Perspectives Represented	Role in Group	San Diego Region(s) Represented	Date Input was Gathered
11	**Veterans' Health Expert** *Administrator*	1	Yes	Veterans' health	Leader, representative	All	8/30/24
12	**Lived Experience Advisers (LEA)** *Lived experience/community advocate*	1	Yes	Lived experience, people experiencing or at risk of homelessness	Leader, representative, member	Central	9/5/24
13	**California State University San Marcos Basic Needs Department** *Basic needs specialist, Case manager, Career care network*	2	Yes	Student financial housing, food resources, and health and well-being	Leaders	North	Spring – Fall 2024
14	**Fallbrook Union High School District** *Coordinator, Special education*	1	Yes	Student health and well-being, students with disabilities	Leader	North	Spring – Fall 2024

	Organization/ Participants	Number of Participants	Racial/Ethnic Groups That Experience Disparities, Those with Low Incomes, or Medically Underserved?	Expertise/ Perspectives Represented	Role in Group	San Diego Region(s) Represented	Date Input was Gathered
15	**Global Communities' Healthy Start San Diego (HSSD) Birth Worker Initiative** *Senior Director, U.S. programs*	1	Yes	Prenatal and childbirth education, postpartum and breastfeeding support	Leader	Central, East, South	Spring – Fall 2024
16	**Imperial Beach Clinic** *CMO*	1	Yes	Access to health care, people with chronic health conditions	Leader	South	Spring – Fall 2024
17	**Interfaith Community Services** *CEO*	1	Yes	People experiencing or at risk of homelessness	Leader	North	Spring – Fall 2024
18	**Jackie Robinson YMCA** *Director*	1	Yes	Southeastern San Diego communities support, youth development, healthy living, and social responsibility	Leader	Central, East, South	Spring – Fall 2024
19	**Juvenile Court and Community Schools** *Manager, Student Support and Family Involvement*	1	Yes	A-risk students, those who are incarcerated, in foster care, or experiencing homelessness	Leader	Central, East, South	Spring – Fall 2024

	Organization/ Participants	Number of Participants	Racial/Ethnic Groups That Experience Disparities, Those with Low Incomes, or Medically Underserved?	Expertise/ Perspectives Represented	Role in Group	San Diego Region(s) Represented	Date Input was Gathered
20	**Kitchens for Good** *Chief Executive Officer*	1	Yes	People facing barriers to employment, those with histories of trauma, justice system involvement, foster care, mental health or substance use challenges, or unsheltered living	Leader	Central, East, South	Spring – Fall 2024
21	**Lived Experience Advisors (LEA)** *Community Engagement Manager*	1	Yes	Lived experience, families experiencing homelessness	Leader	Central, East, South	Spring – Fall 2024
22	**MAAC** *President/ CEO, Director of economic Development*	2	Yes	Children and families, housing assistance, education, economic, and health and well-being support	Leaders	Central, East, South	Spring – Fall 2024
23	**North County LGBTQ Resource Center** *Executive Director*	1	Yes	LGBTQ communities health and well-being support	Leader	North	Spring – Fall 2024
24	**San Diego PACE Vista (San Ysidro Health)** *Director of Marketing & Enrollment, Primary Care Provider*	2	Yes	Seniors, people with fixed incomes	Leaders	South	Spring – Fall 2024

	Organization/ Participants	Number of Participants	Racial/Ethnic Groups That Experience Disparities, Those with Low Incomes, or Medically Underserved?	Expertise/ Perspectives Represented	Role in Group	San Diego Region(s) Represented	Date Input was Gathered
25	**TrueCare** *Chief Business Development Officer*	1	Yes	Access to health care for uninsured, low-income, and medically underserved individuals	Leaders	North	Spring – Fall 2024
Total: 25 Key Informant Interviews, 29 Participants							

Focus Group Interviews by Date of Interview Summary Table

	Organization/ Participants	Number of Participants	Racial/Ethnic Groups That Experience Disparities, Those with Low Incomes, or Medically Underserved	Expertise/Perspectives Represented	Role in Group	San Diego Region(s) Represented	Date Input was Gathered
1	**Rural Health Discharge Program** *Public Health Nurses, Fire Captain*	4	Yes	People living with chronic conditions, people who live in rural/geographically isolated areas	Leaders	East	4/30/24
2	**San Diego American Indian Health Center** *CEO, Director, Behavioral Health, Manager Disease Prevention and Control, Dental Office Manager, Public Health RN Case Manager*	5	Yes	Native American communities, access to health care, dental care, and mental health	Leaders, representatives	All	5/16/24
3	**Alcohol & Drug Service Provider Association (ADSPA) Executive Committee** *Executive Director, McAlister Institute / President, ADSPA, Executive Director, Associate Director of SUD Services, Senior Director, Executive Director, Program Manager, Senior Director of Special Populations*	7	Yes	People living with chronic health and mental health conditions, people with substance use concerns	Leaders, representatives	All	5/29/24

	Organization/ Participants	Number of Participants	Racial/Ethnic Groups That Experience Disparities, Those with Low Incomes, or Medically Underserved	Expertise/Perspectives Represented	Role in Group	San Diego Region(s) Represented	Date Input was Gathered
4	**YMCA of San Diego County** *Case Manager /Rehab Specialist,* *Social Work Case Manager* *Mental Health Therapists,* *Collaborative Coordinator & Trainer,* *Therapist,* *Social Services Operations Admin*	9	Yes	Children and youth with mental health conditions and concerns	Representatives	All	6/5/24
5	**San Diego Hunger Coalition** *Community Impact Manager,* *Training and Technical Assistance Specialist, CalFresh Outreach Coordinator,* *Promotora/Community Health Worker,* *Office Manager/ Admin,* *Community Engagement*	6	Yes	People experiencing food and nutrition insecurity	Representatives	All	6/26/24

	Organization/ Participants	Number of Participants	Racial/Ethnic Groups That Experience Disparities, Those with Low Incomes, or Medically Underserved	Expertise/Perspectives Represented	Role in Group	San Diego Region(s) Represented	Date Input was Gathered
6	**San Diego Human Trafficking and CSEC Advisory Council Health Sub-Committee & Survivor Services Sub-Committee, La Maestra Community Health Centers** *Health Sub-Committee Co-Chairs, Director of Legal Advocacy, Survivor Services Co-Chair*	4	Yes	People who have been or are at risk of being trafficked, survivor health and well-being support and services	Leaders, representatives	All	7/3/24
7	**San Diego Refugee Communities Coalition** *Community health workers, program managers, and directors*	30	Yes	Refugee and immigrant communities, cultural and linguistic, health, and mental health training and support	Leaders, representatives, members	Central, East	8/15/24
8	**San Diego County Public Health Services - Maternal, Child, and Family Health Services** *Medical Director, Epidemiologist, PEI Coordinator, Assistant Medical Director*	4	Yes	Maternal, child, and family health	Leaders	All	10/11/24

	Organization/ Participants	Number of Participants	Racial/Ethnic Groups That Experience Disparities, Those with Low Incomes, or Medically Underserved	Expertise/Perspectives Represented	Role in Group	San Diego Region(s) Represented	Date Input was Gathered
9	**Alliance for Regional Solutions** *Management Analyst/Co-chair, Manager, Director of Social Services*	3	Yes	People experiencing homelessness	Leaders	North	Spring – Fall 2024
10	**Legal Aid Society of San Diego** *Executive Director, Director of policy, the Consumer Center, Managing Attorney, Interim Supervising Attorney for Behavioral Health Unit, Staff Attorney* *Senior Case Manager with Behavioral Health Unit*	6	Yes	People who need support for mental health advocacy, consumer protection, housing rights, and legal representation	Leaders	All	Spring – Fall 2024
11	**North County Lifeline** *Director, Anti-Human Trafficking Services, Director of Youth Development Programming, Director of Behavioral Health Contracts Programs, Chief Program Officer*	4	Yes	Youth development, child abuse prevention, behavioral health, housing and self-sufficiency, anti-human trafficking support	Leaders	North	Spring – Fall 2024
12	**PsychArmor** *CEO, Chief Clinical Officer,* *Director of Development*	3	Yes	Veterans' health and mental health	Leaders	North	Spring – Fall 2024

	Organization/ Participants	Number of Participants	Racial/Ethnic Groups That Experience Disparities, Those with Low Incomes, or Medically Underserved	Expertise/Perspectives Represented	Role in Group	San Diego Region(s) Represented	Date Input was Gathered
13	**San Diego County Department of Public Health** *Interim Public Health Officer, Director Public Health Services, Performance Improvement Manager*	3	Yes	Public health, population health	Leaders	All	Spring – Fall 2024
14	**San Diego Youth Services** *Director, Program Manager, Bilingual program manager*	3	Yes	Youth experiencing homelessness, LGBTQ+, foster youth, youth with mental health needs, youth at risk of human trafficking	Leaders	Central, East, South	Spring – Fall 2024
15	**YMCA Child Resource Center** *Executive Director, Associate Executive Director, Program Director*	3	Yes	Parents, guardians, and families support and childcare	Leaders	North	Spring – Fall 2024
Total: 15 Focus Groups, 94 Participants							

Appendix E – Field Interview Summary Data

2025 CHNA Field Interviews

Field interviews were a unique opportunity to explore the community's perspective on the challenges impacting health and well-being — whether experienced personally, by those they know and care about, or by the community as a whole. This approach engaged residents who may not typically participate in County-wide health assessments, helping to ensure a more comprehensive and representative understanding of community needs and lived experiences.

Field interviews were conducted in collaboration with the Community Health Initiative of the San Diego Refugee Communities Coalition (SDRCC), the UC San Diego Center for Community Health's Refugee Health Unit within the Altman Clinical Translational Research Institute, and the San Diego County Promotores Coalition (SDCPC). Community health workers (CHWs) and promotores from SDRCC and SDCPC conducted *intercept-style interviews* by approaching community members in public gathering places—such as places of worship, major retail stores, and public transit stops—to collect immediate, direct feedback.

The **Field Interview Data Collectio n Tool** was available in both **English** and **Spanish**. Of the total field interviews, **86** (18.5%) were **conducted in Spanish** using the Spanish-language version of the tool.

The **purpose** of the field interview questions was to explore:

- What makes it harder or easier for community members to access the health care they need?
- What common health and social needs are people experiencing?
- How can hospitals better support patients?

The **goals** of the field interviews were to enhance engagement with community members, strengthen accountability, and highlight CHW workforce in the following ways:

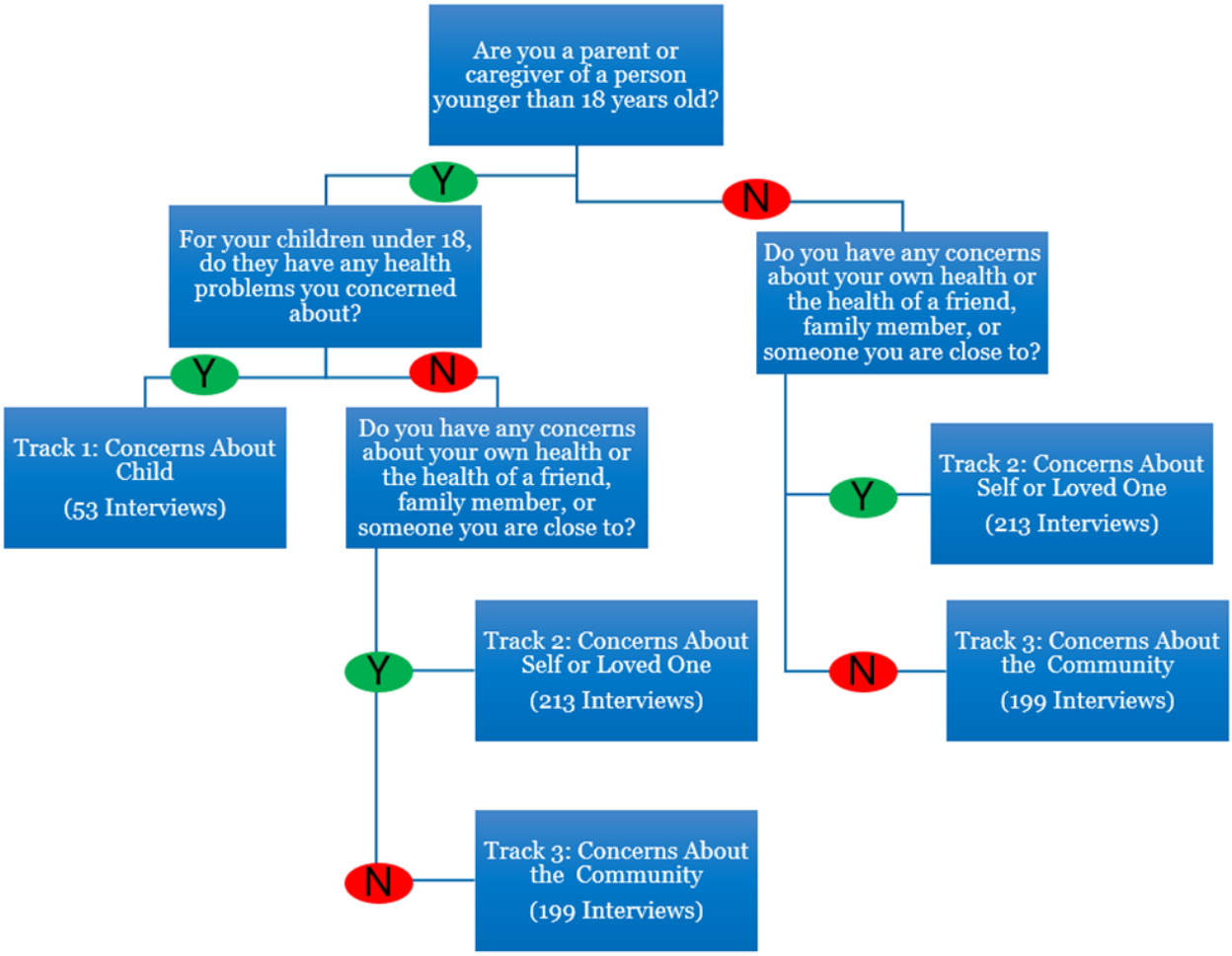
- **Engage** the community as directly as possible in the CHNA process, ensuring their voices are included and uplifted.
- **Ensure** the CHNA follows a community-based research approach, centering on local lived experiences and insights.
- **Highlight** the professionalism of Community Health Workers (CHWs) and emphasize their vital role as key research partners and collaborators.

There were three tracks for field interview participation:

- **Track 1 | Parent/Guardian of a Child Under 18**: For parents/guardians with concerns about a child's health. *(53 interviews)*

- **Track 2 | Self, Family, Loved One**: For individuals (including parents) with concerns about their own health or the health of an adult close to them. *(213 interviews)*
- **Track 3 | Community**: For those with no personal health concerns who want to focus on broader community health issues. *(199 interviews)*

Field Interview Screening Questions

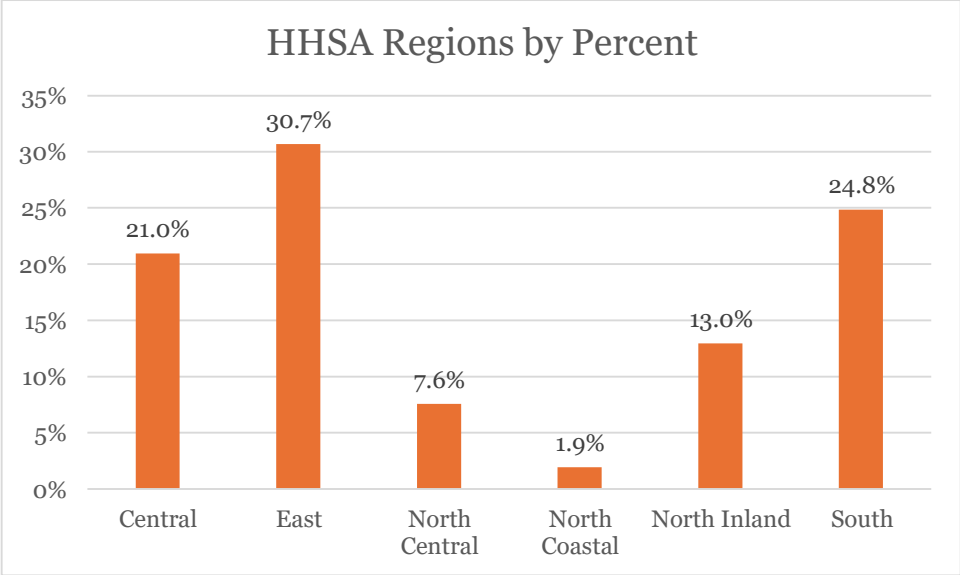


INTERVIEW PARTICIPANT DEMOGRAPHICS

Total Field interview Participants n=465

Q. Which region of San Diego do you live in?

Field Interview Participants by HHSA Region

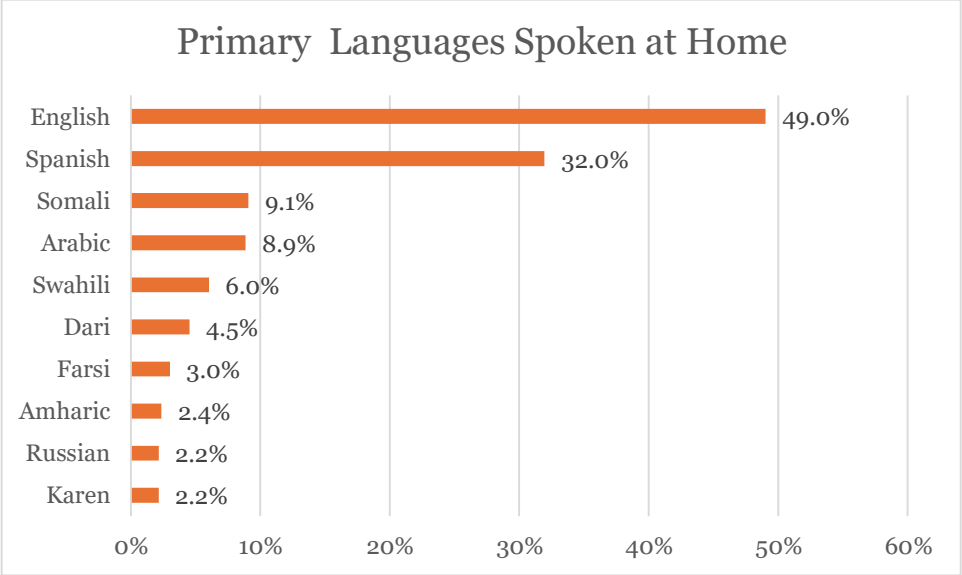


Which Region of San Diego Do You Live In?	Percent
Central	21.0%
East	30.7%
North Central	7.6%
North Coastal	1.9%
North Inland	13.0%
South	24.8%

Q. What are the primary languages spoken in your home?

Top 10 Primary Languages Spoken at Home

49.2% (228) of field interview participants spoke **English** as a primary language at home, followed by **32.2%** (149) who spoke **Spanish** as a primary language at home.



Complete List of Languages Spoken by Interview Participants

Q. What are the primary languages spoken in your home? Select all that apply.

Field interview participants represented communities that spoke at least 20 different languages at home. They are listed below in alphabetical order.

Amharic	Arabic	Burmese	Dari	English	Farsi
Haitian Creole	Karen	Karenni	Kibembe	Kizigua	Oromo
Pa'O	Pashto	Russian	Somali	Spanish	Sudanese Arabic
Swahili	Tigrinya	Ukrainian			

Q. What language was this interview conducted in? Select all that apply.

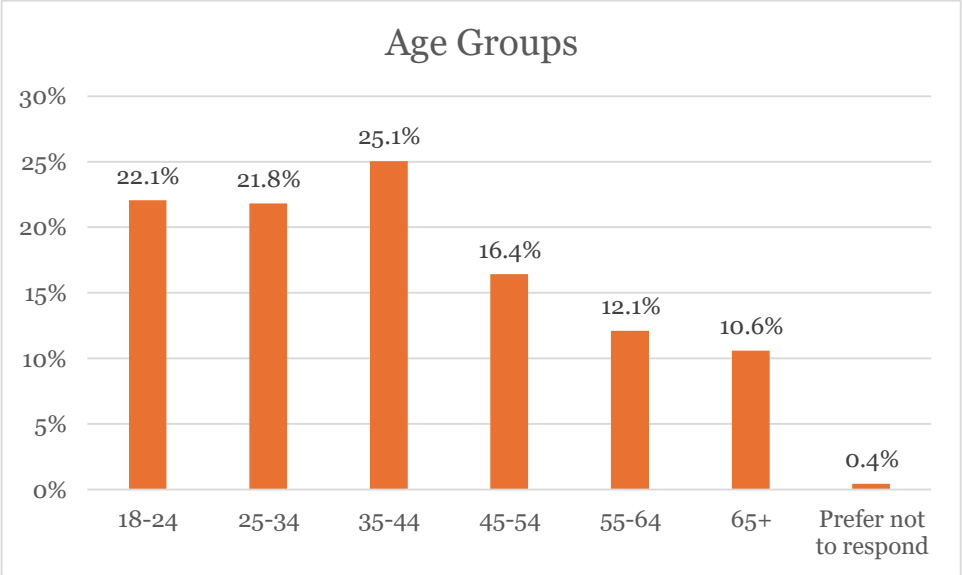
Interviews were conducted by community health workers, promotores, and staff in the following languages. They are listed below in alphabetical order.

Amharic	Arabic	Assyrian/Neo-Aramaic	Burmese	Chinese	Dari
English	Farsi	French	Haitian Creole	Japanese	Karen
Karenni	Kizigua	Kurdish	Oromo	Pashto	Russian
Somali	Spanish	Swahili	Tigrinya	Ukrainian	Vietnamese

Q. How old are you?

Field Interview Participants by Age Group

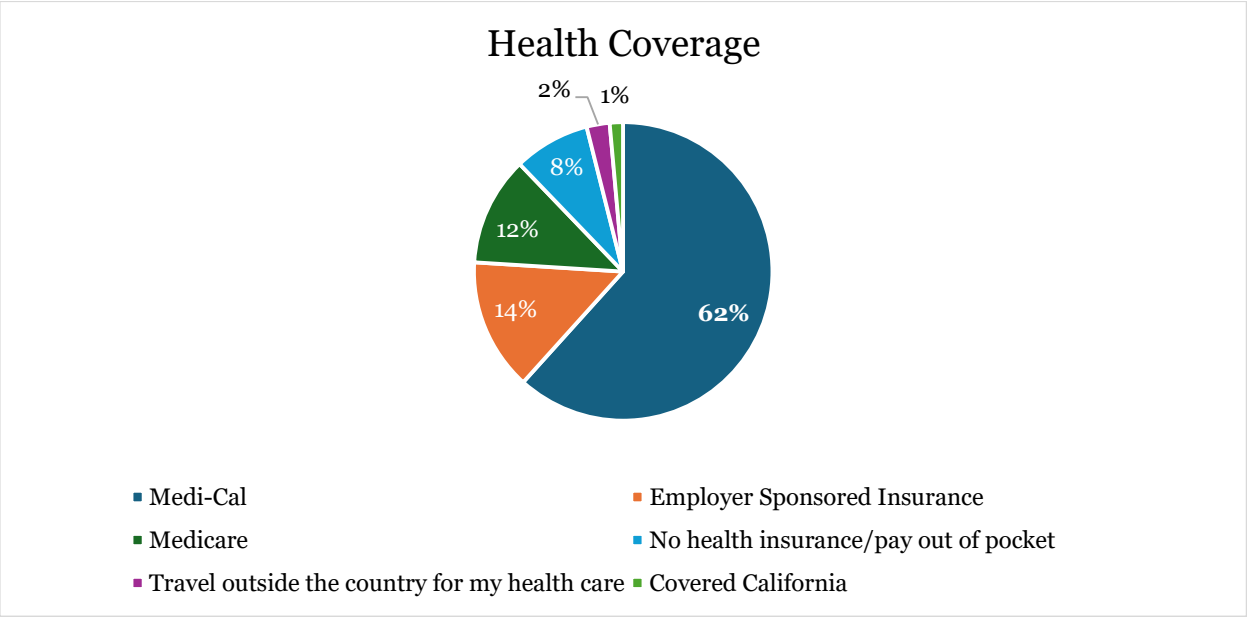
A **quarter** of field interview participants (25.1%) identified that they were in the **35-44 age group**.



Field Interview Participant Age Groups	Percent
18-24	22.1%
25-34	21.8%
35-44	25.1%
45-54	16.4%
55-64	12.1%
65+	10.6%
Prefer not to respond	0.4%

Q. How do you usually pay for health care?

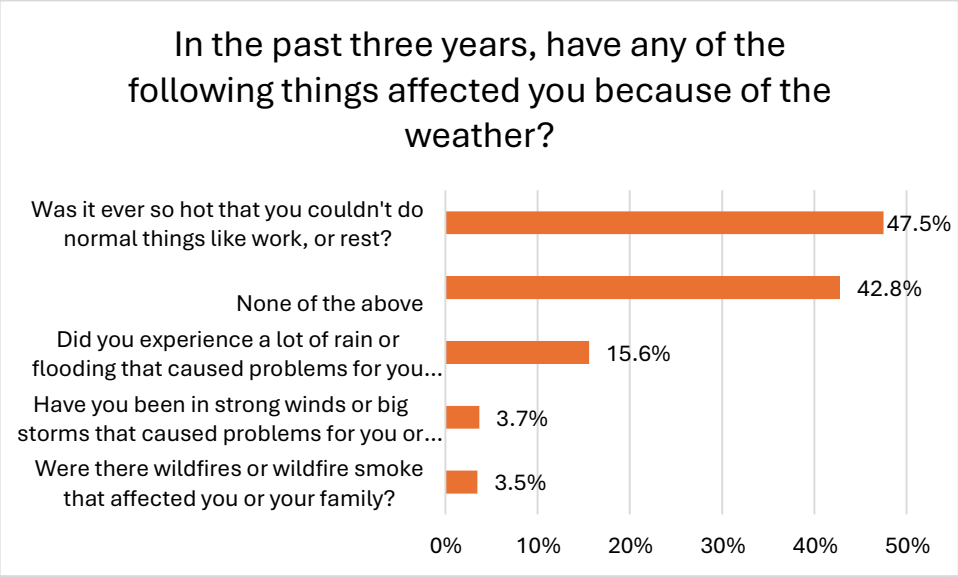
Field Interview Participants by Insurance Coverage



Q. In the past three years, have any of the following things affected you because of the weather? You can choose more than one.

Field Interview Participants by Climate Event

325 (70%) people interviewed experienced at least one climate event within the last three years.

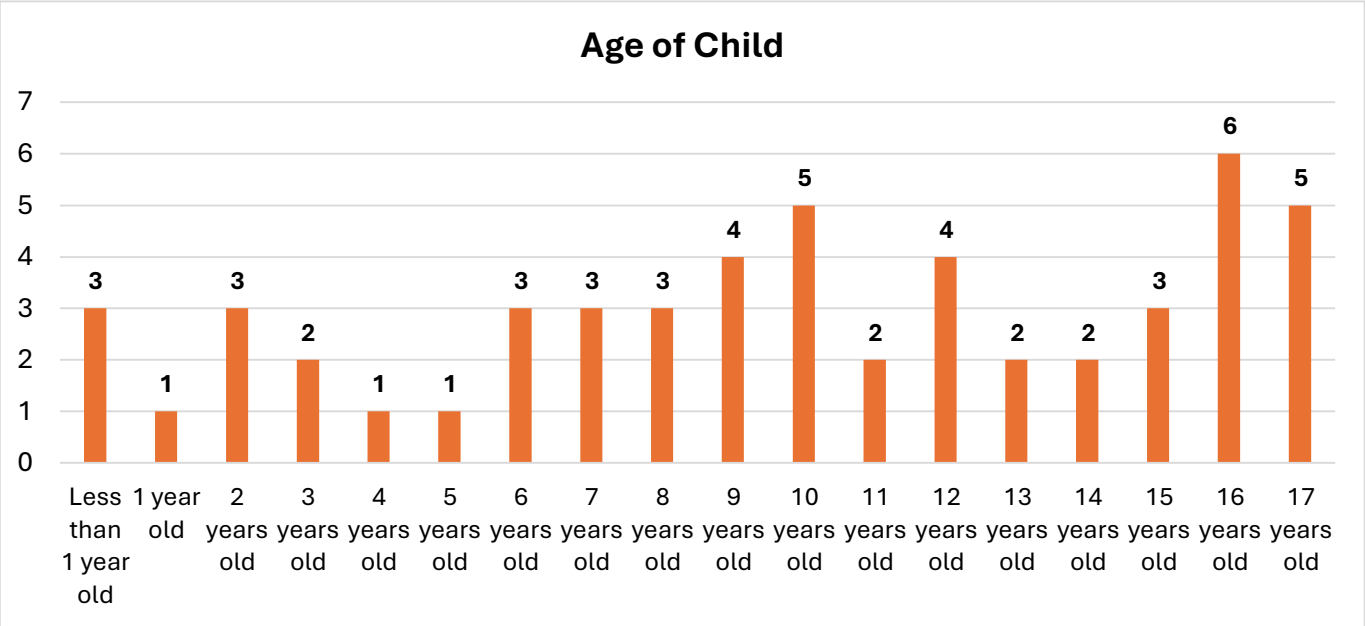


Impacts of Climate/Weather – Summary of Additional Comments (n=29)

- **Climate Impacts and Environmental Concerns (n=19)** including comments on extreme heat (8), rain/flooding (4), air quality and odor concerns (5), community concerns (2).
- **Socioeconomic Factors (n=4)** including comments on financial/economic (3), work environment (1).
- **Health and Well-Being Impacts (n=5)** including comments about specific health concerns and conditions (5).
- **Other (n=1)**

Track 1 - Parent/Guardian of a Child Under 18: For Parents/Guardians with Concerns About a Child's Health

Q. How old is this child? Total Participants, n=53



The ***average age*** of children with whom field interview participants were concerned was **9.83 years old**.

Age	n	Percent
Less than 1 year old	3	5.7%
1 year old	1	1.9%
2 years old	3	5.7%
3 years old	2	3.8%
4 years old	1	1.9%
5 years old	1	1.9%
6 years old	3	5.7%
7 years old	3	5.7%
8 years old	3	5.7%
9 years old	4	7.5%
10 years old	5	9.4%
11 years old	2	3.8%
12 years old	4	7.5%
13 years old	2	3.8%
14 years old	2	3.8%
15 years old	3	5.7%
16 years old	6	11.3%
17 years old	5	9.4%

Q. For this child, which of their physical or mental health conditions are you most concerned about?

Top 10 Responses[1] Total Participants, n=53

CHILDREN Physical or Mental Health Condition	n	Percent
Behavioral problems	9	17.0%
Mental Health (depression/sad a lot; anxiety/worries a lot; other)	9	17.0%
Allergies	8	15.1%
Developmental disabilities (Down's syndrome, ADHD, autism, cerebral palsy, fetal alcohol syndrome)	8	15.1%
Diabetes - Type 1 or 2, blood sugar	8	15.1%
Weight management	8	15.1%
Illnesses that are contagious (COVID-19, flu, frequent colds)	6	11.3%
Physical disabilities (vision, hearing, speech, trouble with walking or movement)	6	11.3%
Respiratory issues (Wheezing, Shortness of breath, Asthma)	6	11.3%
Alcohol	5	9.4%
Blood Pressure	5	9.4%

Q. Is there anything happening around you or in your life that worsens your child's health condition? (For example: at home, school, in your neighborhood, community, work, or personal life) Total participants, n=53

Summary of Responses

- **Home (n=3)** including allergies/respiratory issues (2), and mental health (1).
- **School (n=9)** including comments about social/emotional environment (3), a specific school (2), general comments (2), physical activity and exacerbation of conditions (1), and nutrition (1).
- **Neighborhood (n=1)**, including a general comment (1).
- **Community (n=3)** including socioeconomic factors (2) and access to resources and support (1).
- **Personal Life (n=10)**, including mental health (2), medical conditions/health management (2), nutrition (1), and general comments (5).
- **Built, Natural Environment, and Climate (n=6)** including comments on air quality (3) and weather (3).
- **Other Comments (n=21)** including an unspecific comment (1) and no, none, or not applicable [n/a] (20).

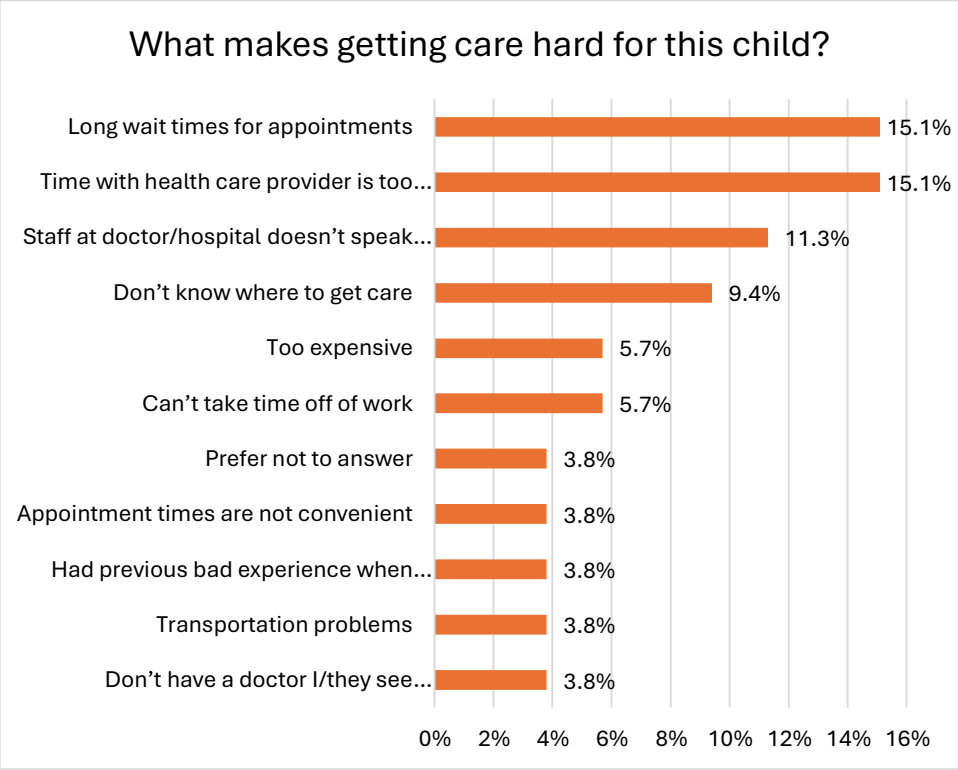
[1] Some questions may show more than 10 responses because multiple responses share the same frequency or ranking

Q. Is it ever hard for you to get health care for this child or children?

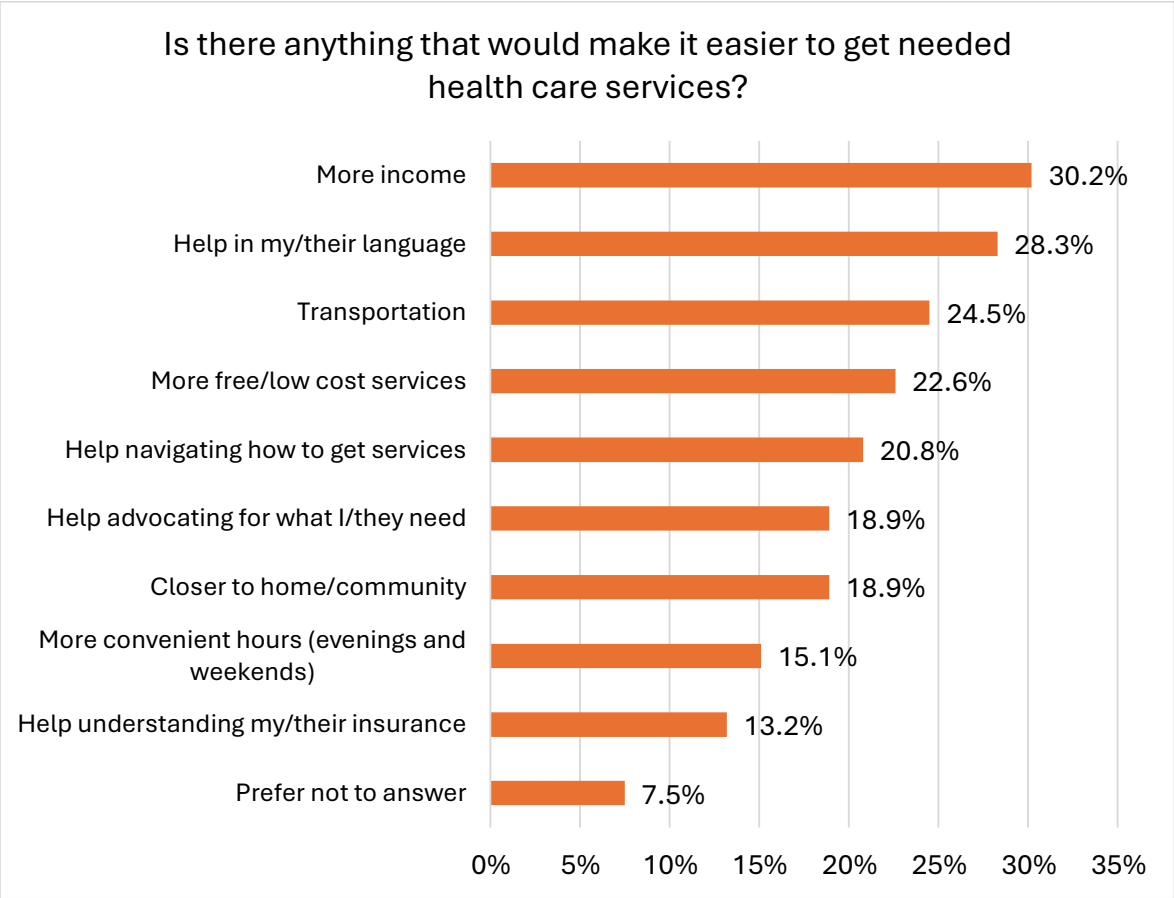
Response	Percent
Yes	43.4%
No	56.6%
I Don't Know	0.0%

Q. What makes getting that care hard for this child? n=53

Eight participants (15.1%) identified long wait times for appointments and insufficient time spent with health care providers as key challenges in accessing care for a child.



Q. Is there anything that would make it easier to get needed health care services? n=53



Q. In the past 12 months, have you called 911 for an issue related to this child's health?

Among interviewees concerned about a child's health, **27%** said that 911 had been called for an issue related to the child's health in the past 12 months.

Summary of Additional Comments n=7

Filed interview participants described a variety of urgent health situations that prompted visits to the ED including:

Medical (4)

- Asthma attacks
- Seizure
- Appendicitis in a child
- A child with a high temperature and difficulty breathing

Behavior-Related (2)

- A child who was very agitated and screaming and nothing could help him
- A child who was bitten by another student on the way home from school, prompting a 911 call

Q. Has this child received care at the Emergency Department (ED) for these concerns in the last 12 months?

More than one third said the child had visited the ED.

CHILD Has This Child Received Care at the Emergency Department (ED) for These Concerns in the Last 12 Months?	Percent
Yes	36%
No	64%
I don't know	0%

FOLLOW-UP QUESTION*: Q. About how many times has this child received care at the ED for these concerns in the last 12 months?*

Of those children who had visited the ED, **74%** had multiple ED visits.

CHILD About How Many Times Has This Child Received Care at the ED For These Concerns in the Last 12 Months?	Percent
Once (One time)	26%
More than Once (2 to 5 or more times)	74%

Q. Is there anything you want hospitals in San Diego to know?

(n=38 responses)

Summary of Field Interview Open-Ended Responses – Overarching Themes and Feedback

Long Waiting Times and Efficiency/Timeliness of Care

A significant concern expressed by field interview participants was the **length of time spent waiting for care**, particularly in the emergency department (ED). Field interview participants also reported **long wait times for appointments** and noted that **non-emergency care processes are slow**, including **scheduling, information gathering, and receiving information**. One field interview participant mentioned waiting "up to 10 hours" with their baby in the emergency department. Another field interview participant highlighted that while emergency care is efficient, everything else takes a "very long time".

Effective Communication, Language Access and Barriers

Many interview participants emphasized the **need for better communication** and **for health care providers who understand their language**. Some field interview participants requested doctors and staff **who speak their language**, while others suggested having **access to translators**. One comment explicitly stated that hospitals should "provide more medical care in the patient's language". Another field interview participant expressed that it is "hard trying to get help when they don't speak our language".

Accessibility and Navigation of the Health Care System

Several comments touch upon difficulties in accessing and navigating health care. This includes the **closure of maternity services** and **transportation issues for seniors**, as well as the challenge of **scheduling appointments at locations closer to home**. A field interview participant also mentioned the need for **introductory sessions for newcomers to understand insurance** and **general care**. Additionally, one field interview participant shared their **difficulty accessing care** due to their **legal status** and **financial constraints**, hoping for wider dissemination of available San Diego county support.

Patient Experience and Quality of Care

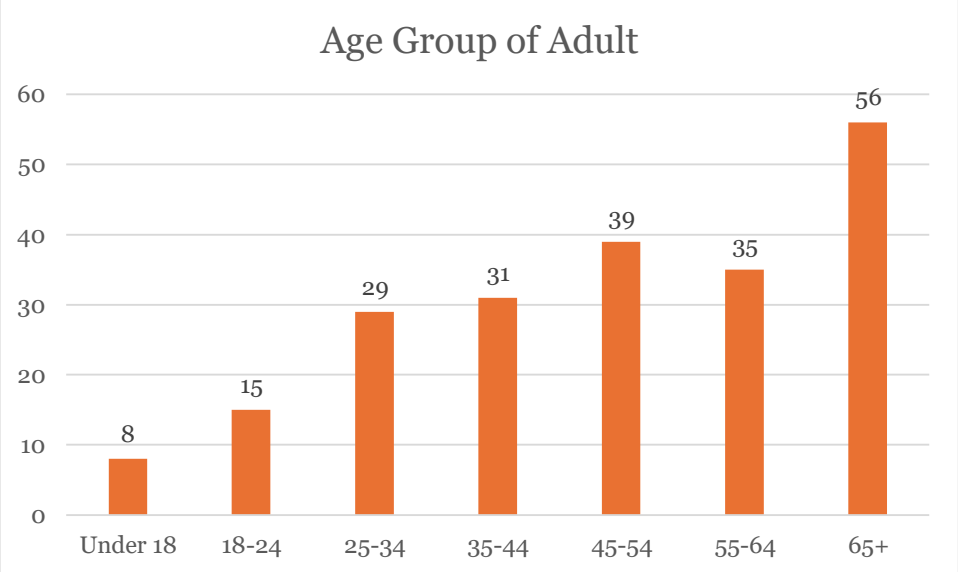
Concerns were raised about the **empathy** of **medical professionals** and the need for them to **better understand** patients' needs. Some field interview participants felt that **doctors do not take enough time to listen to their concerns during appointments**. There were also desires expressed for doctors to "listen to the patient more" and to consider patients' wishes regarding treatment.

Addressing Specific Unmet Health Care Needs Within the Community

Some feedback highlighted specific service needs, including the **difficulty in accessing mental health support for teenagers** due to current procedures and the **lack of timely access to specialist care**, such as a physiotherapist for a child with congenital leg problems. Another specific concern was the **inability to easily obtain repeat prescriptions** for **children without a prior appointment**.

Track 2 - Self, Family, Loved One: For Individuals (Including Parents) with Concerns About Their Own Health or the Health of an Adult Close to Them

Q. What is their age group? Total Participants, n=213



What is Their Age Group?	n	Percent
Under 18	8	3.8%
18-24	15	7.0%
25-34	29	13.6%
35-44	31	14.6%
45-54	39	18.3%
55-64	35	16.4%
65+	56	26.3%

Q. For this person, what physical or mental health conditions are you most concerned about?

Top 10 Responses[2] Total Participants, n=213

ADULT Physical or Mental Health Condition	n	Percent
Blood Pressure	62	29.1%
Mental Health (depression/sad a lot; anxiety/worries a lot; other)	58	27.2%
Diabetes - Type 1 or 2, blood sugar	53	24.9%
Heart conditions	38	17.8%
Physical disabilities (vision, hearing, speech, trouble with walking or movement)	27	12.7%
Repeated or Chronic Pain (headaches, backaches, body pain)	27	12.7%
Allergies	22	10.3%
Injuries (broken bones, concussions, sprains)	21	9.9%
Stomach issues (diarrhea, constipation, stomachaches, ulcers, reflux, trouble eating or swallowing)	20	9.4%
Skin Problems (acne, eczema)	17	8.0%
Teeth (dental, mouth, gums, jaw)	17	8.0%

Q. Is there anything happening around this person or in their life that worsens their health condition? (For example: at home, school, in your/their neighborhood, community, work, or personal life) n=213

Among the **213** participants in this field interview track, the word 'stress' was directly mentioned in **10.3% of responses—16 times** in **English** and **6 times in Spanish** (e.g., 'estrés', 'estresa'). Other responses described traumatic or distressing situations worsening health without directly using the term.

Summary of Responses

- **Home Environment (n=22)** including living and housing conditions (5), family dynamics/support (6), alcohol and substance use (3), Caregiving/childcare (4), other home-related issues (4).
- **School Environment (n=3)** including school-related stressors (3).
- **Stress, Worry, and Distress (n=32)** including work-related stress and financial worry (12), home/housing and neighborhood-related stress (6), stress, aging, and health outcomes (2), other life stress/stressful situations (4), mental and emotional well-being, or worry (5), climate and stress (1), death of a spouse (2).
- **Work and Finances (n=17)** including work-related conditions (11), financial strain and worries about the economy (4), and lack of employment/job loss (2).

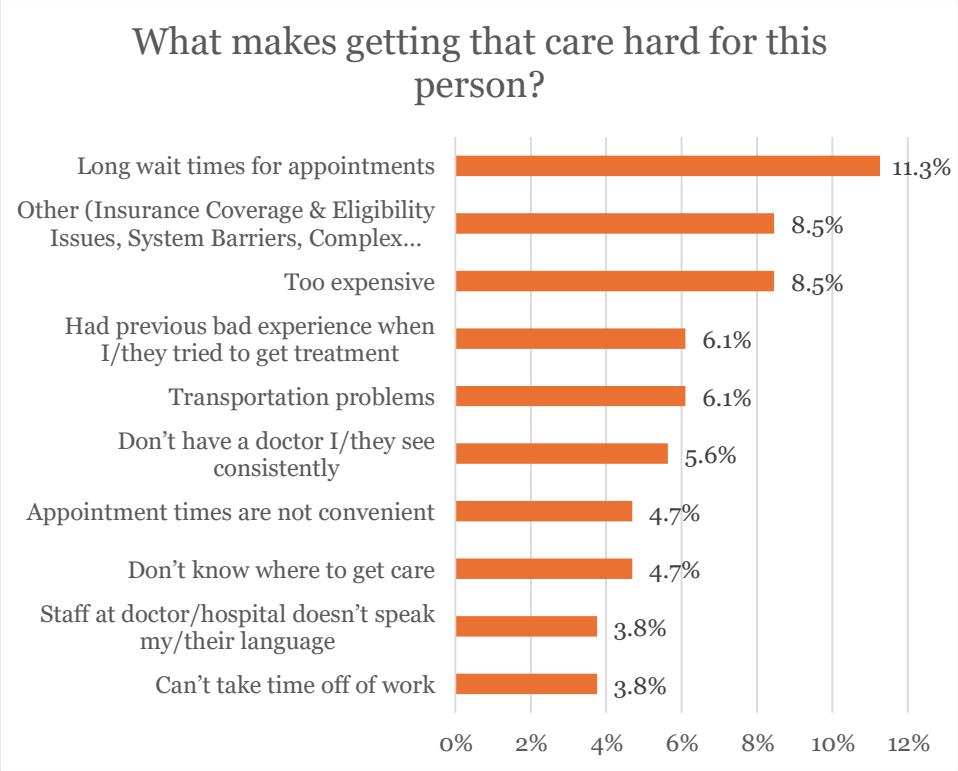
[2] Some questions may show more than 10 responses because multiple responses share the same frequency or ranking

- **Neighborhood and Community Support (n=17)** including neighborhood conditions (5), natural environment – air quality/odors (3), experiencing homelessness/houselessness (3), and community resources and support (6).
- **Lifestyle Choices and Behaviors (n=9)** including food, nutrition, and diet (7), and Other Lifestyle/behavior (2).
- **Preexisting Health Conditions/Health Management (n=17)** including Specific Physical or Mental Health Conditions/COVID-19-Related (4), Vision-Related Issues (2), Pain (3), Engagement in Personal Health Decisions (3), and Other/General Health Concerns (5).
- **Access to Health care Barriers (n=12)** including Transportation and Distance (5) Eligibility to qualify for public health coverage (4), Affordability (1), and Negative Health or Dental Care Experiences (2).
- **Declined to Share Details/Prefer not to respond or Other (n=85)** including Personal and Personal Life (6), Prefer Not to Answer (5), N/A, No, None, Nothing (72), and Other Comments (2).

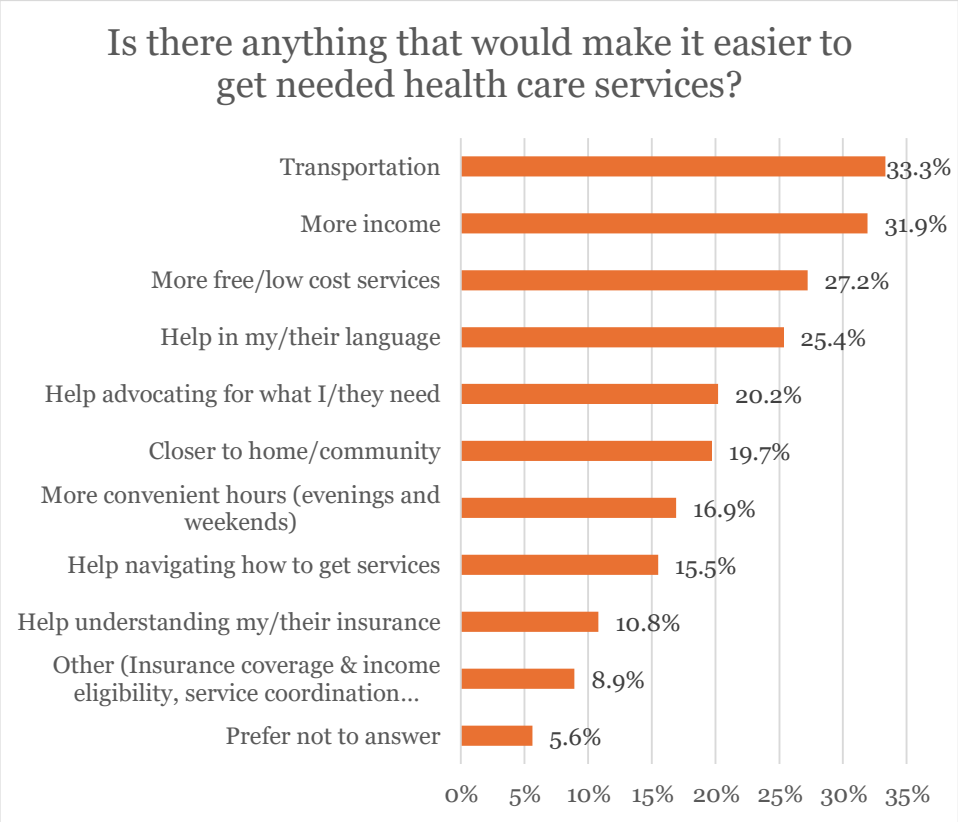
Q. Is it ever hard for this person to get care?

Response	Percent
Yes	30.0%
No	60.6%
I don't know	8.0%

Q. What makes getting that care hard for this person? n=213



Q. Is there anything that would make it easier to get needed health care services? n=213



Q. Has this person received care at the Emergency Department (ED) for these concerns in the last 12 months?

Among interviewees concerned about an adult, friend, or family member's health:

- **Nearly one third** said the adult had visited the ED.

ADULT Has This Person Received Care at the Emergency Department (ED) for These Concerns in the Last 12 Months?	Percent
Yes	30.0%
No	63.8%
I don't know	4.2%

Summary of Additional Comments n=3

Interview participants described urgent health situations that prompted visits to the emergency department (ED) including:

Medical (2)

- Severe stomach pain that turned out to be kidney stones
- Urinary tract infection (UTI)

Negative Experience (1)

- A negative experience at a hospital where the interview participant felt they were being mistreated by staff who wanted to discharge them before removing an IV. Hospital security was called to remove the patient, but their son and the police intervened. When the patient asked a different nurse to remove the IV, they stated they were mocked.

FOLLOW-UP QUESTION:

About how many times has this person received care at the ED for these concerns in the last 12 months?

Of those adults who had visited the ED, **58%** had multiple ED visits.

ADULT About How Many Times Has This Person Received Care at the ED for These Concerns in the Last 12 Months?	Percent
Once (One time)	40%
More than Once (2 to 5 or more times)	58%
I don't know	2%

Q. In the last 12 months, has 911 been called for an issue related to this person's health?

Among interviewees concerned about an adult, friend, or family member's health, **12%** reported that 911 had been called for that person

ADULT In the Last 12 Months, Has 911 Been Called for an Issue Related to This Person's Health?	Percent
Yes	12%
No	86%
I don't know	2%

Summary of Additional Comments n=6

Medical (3)

- Due to the cancer stage and prescribed medications
- Extreme headache
- Required transportation and medical assistance

Mental and Behavioral Health (2)

- 911 had been called which was risky due to the individual's schizophrenia and racial background
- Due to family issues that cause significant anxiety and stress

Other Comments (1)

- The individual got lost and police were contacted through a 911 call

Q. Is there anything you want hospitals in San Diego to know?

(n=169 responses)

Summary of Field Interview Open-Ended Responses – Overarching Themes and Feedback

Accessibility and Cost of Care

Field interview participants mentioned that **cost was a major barrier** to **getting needed medical treatment**. There were requests for **more free services** and **cheaper/affordable services**, as well as concerns about the **high cost of medical care**. One person suggested **raising the income limit** for coverage. Difficulty in paying the "high cost of medical care" was specifically mentioned.

Mental Health Services

The need for improved mental health services was a recurring concern for field interview participants. Feedback included requests for **more affordable mental health services** and **more awareness about mental health**. There was also a suggestion for **more education about mental disorders** to increase awareness and making **therapy more accessible**.

Communication and Cultural Sensitivity

Effective communication and cultural sensitivity were highlighted as important aspects of hospital care. There were requests for hospitals to **be more culturally appropriate when relaying messages or information** and to be **conscious of the culture and language spoken by some Latino families**. The need for **more personnel who speak other languages** and specifically **Spanish-speaking staff** was mentioned. The importance of having **local, in-person translators** who can accurately communicate patient needs was also emphasized. One field interview participant specifically mentioned the need for a **Somali translator**. Doctors needing to **understand the culture or language of their patients** was seen as crucial, as miscommunication can prevent people from seeking help. Receiving help in one's own language and having closer appointments were also requested.

Waiting Times and Timeliness of Care

Long waiting times for various services were a significant source of frustration. Feedback mentioned **long wait times in the lobby**, **long waiting times** in general, and in the **ED waiting to be seen**. The **wait time for a biopsy** being as long as six months or more was noted by one field interview participant. Field interview participants expressed desires for it to be easier and quicker to **get appointments**, for seeing a doctor in a day or two, and for **timely help from doctors** so **appointments don't take months**. Efficient health care attention and **shorter waiting times** in the ED were also requested.

Compassion, Respect, and Patient-Centered Care

Many responses emphasized the importance of how patients were treated, **calling for more genuine compassion, understanding, patience, and care**. **Treating people equally** and **with courtesy and dignity**, **without discrimination**, was mentioned by field interview participants. Concerns were raised about **being dismissed** or **not taken seriously**, especially people of color, and about **assumptions being made about patients**. Treating patients well and showing compassion were specifically mentioned. Doctors should dedicate a bit more time to patients to listen to their health concerns and have consideration for the patient's needs.

Access to Services and Resources

Issues related to the availability and location of services were raised. Suggestions included the need for resources to be **close to the community** and for **making hospitals more accessible** for those who find it inconvenient to get there. Providing **more routine transportation to medical services** and more transportation to and from hospitals, especially for the elderly, was suggested. **Making more services available**, such as medical professionals stopping at shelters, was also proposed.

Specific Health Concerns and Preventative Care

Some feedback focused on specific health issues and the role hospitals could play. This included requests for **more education on eating disorders**, the importance of hospitals **advocating** for **healthier eating**, providing more information on the impact of a **poor diet**, and offering **more nutrition classes** to the public. Making **testing for cancer** more **accessible for early detection** was also suggested. There was also a mention of wanting to know the reasons for heart problems, whether diet-related or other.

Systemic Issues and Improvements

Some comments touched on broader systemic issues. The need for hospitals to be able to **access medical records as soon as possible** and have **attentive staff** and an **appropriate number of doctors to decrease wait times** was mentioned by field interview participants. Suggestions were made for doctors not to be on such a tight schedule and to **invest in future community doctors**. One field interview participant felt that there was a lack of personnel for therapies.

Positive Feedback

Some feedback was positive, with individuals stating that hospitals were **doing great work** and **trying their best**. Some expressed gratitude for the care received.

Track 3 - Community: For Those with No Personal Health Concerns Who Want to Focus on Broader Community Health Issues

Total participant interviews, n=199

Q. What do you think are the biggest physical or mental health problems facing people in San Diego?

Top 10 Responses[3] Total Participants, n=199

COMMUNITY Physical or Mental Health Condition	n	percent
Drugs (Cannabis, MDMA, psychedelic mushrooms, LSD, Ketamine, other Non-Opioid Substances)	71	35.7%
Mental Health (depression/sad a lot; anxiety/worries a lot; other)	64	32.2%
Diabetes - Type 1 or 2, blood sugar	48	24.1%
Alcohol	46	23.1%
Behavioral problems	34	17.1%
Blood Pressure	32	16.1%
Fentanyl and other opioids (Hydrocodone/Vicodin, Oxycodone/OxyContin, Percocet)	30	15.1%
Substance misuse (alcohol, drugs)	26	13.1%
Cancer	22	11.1%
Prefer not to answer	19	9.5%

Q. Is there anything happening around people or in their lives that worsens their health? (For example: at home, school, in neighborhoods, the community, work, or personal lives) n=199

Summary of Responses

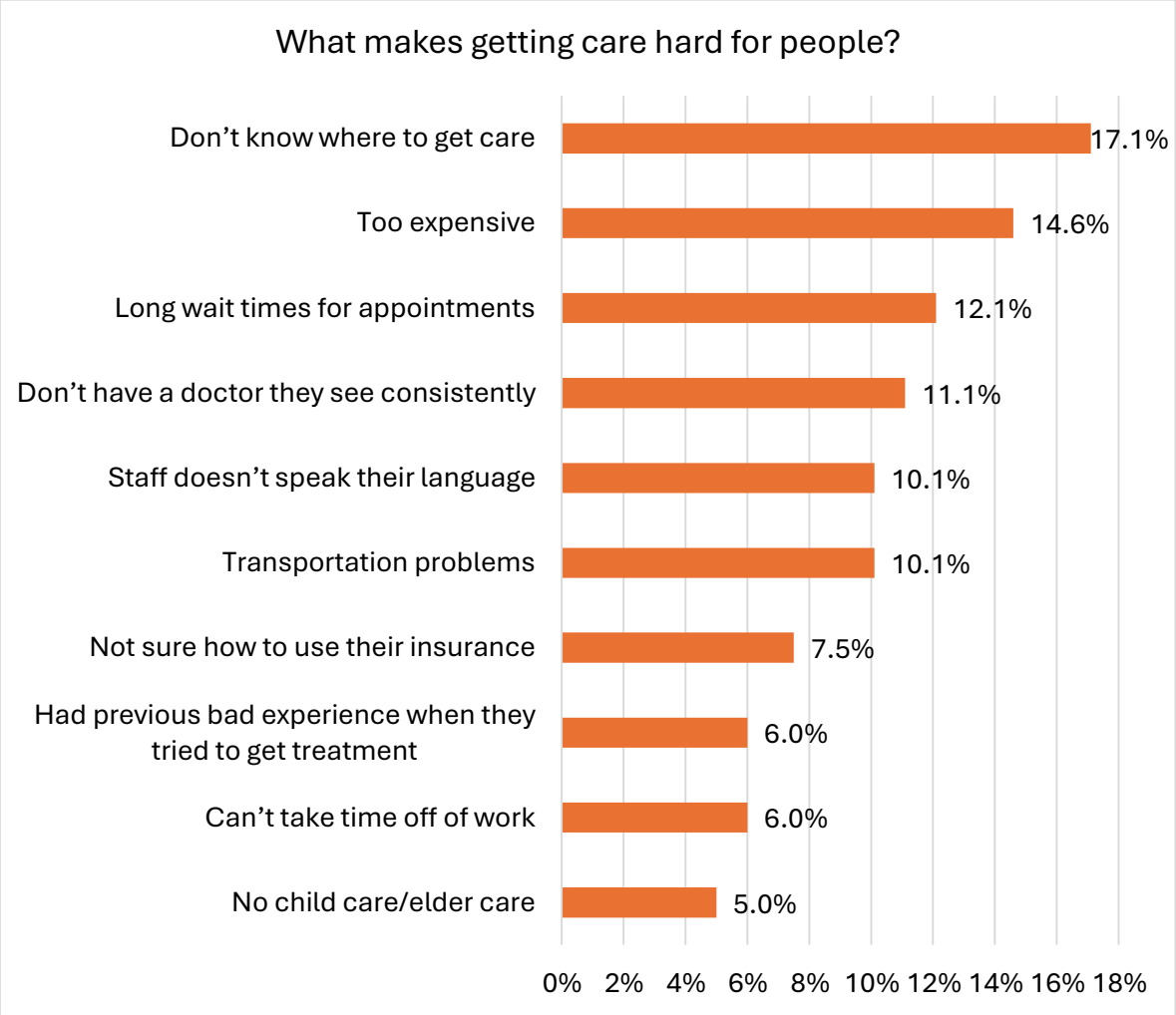
- **Environmental (n=22)** including Pollution/Air Quality (5), Climate & Weather Conditions (2), Poor Living Conditions/Housing Issues (3), Community/Neighborhood Conditions (6), and Community/Neighborhood General/Non-Specific (6).
- **Socioeconomic (n=35)** including Financial Stress/Instability, Low Wages (11), Experiencing Homelessness (10), Lack of Access to Resources/Food (4), and Work-Related Stress/Issues (10).
- **Lifestyle/Behavioral (n=21)** including Drug/Alcohol Misuse, and Harmful Habits (12), Diet/Food Access (7), and Lack of Self-Care (2).
- **Social/Personal (n=30)** including Stress (14), Mental Health (6), Lack of Attention/Support (3), School-Related (5), Gun Violence (1), and Lack of dental care (1).
- **Other/Non-Specific (n=26)** including No/None, Don't know or No Answer (23), and Other Comments (3).

[3] Some questions may show more than 10 responses because multiple responses share the same frequency or ranking

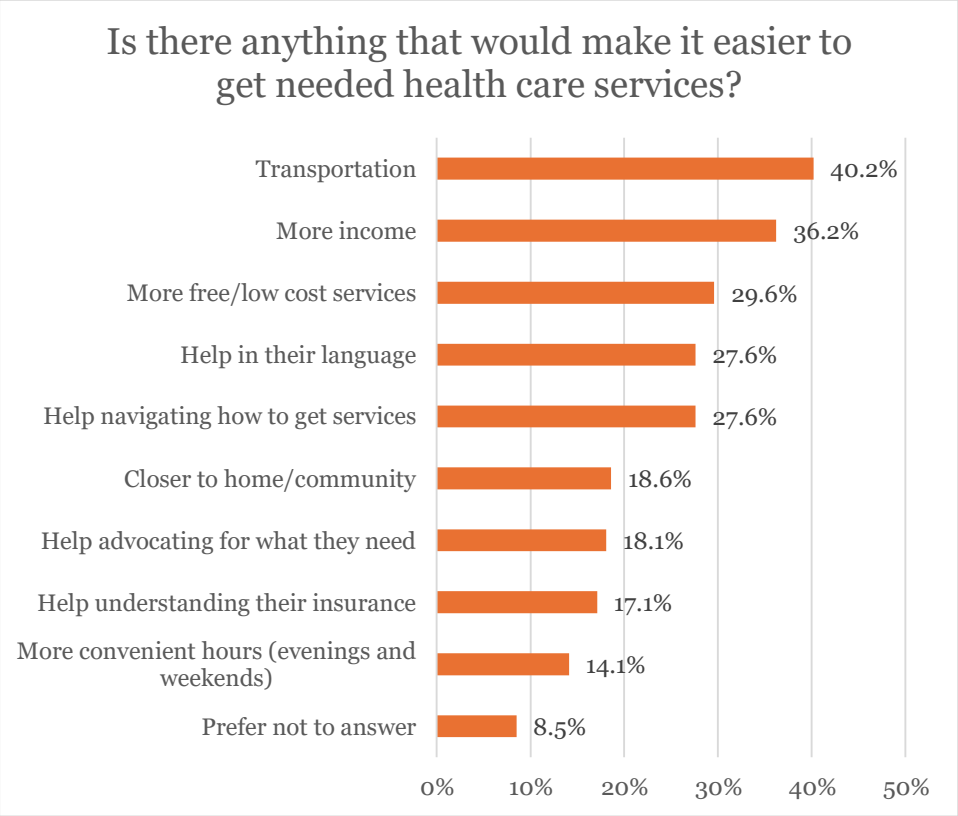
Q. Do you think it's ever hard for people in the community to get health care?

Response	percent
Yes	43.7%
No	31.7%
I don't know	24.6%

Q. What makes getting health care hard for people?



Q. Is there anything that would make it easier to get needed health care services?



Q. Is there anything you want hospitals in San Diego to know?

(n=151 responses)

Summary of Field Interview Open-Ended Responses – Overarching Themes and Feedback

Excessive Waiting Times and Difficulty Accessing Timely Care

Field interview participants expressed **frustration with long wait times**, both for **general appointments** and **emergency care**. Some noted that "some hospitals you wait for too long" and that it "takes too long to get service," with field interview participant stating it can take "more than three hours to see a doctor." These delays were seen as a reason why some patients seek care elsewhere. Field interview participants **called for shorter wait times**, **more appointment availability**, and "better E.R. services," with one person specifically requesting "shorter waiting times and less prolonged appointments."

Communication and Language Barriers

Difficulties in communication due to language differences were a significant concern. Field interview participants emphasized the importance of **language access** and requested **in-person translators**. They want hospitals to understand that "some of us don't speak English" and that finding "the right translator will help". The **difficulty in communicating with doctors** when "there's no translator available" was also mentioned. Specific requests included that hospitals have staff and

personnel who speak Spanish and offer help in patients' native languages. The need for "translators available in African languages like Somali" and to "provide translation services to newcomers" were also raised.

Cost and Financial Burden of Health Care

The **cost of health care** was a major concern p**reventing people from getting the help they need**. Field interview participants stated that "cost was a main reason why people don't get the help they need" and want to "make getting the help you need not feel like a burden to [yo]ur pockets".

Some field interview participants shared that some families do not have money for these expenses, like physical or emotional therapies. **Lack of accessible insurance** was also mentioned, with one field interview participant noting "Insurance is not accessible for those who go over the [income eligibility limit] by one dollar" and another requesting to "provide insurance for people and make affordable for people". Providing **more free services for those in need** and **helping low-income families** were also suggested.

Quality of Care and Patient-Centered Care

There were concerns about the **quality of care and the patient experience**, with some expressing they felt as if doctors were more **focused on efficiency than on providing adequate care and attention**. One field interview participant felt that "The vast majority of doctors simply seem to more concerned with churning through patients rather than the care and attention they give them. This has life-threatening consequences". The desire for staff to "be friendly with the patient", to "Just care more for patients", to "be more patient and believe the patient", and for doctors to "believe the patients" and "be more empathetic with the patient" indicated a need for more compassionate and patient-focused care. Field interview participants also asked for "More time with the people" and "More time with the doctor".

Understanding the Health Care System and Accessing Resources

Some feedback suggested a need for **better understanding of the health care system** and how to access necessary care. One field interview participant expressed the desire "to understand health care system on how it works without complications", while another noted that "the biggest problem, especially for emigrants, was not understanding how to use insurance" and a **lack of clear information on how to navigate the system**. One person commented, "If people knew how to better get the help they need more people would get therapy", which also pointed to this concern. Making help "a lot more convenient for those struggling to access" was also mentioned.

Appendix F – Regional Online Survey Summary Data

2025 Online Community Survey

The **2025 CHNA Online Community Survey** was used to support prioritization of health conditions and health-related social needs based on community feedback about what survey respondents viewed as the most important, concerning, or serious challenges.

The survey was distributed via email to targeted community- based organizations, social service providers, resident-led organizations, federally qualified health centers, government agencies, grantmaking organizations, and hospitals and health systems that serve a diverse array of people in San Diego County. When possible, these organizations shared the link to the survey with the clients they served. Email recipients were also encouraged to share the survey with their colleagues.

The online community survey — open from **August 19, 2024** – **September 16, 2024** — was also widely shared through social media platforms, email, and reshared by community-based organizations at meetings or through listservs.

Survey participants could complete the survey either from their perspective as a community member or based on their expertise as someone who serves community members, patients, or constituents. The survey was available in **English** and **Spanish** and taken **1,037 times**.

After cleaning the survey data—identifying and addressing errors and outliers, as well as checking for completeness, 790 responses were then analyzed to ensure the insights accurately reflect the community's voices and experiences.

NOTE ON SUMMARY DATA RESULTS PRESENTED: Survey response percentages are rounded to the nearest tenth. In some cases, the total number of responses presented in tables may exceed 5 or 10 due to tied rankings. Additionally, because respondents could select multiple answers for some questions, the total percentages in tables may exceed 100%.

Survey Participant Demographics

All Survey Participants by HHSA Region	
East	23.8%
Central	23.2%
All San Diego County	21.1%
North Central	21.0%
South	16.9%
North Coastal	13.4%
North Inland	12.5%
Imperial County	1.9%
Other counties outside of San Diego or Imperial County	1.7%

Community Member Participants by Languages Spoken at Home	
English	93.1%
Spanish	14.9%
Tagalog/Filipino	3.3%
Other (American Sign Language [ASL], Hebrew, Hindi, Portuguese, Taiwanese)	2.3%
Arabic, Chinese	1.8%
Chaldean/Neo-Aramaic French	0.8%
Armenian, Farsi, Ukrainian, Vietnamese	0.5%
Assyrian/Neo-Aramaic, Karenni, Korean, Kurdish, Nuer, Persian, Russian	0.3%

Community Member Participants by Age Group	
18 - 26 years old	3.9%
27 - 44 years old	36.2%
45 - 64 years old	38.8%
65+ years old	21.2%

Community Member Participants by Health Coverage Type or Insurance	
Medi-Cal (Examples: Blue Shield Promise, Molina, Community Health Group [CHG], Kaiser)	18.3%
Insurance from employer or a family member's employer	66.6%
Health Insurance from the marketplace (Covered California)	5.5%
Medicare (Examples: Advantage plan HMO or PPO; Medicare-Medi-Cal)	21.8%
Tri-Care/CHAMPUS/other military health care (not VA)	5.2%
VA benefits	2.4%
Travel outside the country for health care	1.9%
Pay out of pocket/use own money	15.4%
Use free health care services	5.0%
Do not have health insurance	0.5%
Prefer not to answer	0.7%
Other	1.2%

Community Member Participants* by Gender Description	
Male/ Cisgender Man	19.1%
Female/ Cisgender Woman	74.2%
Nonbinary/Genderqueer	2.1%
Trans Male/ Trans Man	0.5%
Trans Female/ Trans Woman	0.0%
Questioning or Unsure	0.0%
Prefer not to answer	5.2%
Another Gender Identity Not Listed (Non-Binary Woman, other)	1.3%

Community Member Participants* by Sexual Orientation Description	
Straight (Heterosexual)	80.8%
Gay/Lesbian	5.4%
Bisexual/Pansexual/Sexually Fluid	3.9%
Queer	1.8%
Asexual	1.0%
Questioning or Unsure	0.3%
Prefer not to answer	8.6%
Another Sexual Orientation Not Listed (Non-Sexual)	0.3%

**Based on 86.7% of those who identified as a community member in the survey*

Health in the Community:

Top 10 Health Conditions and Health Behaviors for Adults & Older Adults

San Diego County Overall		
1	**Mental/Behavioral Health conditions** (PTSD, schizophrenia, bipolar disorder)	45.0%
2	**Diabetes** (type 1, type 2, blood sugar)	29.9%
3	**Fentanyl & other opioids** (Hydrocodone/Vicodin, Oxycodone/OxyContin, Percocet)	29.1%
4	**Chronic Pain** (Arthritis, back pain, joint pain, Fibromyalgia, Endometriosis, etc)	28.2%
5	**Exercise, Physical Activity, Weight Management**	26.2%
6	**Other contagious/infectious diseases** (COVID-19, flu, cold, etc.)	26.0%
7	**Drug use** (Cannabis, MDMA, psychedelic mushrooms, LSD, Ketamine, other Non-Opioid Substances)	25.4%
8	**Heart Disease & Stroke** (Cardiovascular)	23.0%
9	**Food/Nutrition** (enough healthy food to eat)	22.4%
10	**Alcohol misuse**	21.1%

Top 10 Health Conditions and Health Behaviors for Adults & Older Adults – by HHSA Region

Central Region	
Mental/Behavioral Health conditions (PTSD, schizophrenia, bipolar disorder)	53.4%
Fentanyl & other opioids (Hydrocodone/Vicodin, Oxycodone/OxyContin, Percocet)	34.1%
Drug use (Cannabis, MDMA, psychedelic mushrooms, LSD, Ketamine, other Non-Opioid Substances)	31.3%
Chronic Pain (Arthritis, back pain, joint pain, Fibromyalgia, Endometriosis, etc)	30.7%
Diabetes (type 1, type 2, blood sugar)	29.0%
Other contagious/infectious diseases (COVID-19, flu, cold, etc.)	25.6%
Exercise, Physical Activity, Weight Management	25.0%
Food/Nutrition (enough healthy food to eat)	23.9%
Alcohol misuse	21.0%
Cancer	19.3%

East Region	
Mental/Behavioral Health conditions (PTSD, schizophrenia, bipolar disorder)	44.1%
Chronic Pain (Arthritis, back pain, joint pain, Fibromyalgia, Endometriosis, etc)	33.5%
Diabetes (type 1, type 2, blood sugar)	31.8%
Fentanyl & other opioids (Hydrocodone/Vicodin, Oxycodone/OxyContin, Percocet)	31.8%
Exercise, Physical Activity, Weight Management	27.9%
Heart Disease & Stroke (Cardiovascular)	26.8%
Other contagious/infectious diseases (COVID-19, flu, cold, etc.)	26.3%
Alzheimer's & Dementia	24.6%
Food/Nutrition (enough healthy food to eat)	24.6%
Cancer	22.3%

North Coastal Region	
Mental/Behavioral Health conditions (PTSD, schizophrenia, bipolar disorder)	47.1%
Diabetes (type 1, type 2, blood sugar)	34.3%
Exercise, Physical Activity, Weight Management	28.4%
Other contagious/infectious diseases (COVID-19, flu, cold, etc.)	28.4%
Chronic Pain (Arthritis, back pain, joint pain, Fibromyalgia, Endometriosis, etc)	27.5%
Drug use (Cannabis, MDMA, psychedelic mushrooms, LSD, Ketamine, other Non-Opioid Substances)	27.5%
Food/Nutrition (enough healthy food to eat)	27.5%
Heart Disease & Stroke (Cardiovascular)	26.5%
Cancer	24.5%
Fentanyl & other opioids (Hydrocodone/Vicodin, Oxycodone/OxyContin, Percocet)	21.6%

North Inland Region	
Mental/Behavioral Health conditions (PTSD, schizophrenia, bipolar disorder)	44.7%
Exercise, Physical Activity, Weight Management	33.0%
Chronic Pain (Arthritis, back pain, joint pain, Fibromyalgia, Endometriosis, etc)	31.9%
Heart Disease & Stroke (Cardiovascular)	28.7%
Alzheimer's & Dementia	27.7%
Diabetes (type 1, type 2, blood sugar)	27.7%
Other contagious/infectious diseases (COVID-19, flu, cold, etc.)	25.5%
Food/Nutrition (enough healthy food to eat)	22.3%
Alcohol misuse	20.2%
Cancer	20.2%

Top 10 Health Conditions and Health Behaviors for Adults & Older Adults – by HHSA Region

North Central Region	
Mental/Behavioral Health conditions (PTSD, schizophrenia, bipolar disorder)	46.2%
Fentanyl & other opioids (Hydrocodone/Vicodin, Oxycodone/OxyContin, Percocet)	36.1%
	28.5%
Exercise, Physical Activity, Weight Management	27.2%
Heart Disease & Stroke (Cardiovascular)	26.6%
Diabetes (type 1, type 2, blood sugar)	25.9%
Chronic Pain (Arthritis, back pain, joint pain, Fibromyalgia, Endometriosis, etc)	24.7%
Drug use (Cannabis, MDMA, psychedelic mushrooms, LSD, Ketamine, other Non-Opioid Substances)	24.1%
Alcohol misuse	23.4%
Alzheimer's & Dementia	23.4%

South Region	
Mental/Behavioral Health conditions (PTSD, schizophrenia, bipolar disorder)	45.7%
Diabetes (type 1, type 2, blood sugar)	38.6%
Fentanyl & other opioids (Hydrocodone/Vicodin, Oxycodone/OxyContin, Percocet)	30.7%
Drug use (Cannabis, MDMA, psychedelic mushrooms, LSD, Ketamine, other Non-Opioid Substances)	28.3%
Chronic Pain (Arthritis, back pain, joint pain, Fibromyalgia, Endometriosis, etc)	26.8%
Heart Disease & Stroke (Cardiovascular)	26.0%
High Blood Pressure/hypertension	24.4%
Exercise, Physical Activity, Weight Management	22.8%
Food/Nutrition (enough healthy food to eat)	22.8%
Other contagious/infectious diseases (COVID-19, flu, cold, etc.)	22.0%

Health in the Community:

Top 10 Health-Related Social Needs for Adults & Older Adults

San Diego County Overall		
1	**Housing** (affordable, quality, stable)	58.8%
2	**Experiencing homelessness/houselessness**	54.1%
3	**Not having enough money to pay bills**	44.9%
4	**Health Care Access**	30.5%
5	**Having friends, family, or community support**	24.7%
6	**Isolation** (being alone, feeling alone)	22.4%
7	**Lack of family/eldercare**	21.5%
8	**Feeling safe in public places** (no worrying about gun violence, danger)	21.4%
9	**Transportation** (reliable, affordable)	21.0%
10	**Lack of childcare**	19.5%

Top 10 Health-Related Social Needs for Adults & Older Adults – by HHSA Region

Central Region	
Housing (affordable, quality, stable)	67.0%
Experiencing homelessness/houselessness	59.1%
Not having enough money to pay bills	46.6%
Having friends, family, or community support	34.7%
Health Care Access	30.1%
Isolation (being alone, feeling alone)	22.2%
Lack of childcare	21.0%
Hungry (often/regular-basis, ongoing food insecurity)	19.9%
Feeling safe in public places (no worrying about gun violence, danger)	17.0%
Lack of family/eldercare	17.0%

East Region	
Housing (affordable, quality, stable)	55.9%
Not having enough money to pay bills	52.0%
Experiencing homelessness/houselessness	51.4%
Feeling safe in public places (no worrying about gun violence, danger)	30.2%
Health Care Access	30.2%
Having friends, family, or community support	26.3%
Lack of family/eldercare	25.7%
Isolation (being alone, feeling alone)	23.5%
Transportation (reliable, affordable)	21.2%
Immigration/documentation status	16.2%
Lack of childcare	16.2%

North Coastal Region	
Experiencing homelessness/houselessness	53.9%
Housing (affordable, quality, stable)	53.9%
Not having enough money to pay bills	41.2%
Having friends, family, or community support	32.4%
Health Care Access	30.4%
Feeling safe in public places (no worrying about gun violence, danger)	26.5%
Isolation (being alone, feeling alone)	22.5%
Not understanding how to make health care decisions	19.6%
Lack of family/eldercare	18.6%
Transportation (reliable, affordable)	17.6%

North Inland Region	
Housing (affordable, quality, stable)	61.7%
Experiencing homelessness/houselessness	42.6%
Not having enough money to pay bills	40.4%
Isolation (being alone, feeling alone)	30.9%
Health Care Access	27.7%
Having friends, family, or community support	26.6%
Transportation (reliable, affordable)	26.6%
Feeling safe in public places (no worrying about gun violence, danger)	21.3%
Lack of childcare	20.2%
Lack of family/eldercare	20.2%

Top 10 Health-Related Social Needs for Adults & Older Adults – by HHSA Region

North Central Region	
Housing (affordable, quality, stable)	60.1%
Experiencing homelessness/houselessness	56.3%
Not having enough money to pay bills	47.5%
Health Care Access	26.6%
Lack of childcare	26.6%
Isolation (being alone, feeling alone)	25.9%
Feeling safe in public places (no worrying about gun violence, danger)	23.4%
Having friends, family, or community support	23.4%
Lack of family/eldercare	21.5%
Not understanding how to make health care decisions	19.0%

South Region	
Housing (affordable, quality, stable)	63.0%
Experiencing homelessness/houselessness	53.5%
Not having enough money to pay bills	46.5%
Health Care Access	31.5%
Having friends, family, or community support	24.4%
Transportation (reliable, affordable)	23.6%
Hungry (often/regular-basis, ongoing food insecurity)	18.9%
Isolation (being alone, feeling alone)	18.9%
Not having enough healthy food	18.1%
Not understanding how to make health care decisions	18.1%

Health in the Community:

Top 10 Mental/Behavioral Health Needs for Adults & Older Adults

San Diego County Overall		
1	**Depression**	53.9%
2	**Anxiety**	46.2%
3	**Co-occurring disorders/conditions** (mental health conditions that occur alongside substance use disorders)	34.3%
4	**Chronic Stress**	33.5%
5	**Alcohol misuse**	29.2%
6	**Burnout or Fatigue**	28.0%
7	**Adverse Childhood Experiences** (ACES)	27.2%
8	**Substance Use Disorder** (SUD)	22.6%
9	**Generational/Historical Trauma**	21.4%
10	**Illicit Drug Misuse** (heroin, cocaine, methamphetamine, etc)	19.4%

Top 10 Mental/Behavioral Health Needs for Adults & Older Adults by HHSA Region

Central Region	
Depression	58.0%
Anxiety	44.9%
Chronic Stress	40.3%
Co-occurring disorders/conditions (mental health conditions that occur alongside substance use disorders)	34.1%
Adverse Childhood Experiences (ACES)	31.8%
Alcohol misuse	29.0%
Burnout or Fatigue	27.8%
Generational/Historical Trauma	23.9%
Substance Use Disorder (SUD)	23.3%
Illicit Drug Misuse (heroin, cocaine, methamphetamine, etc)	21.6%

North Coastal Region	
Depression	55.9%
Anxiety	45.1%
Chronic Stress	42.2%
Alcohol misuse	33.3%
Burnout or Fatigue	29.4%
Co-occurring disorders/conditions (mental health conditions that occur alongside substance use disorders)	29.4%
Adverse Childhood Experiences (ACES)	25.5%
Post-Traumatic Stress Disorder (PTSD)/**Complex PTSD**	19.6%
Illicit Drug Misuse (heroin, cocaine, methamphetamine, etc)	17.6%
Opioid misuse including Fentanyl	17.6%

East Region	
Depression	57.5%
Anxiety	42.5%
Chronic Stress	34.6%
Co-occurring disorders/conditions (mental health conditions that occur alongside substance use disorders)	33.0%
Alcohol misuse	29.1%
Burnout or Fatigue	25.1%
Adverse Childhood Experiences (ACES)	24.0%
Substance Use Disorder (SUD)	21.2%
Grief or Loss	20.7%
Illicit Drug Misuse (heroin, cocaine, methamphetamine, etc)	20.1%

North Inland Region	
Depression	61.7%
Anxiety	56.4%
Co-occurring disorders/conditions (mental health conditions that occur alongside substance use disorders)	38.3%
Alcohol misuse	27.7%
Burnout or Fatigue	27.7%
Adverse Childhood Experiences (ACES)	26.6%
Chronic Stress	25.5%
Grief or Loss	24.5%
Post-Traumatic Stress Disorder (PTSD)/**Complex PTSD**	20.2%
Generational/Historical Trauma	19.1%
Illicit Drug Misuse (heroin, cocaine, methamphetamine, etc)	19.1%

Top 10 Mental/Behavioral Health Needs for Adults & Older Adults by HHSA Region

North Central Region	
Depression	50.6%
Anxiety	44.9%
Chronic Stress	41.8%
Co-occurring disorders/conditions (mental health conditions that occur alongside substance use disorders)	31.0%
Burnout or Fatigue	30.4%
Alcohol misuse	29.1%
Adverse Childhood Experiences (ACES)	26.6%
Substance Use Disorder (SUD)	24.1%
Generational/Historical Trauma	20.9%
Illicit Drug Misuse (heroin, cocaine, methamphetamine, etc)	20.3%
Opioid misuse including Fentanyl	20.3%

South Region	
Depression	63.0%
Anxiety	47.2%
Chronic Stress	34.6%
Co-occurring disorders/conditions (mental health conditions that occur alongside substance use disorders)	32.3%
Adverse Childhood Experiences (ACES)	27.6%
Alcohol misuse	27.6%
Burnout or Fatigue	27.6%
Substance Use Disorder (SUD)	25.2%
Post-Traumatic Stress Disorder (PTSD)/**Complex PTSD**	21.3%
Grief or Loss	19.7%
Suicide & Suicidal Thoughts	19.7%

Health in the Community:

Top 10 Health Conditions and Health Behaviors for Children & Youth

San Diego County Overall		
1	**Mental/Behavioral Health conditions**	41.6%
2	**Exercise, Physical Activity, Weight Management** (overweight, obesity)	38.2%
3	**Food/Nutrition** (enough healthy food to eat)	36.7%
4	**Drug use** (Cannabis, MDMA, psychedelic mushrooms, LSD, Ketamine, other Non-Opioid Substances)	34.4%
5	**Suicide or self-harm**	34.3%
6	**Developmental Delays** (Speech/Language, Motor Skills, Cognitive)	31.2%
7	**Smoking/Vaping** (Tobacco or nicotine use)	30.1%
8	**Fentanyl and other opioids** (Hydrocodone/Vicodin, Oxycodone/OxyContin, Percocet)	25.2%
9	**Accidental/unintentional injury** (car accidents, fire/burn injuries, drowning, etc.)	25.0%
10	**Other contagious/infectious diseases** (RSV, COVID-19, flu, cold, etc.)	18.6%

Top 10 Health Conditions and Health Behaviors for Children & Youth by HHSA Region

Central Region	
Mental/Behavioral Health conditions	47.2%
Exercise, Physical Activity, Weight Management (overweight, obesity)	39.2%
Suicide or self-harm	36.4%
Developmental Delays (Speech/Language, Motor Skills, Cognitive)	33.0%
Food/Nutrition (enough healthy food to eat)	32.4%
Drug use (Cannabis, MDMA, psychedelic mushrooms, LSD, Ketamine, other Non-Opioid Substances)	29.5%
Smoking/Vaping (Tobacco or nicotine use)	27.3%
Fentanyl and other opioids	25.6%
Accidental/unintentional injury (car accidents, fire/burn injuries, drowning, etc.)	21.6%
Other contagious/infectious diseases (RSV, COVID-19, flu, cold, etc.)	18.2%

East Region	
Food/Nutrition (enough healthy food to eat)	43.6%
Exercise, Physical Activity, Weight Management (overweight, obesity)	39.1%
Mental/Behavioral Health conditions	36.3%
Accidental/unintentional injury (car accidents, fire/burn injuries, drowning, etc.)	33.5%
Drug use (Cannabis, MDMA, psychedelic mushrooms, LSD, Ketamine, other Non-Opioid Substances)	33.5%
Smoking/Vaping (Tobacco or nicotine use)	33.0%
Suicide or self-harm	33.0%
Developmental Delays (Speech/Language, Motor Skills, Cognitive)	32.4%
Fentanyl and other opioids	27.4%
Other contagious/infectious diseases (RSV, COVID-19, flu, cold, etc.)	20.1%

North Coastal Region	
Mental/Behavioral Health conditions	46.1%
Drug use (Cannabis, MDMA, psychedelic mushrooms, LSD, Ketamine, other Non-Opioid Substances)	43.1%
Exercise, Physical Activity, Weight Management (overweight, obesity)	41.2%
Food/Nutrition (enough healthy food to eat)	38.2%
Developmental Delays (Speech/Language, Motor Skills, Cognitive)	33.3%
Smoking/Vaping (Tobacco or nicotine use)	31.4%
Suicide or self-harm	29.4%
Accidental/unintentional injury (car accidents, fire/burn injuries, drowning, etc.)	27.5%
Fentanyl and other opioids	22.5%
Alcohol misuse	18.6%
Other contagious/infectious diseases (RSV, COVID-19, flu, cold, etc.)	18.6%

North Inland Region	
Exercise, Physical Activity, Weight Management (overweight, obesity)	42.6%
Suicide or self-harm	41.5%
Food/Nutrition (enough healthy food to eat)	39.4%
Drug use (Cannabis, MDMA, psychedelic mushrooms, LSD, Ketamine, other Non-Opioid Substances)	38.3%
Smoking/Vaping (Tobacco or nicotine use)	35.1%
Mental/Behavioral Health conditions	34.0%
Developmental Delays (Speech/Language, Motor Skills, Cognitive)	33.0%
Accidental/unintentional injury (car accidents, fire/burn injuries, drowning, etc.)	25.5%
Fentanyl and other opioids (Hydrocodone/Vicodin, Oxycodone/OxyContin, Percocet)	20.2%
Truancy (intentional/repeated absences from school)	19.1%

Top 10 Health Conditions and Health Behaviors for Children & Youth by HHSA Region

North Central Region	
Mental/Behavioral Health conditions	43.7%
Drug use (Cannabis, MDMA, psychedelic mushrooms, LSD, Ketamine, other Non-Opioid Substances)	39.9%
Suicide or self-harm	36.7%
Smoking/Vaping (Tobacco or nicotine use)	36.1%
Exercise, Physical Activity, Weight Management (overweight, obesity)	35.4%
Food/Nutrition (enough healthy food to eat)	33.5%
Developmental Delays (Speech/Language, Motor Skills, Cognitive)	27.8%
Accidental/unintentional injury (car accidents, fire/burn injuries, drowning, etc.)	25.9%
Fentanyl and other opioids	24.7%
Violence, Firearms, & Other Weapons (intentional injuries)	22.8%

South Region	
Mental/Behavioral Health conditions	44.9%
Exercise, Physical Activity, Weight Management (overweight, obesity)	38.6%
Food/Nutrition (enough healthy food to eat)	37.8%
Developmental Delays (Speech/Language, Motor Skills, Cognitive)	33.1%
Smoking/Vaping (Tobacco or nicotine use)	31.5%
Drug use (Cannabis, MDMA, psychedelic mushrooms, LSD, Ketamine, other Non-Opioid Substances)	30.7%
Suicide or self-harm	30.7%
Accidental/unintentional injury (car accidents, fire/burn injuries, drowning, etc.)	24.4%
Fentanyl and other opioids	24.4%
Other contagious/infectious diseases (RSV, COVID-19, flu, cold, etc.)	22.0%

Health in the Community:

Top 10 Health-Related Social Needs for Children & Youth

San Diego County Overall		
1	**Mental/Behavioral Health**	55.4%
2	**Bullying** (aggressive/harmful behavior during playtime, at school, or other activities)	47.1%
3	**Family/Home instability**	39.6%
4	**Social media/cyberbullying**	36.9%
5	**Feeling safe in school** (no worrying about gun violence, danger)	29.3%
6	**Food/Nutrition** (having enough healthy food to eat)	27.8%
7	**Experiencing homelessness/houselessness**	26.6%
8	**Housing** (affordable, quality)	25.4%
9	**Substance use** (alcohol, tobacco, drugs)	23.2%
10	**Safety from violence or force in home, school, & neighborhood**	22.6%

Top 10 Health-Related Social Needs for Children & Youth by HHSA Region

Central Region	
Mental/Behavioral Health	60.2%
Bullying (aggressive/harmful behavior during playtime, at school, or other activities)	42.0%
Family/Home instability	41.5%
Social media/cyberbullying	34.7%
Feeling safe in school (no worrying about gun violence, danger)	34.1%
Experiencing homelessness/houselessness	29.5%
Food/Nutrition (having enough healthy food to eat)	29.0%
Housing (affordable, quality)	29.0%
Safety from violence or force in home, school, & neighborhood	22.7%
Substance use (alcohol, tobacco, drugs)	21.0%
Quality & affordable childcare or preschool	21.0%

North Coastal Region	
Mental/Behavioral Health	47.1%
Family/Home instability	45.1%
Social media/cyberbullying	39.2%
Bullying (aggressive/harmful behavior during playtime, at school, or other activities)	36.3%
Feeling safe in school (no worrying about gun violence, danger)	31.4%
Housing (affordable, quality)	30.4%
Food/Nutrition (having enough healthy food to eat)	27.5%
Experiencing homelessness/houselessness	26.5%
Safety from violence or force in home, school, & neighborhood	21.6%
Substance use (alcohol, tobacco, drugs)	20.6%
Quality & affordable childcare or preschool	20.6%

East Region	
Bullying (aggressive/harmful behavior during playtime, at school, or other activities)	58.1%
Mental/Behavioral Health	48.6%
Family/Home instability	40.8%
Social media/cyberbullying	33.0%
Feeling safe in school (no worrying about gun violence, danger)	31.8%
Food/Nutrition (having enough healthy food to eat)	31.8%
Experiencing homelessness/houselessness	29.6%
Safety from violence or force in home, school, & neighborhood	25.7%
Housing (affordable, quality)	23.5%
Substance use (alcohol, tobacco, drugs)	23.5%

North Inland Region	
Mental/Behavioral Health	54.3%
Bullying (aggressive/harmful behavior during playtime, at school, or other activities)	44.7%
Social media/cyberbullying	43.6%
Family/Home instability	40.4%
Food/Nutrition (having enough healthy food to eat)	30.9%
Feeling safe in school (no worrying about gun violence, danger)	29.8%
Substance use (alcohol, tobacco, drugs)	27.7%
Housing (affordable, quality)	26.6%
Safety from violence or force in home, school, & neighborhood	25.5%
Quality & affordable childcare or preschool	24.5%

Top 10 Health-Related Social Needs for Children & Youth by HHSA Region

North Central Region	
Mental/Behavioral Health	63.9%
Bullying (aggressive/harmful behavior during playtime, at school, or other activities)	46.2%
Social media/cyberbullying	39.9%
Family/Home instability	36.7%
Safety from violence or force in home, school, & neighborhood	30.4%
Feeling safe in school (no worrying about gun violence, danger)	29.1%
Experiencing homelessness/houselessness	25.9%
Food/Nutrition (having enough healthy food to eat)	24.1%
Substance use (alcohol, tobacco, drugs)	24.1%
Quality & affordable childcare or preschool	24.1%

South Region	
Mental/Behavioral Health	59.1%
Bullying (aggressive/harmful behavior during playtime, at school, or other activities)	48.0%
Family/Home instability	37.0%
Social media/cyberbullying	37.0%
Experiencing homelessness/houselessness	30.7%
Food/Nutrition (having enough healthy food to eat)	29.9%
Housing (affordable, quality)	28.3%
Safety from violence or force in home, school, & neighborhood	26.8%
Feeling safe in school (no worrying about gun violence, danger)	25.2%
Substance use (alcohol, tobacco, drugs)	22.8%

Health in the Community:

Top 10 Mental/Behavioral Health Needs for Children & Youth

San Diego County Overall		
1	**Anxiety/Depression**	64.3%
2	**Adverse Childhood Experiences** (ACES)	48.3%
3	**Early Childhood Development & Disabilities** (Autism, learning delays)	42.5%
4	**Attention-Deficit/Hyperactivity Disorder** (ADHD)	39.3%
5	**Suicide & Suicidal Thoughts**	38.8%
6	**Mood Disorders** (Bipolar, disruptive mood dysregulation)	24.2%
7	**Chronic Stress**	23.5%
8	**Neurodevelopmental Conditions** (Intellectual Developmental, Dyslexia, Stuttering)	23.5%
9	**Eating Disorders** (anorexia nervosa, bulimia nervosa, binge-eating)	22.3%
10	**Co-occurring disorders/conditions** (mental health conditions that occur alongside substance use disorders)	19.8%

Top 10 Mental/Behavioral Health Needs for Children & Youth by HHSA Region

Central Region	
Anxiety/Depression	70.5%
Adverse Childhood Experiences (ACES)	55.7%
Early Childhood Development & Disabilities (Autism, learning delays)	47.2%
Attention-Deficit/Hyperactivity Disorder (ADHD)	43.2%
Suicide & Suicidal Thoughts	35.8%
Chronic Stress	29.0%
Neurodevelopmental Conditions (Intellectual Developmental, Dyslexia, Stuttering)	23.3%
Mood Disorders (Bipolar, disruptive mood dysregulation)	22.2%
Eating Disorders (anorexia nervosa, bulimia nervosa, binge-eating)	19.9%
Co-occurring disorders/conditions	17.6%

East Region	
Anxiety/Depression	63.7%
Adverse Childhood Experiences (ACES)	47.5%
Early Childhood Development & Disabilities (Autism, learning delays)	45.3%
Suicide & Suicidal Thoughts	40.8%
Attention-Deficit/Hyperactivity Disorder (ADHD)	39.7%
Neurodevelopmental Conditions (Intellectual Developmental, Dyslexia, Stuttering)	27.9%
Chronic Stress	24.6%
Eating Disorders (anorexia nervosa, bulimia nervosa, binge-eating)	24.0%
Mood Disorders (Bipolar, disruptive mood dysregulation)	21.2%
Opioid Use including Fentanyl	17.3%

North Coastal Region	
Anxiety/Depression	59.8%
Adverse Childhood Experiences (ACES)	50.0%
Attention-Deficit/Hyperactivity Disorder (ADHD)	39.2%
Suicide & Suicidal Thoughts	38.2%
Early Childhood Development & Disabilities (Autism, learning delays)	35.3%
Mood Disorders (Bipolar, disruptive mood dysregulation)	28.4%
Neurodevelopmental Conditions (Intellectual Developmental, Dyslexia, Stuttering)	28.4%
Chronic Stress	23.5%
Eating Disorders (anorexia nervosa, bulimia nervosa, binge-eating)	22.5%
Co-occurring disorders/conditions	21.6%

North Inland Region	
Anxiety/Depression	69.1%
Adverse Childhood Experiences (ACES)	45.7%
Early Childhood Development & Disabilities (Autism, learning delays)	43.6%
Attention-Deficit/Hyperactivity Disorder (ADHD)	42.6%
Suicide & Suicidal Thoughts	41.5%
Mood Disorders (Bipolar, disruptive mood dysregulation)	29.8%
Eating Disorders (anorexia nervosa, bulimia nervosa, binge-eating)	25.5%
Chronic Stress	24.5%
Co-occurring disorders/conditions	23.4%
Neurodevelopmental Conditions (Intellectual Developmental, Dyslexia, Stuttering)	20.2%

Top 10 Mental/Behavioral Health Needs for Children & Youth by HHSA Region

North Central Region	
Anxiety/Depression	70.9%
Adverse Childhood Experiences (ACES)	49.4%
Early Childhood Development & Disabilities (Autism, learning delays)	42.4%
Attention-Deficit/Hyperactivity Disorder (ADHD)	41.8%
Suicide & Suicidal Thoughts	41.1%
Neurodevelopmental Conditions (Intellectual Developmental, Dyslexia, Stuttering)	25.3%
Chronic Stress	24.7%
Eating Disorders (anorexia nervosa, bulimia nervosa, binge-eating)	23.4%
Mood Disorders (Bipolar, disruptive mood dysregulation)	21.5%
Co-occurring disorders/conditions	18.4%

South Region	
Anxiety/Depression	67.7%
Attention-Deficit/Hyperactivity Disorder (ADHD)	44.1%
Early Childhood Development & Disabilities (Autism, learning delays)	41.7%
Suicide & Suicidal Thoughts	40.2%
Adverse Childhood Experiences (ACES)	38.6%
Co-occurring disorders/conditions	27.6%
Eating Disorders (anorexia nervosa, bulimia nervosa, binge-eating)	26.0%
Mood Disorders (Bipolar, disruptive mood dysregulation)	26.0%
Chronic Stress	22.0%
Neurodevelopmental Conditions (Intellectual Developmental, Dyslexia, Stuttering)	18.9%

Climate Hazard Events

In the past three years, have you been impacted by any of the following climate hazard events?

San Diego County Overall	
Extreme heat (too hot to perform routine activities or be at rest)	59.6%
Wildfire and/or wildfire smoke (exposure to unsafe conditions or difficulty breathing due to air quality)	31.9%
Extreme Rainfall/Flooding (too much water)	30.5%
None. I/they have not been impacted by a climate hazard event in the past three years.	28.0%
Other (examples may include: air quality issues, water quality issues, power outages, insect infestations, or diseases from parasites/bacteria/viruses).	13.8%
Drought (not enough access to clean water)	13.4%

Central Region	
Extreme heat (too hot to perform routine activities or be at rest)	56.8%
Extreme Rainfall/Flooding (too much water)	37.5%
None.	30.1%
Wildfire and/or wildfire smoke (exposure to unsafe conditions or difficulty breathing due to air quality)	26.1%
Other	12.5%
Drought (not enough access to clean water)	11.4%
High wind events (tornados, heavy winds, windstorms)	10.8%

East Region	
Extreme heat (too hot to perform routine activities or be at rest)	68.2%
Wildfire and/or wildfire smoke (exposure to unsafe conditions or difficulty breathing due to air quality)	38.0%
Extreme Rainfall/Flooding (too much water)	27.9%
None.	23.5%
High wind events (tornados, heavy winds, windstorms)	19.0%
Other	12.3%

Climate Hazard Events

In the past three years, have you been impacted by any of the following climate hazard events?

North Central Region	
Extreme heat (too hot to perform routine activities or be at rest)	57.0%
Extreme Rainfall/Flooding (too much water)	33.5%
Wildfire and/or wildfire smoke (exposure to unsafe conditions or difficulty breathing due to air quality)	31.0%
None.	28.5%
Drought (not enough access to clean water)	12.7%
Other	12.7%

North Inland Region	
Extreme heat (too hot to perform routine activities or be at rest)	67.0%
Wildfire and/or wildfire smoke (exposure to unsafe conditions or difficulty breathing due to air quality)	44.7%
None.	26.6%
Drought (not enough access to clean water)	21.3%
Extreme Rainfall/Flooding (too much water)	21.3%
High wind events (tornados, heavy winds, windstorms)	19.1%
Other	10.6%

North Coastal Region	
Extreme heat (too hot to perform routine activities or be at rest)	60.8%
Wildfire and/or wildfire smoke (exposure to unsafe conditions or difficulty breathing due to air quality)	33.3%
None.	29.4%
Extreme Rainfall/Flooding (too much water)	23.5%
Drought (not enough access to clean water)	9.8%
High wind events (tornados, heavy winds, windstorms)	8.8%
Other	8.8%

South Region	
Extreme heat (too hot to perform routine activities or be at rest)	59.1%
Extreme Rainfall/Flooding (too much water)	34.6%
None.	29.1%
Wildfire and/or wildfire smoke (exposure to unsafe conditions or difficulty breathing due to air quality)	29.1%
Other	22.0%
Drought (not enough access to clean water)	15.0%
High wind events (tornados, heavy winds, windstorms)	11.8%

Care Experience:

Top 10 Challenges in Accessing Needed Health Care Services

	San Diego County Overall	
1	**Scheduling appointments**: not available for a long time- weeks or months	41.8%
2	**Busy/No time**: no time for care/appointments, schedule issues	34.7%
3	**Costs/Copays**: medical appointments or treatments	34.2%
4	**Transportation**: hard getting to and from appointments	26.5%
5	**No Evening or weekend appointments available**	24.4%
6	**Insurance denials/coverage issues**	24.3%
7	**Finding needed care**: how/where to find services, fill out paperwork, schedule appointments	23.9%
8	**Afraid/concerned**: getting health/mental care will negatively affect job, immigration status, other aspects of life	23.2%
9	**Childcare**: no childcare available	18.9%
10	**Insurance**: do not know how/where to use insurance/coverage	17.8%

Top 10 Challenges in Accessing Needed Health Care Services by HHSA Region

Central Region	
Scheduling appointments: not available for a long time- weeks or months	47.9%
Busy/No time: no time for care/appointments, schedule issues	47.3%
Costs/Copays: medical appointments or treatments	34.5%
Finding needed care: how/where to find services, fill out paperwork, schedule appointments	27.9%
Transportation	27.9%
Insurance denials/coverage issues	25.5%
Afraid/concerned: getting health/mental care will negatively affect job, immigration status, other aspects of life	24.8%
Childcare: no childcare available	22.4%
No Evening or weekend appointments available	22.4%
Work/Job: no paid time off work/sick hours	20.0%

East Region	
Scheduling appointments: not available for a long time- weeks or months	46.0%
Costs/Copays: medical appointments or treatments	32.4%
Insurance denials/coverage issues	27.3%
Busy/No time: no time for care/appointments, schedule issues	26.7%
Transportation	26.1%
No Evening or weekend appointments available	22.2%
Afraid/concerned: getting health/mental care will negatively affect job, immigration status, other aspects of life	21.6%
Distance: Provider is too far away	18.8%
Finding needed care: how/where to find services, fill out paperwork, schedule appointments	18.8%
Child care: no child care available	15.3%

North Coastal Region	
Busy/No time: no time for care/appointments, schedule issues	43.3%
Scheduling appointments: not available for a long time-weeks or months	39.2%
No Evening or weekend appointments available	30.9%
Costs/Copays: medical appointments or treatments	29.9%
Finding needed care: how/where to find services, fill out paperwork, schedule appointments	25.8%
Afraid/concerned: getting health/mental care will negatively affect job, immigration status, other aspects of life	23.7%
Transportation	23.7%
Childcare: no childcare available	22.7%
Time with health provider: Time with health care provider is too short	21.6%
Insurance denials/coverage issues	20.6%

North Inland Region	
Scheduling appointments: not available for a long time-weeks or months	41.6%
Busy/No time: no time for care/appointments, schedule issues	39.3%
Finding needed care: how/where to find services, fill out paperwork, schedule appointments	30.3%
No Evening or weekend appointments available	25.8%
Costs/Copays: medical appointments or treatments	24.7%
Time with health provider: Time with health care provider is too short	21.3%
Work/Job: no paid time off work/sick hours	21.3%
Afraid/concerned: getting health/mental care will negatively affect job, immigration status, other aspects of life	20.2%
Insurance denials/coverage issues	20.2%
Insurance: do not know how/where to use insurance/coverage	20.2%

Top 10 Challenges in Accessing Needed Health Care Services by HHSA Region

North Central Region	
Scheduling appointments: not available for a long time- weeks or months	43.5%
Busy/No time: no time for care/appointments, schedule issues	37.0%
Costs/Copays: medical appointments or treatments	29.9%
No Evening or weekend appointments available	29.2%
Insurance denials/coverage issues	26.6%
Finding needed care: how/where to find services, fill out paperwork, schedule appointments	24.7%
Transportation	23.4%
Afraid/concerned: getting health/mental care will negatively affect job, immigration status, other aspects of life	18.2%
Time with health provider: Time with health care provider is too short	18.2%
Childcare: no childcare available	16.9%
Insurance: do not know how/where to use insurance/coverage	16.9%

South Region	
Costs/Copays: medical appointments or treatments	48.4%
Busy/No time: no time for care/appointments, schedule issues	39.5%
Scheduling appointments: not available for a long time- weeks or months	37.9%
Afraid/concerned: getting health/mental care will negatively affect job, immigration status, other aspects of life	35.5%
Transportation	33.1%
Insurance denials/coverage issues	30.6%
Finding needed care: how/where to find services, fill out paperwork, schedule appointments	26.6%
No Evening or weekend appointments available	22.6%
Childcare: no childcare available	20.2%
Insurance: do not know how/where to use insurance/coverage	20.2%

Care Experience:

Top 10 Most Difficult Health Care Services to Get

San Diego County Overall		
1	Mental/Behavioral health services	42.4%
2	Counseling, therapy	36.1%
3	Psychiatry	26.4%
4	Dental services	19.9%
5	Case management/care coordination	18.5%
6	Adult primary care	15.8%
7	Substance use treatment	13.2%
8	Urgent care/ afterhours care	12.6%
9	Geriatrics/care for seniors	11.1%
10	Primary care services (physicals, screenings)	10.8%

Top 10 Most Difficult Health Care Services to Get by HHSA Region

Central Region	
Mental/Behavioral health services	42.0%
Counseling, therapy	37.7%
Psychiatry	25.3%
Dental services	19.1%
Case management/care coordination	16.0%
Adult primary care	14.8%
Dermatology	14.2%
Primary care services (physicals, screenings)	11.7%
Other	11.1%
Geriatrics/care for seniors	9.9%

East Region	
Mental/Behavioral health services	37.4%
Counseling, therapy	32.2%
Psychiatry	22.4%
Dental services	21.8%
Adult primary care	18.4%
Case management/care coordination	17.2%
Urgent care/ after-hours care	15.5%
Dermatology	11.5%
Geriatrics/care for seniors	10.9%
Primary care services (physicals, screenings)	10.3%

North Coastal Region	
Mental/Behavioral health services	36.1%
Counseling, therapy	34.0%
Psychiatry	21.6%
Dental services	20.6%
Adult primary care	18.6%
Case management/care coordination	17.5%
Primary care services (physicals, screenings)	13.4%
Urgent care/ after-hours care	12.4%
Dermatology	11.3%
Substance use treatment	10.3%
Other	10.3%

North Inland Region	
Counseling, therapy	41.6%
Mental/Behavioral health services	41.6%
Psychiatry	22.5%
Case management/care coordination	20.2%
Dermatology	19.1%
Urgent care/ after-hours care	19.1%
Dental services	18.0%
Primary care services (physicals, screenings)	18.0%
Adult primary care	16.9%
Cancer treatment/oncology	13.5%
Eye care services	13.5%

Top 10 Most Difficult Health Care Services to Get by HHSA Region

North Central Region	
Counseling, therapy	43.7%
Mental/Behavioral health services	39.7%
Psychiatry	24.5%
Adult primary care	14.6%
Case management/care coordination	14.6%
Dental services	14.6%
Dermatology	13.2%
Urgent care/ after-hours care	9.9%
Primary care services (physicals, screenings)	9.3%
Other	9.3%

South	
Mental/Behavioral health services	45.9%
Counseling, therapy	41.8%
Psychiatry	30.3%
Dental services	22.1%
Case management/care coordination	20.5%
Substance use treatment	16.4%
Geriatrics/care for seniors	13.9%
Primary care services (physicals, screenings)	13.9%
Adult primary care	11.5%
Urgent care/ after-hours care	11.5%

Care Experience: Top 10 Challenges Preventing Routine Dental Care

San Diego County Overall	
Costs/Copays: cost of dental appointments or treatments	41.7%
Busy/No time: no time for dental care/appointments, schedule issues	28.4%
Insurance denials/coverage issues	24.7%
Fear or anxiety of dental procedures/visiting the dentist	23.3%
Insurance: do not know how/where to use dental insurance/coverage	16.6%
No Evening or weekend appointments available	15.9%
Scheduling appointments: not available for a long time-weeks or months	15.7%
Finding needed dental care: how/where to find dental services, fill out paperwork, schedule appointments	14.4%
Transportation	14.1%
Childcare: no child care available	11.5%

Top 10 Challenges Preventing Routine Dental Care

Central Region	
Costs/Copays: cost of dental appointments or treatments	43.6%
Busy/No time	29.7%
Insurance denials/coverage issues	21.8%
Fear or anxiety of dental procedures/visiting the dentist	21.2%
Scheduling appointments: not available for a long time-weeks or months	20.0%
No Evening or weekend appointments available	16.4%
Insurance: do not know how/where to use dental insurance/coverage	15.2%
Transportation	13.9%
Childcare: no childcare available	13.3%
Finding needed dental care: how/where to find dental services, fill out paperwork, schedule appointments	11.5%

East Region	
Costs/Copays: cost of dental appointments or treatments	42.5%
Busy/No time	27.6%
Insurance denials/coverage issues	27.0%
Fear or anxiety of dental procedures/visiting the dentist	26.4%
Transportation	15.5%
No Evening or weekend appointments available	14.9%
Insurance: do not know how/where to use dental insurance/coverage	14.4%
Scheduling appointments: not available for a long time-weeks or months	14.4%
Finding needed dental care: how/where to find dental services, fill out paperwork, schedule appointments	12.6%
Childcare: no childcare available	11.5%

North Coastal Region	
Costs/Copays: cost of dental appointments or treatments	33.3%
Busy/No time	32.3%
Insurance denials/coverage issues	25.0%
Fear or anxiety of dental procedures/visiting the dentist	22.9%
Insurance: do not know how/where to use dental insurance/coverage	19.8%
Childcare: no childcare available	18.8%
No Evening or weekend appointments available	13.5%
Finding needed dental care: how/where to find dental services, fill out paperwork, schedule appointments	12.5%
Scheduling appointments: not available for a long time-weeks or months	11.5%
Transportation	9.4%

North Inland Region	
Costs/Copays: cost of dental appointments or treatments	33.3%
Busy/No time	31.0%
Fear or anxiety of dental procedures/visiting the dentist	23.0%
No Evening or weekend appointments available	21.8%
Insurance denials/coverage issues	19.5%
Childcare: no childcare available	18.4%
Insurance: do not know how/where to use dental insurance/coverage	17.2%
Distance: dental provider is too far away	16.1%
Scheduling appointments: not available for a long time-weeks or months	16.1%
Finding needed dental care: how/where to find dental services, fill out paperwork, schedule appointments	14.9%
Work/Job: no paid time off work/sick hours	14.9%

Top 10 Challenges Preventing Routine Dental Care

North Central Region	
Costs/Copays: cost of dental appointments or treatments	33.1%
Busy/No time	26.5%
Fear or anxiety of dental procedures/visiting the dentist	21.2%
Insurance denials/coverage issues	21.2%
No Evening or weekend appointments available	17.9%
Insurance: do not know how/where to use dental insurance/coverage	13.9%
Scheduling appointments: not available for a long time- weeks or months	13.9%
Finding needed dental care: how/where to find dental services, fill out paperwork, schedule appointments	13.2%
Childcare: no child care available	9.9%
Transportation	9.3%

South	
Costs/Copays: cost of dental appointments or treatments	50.8%
Busy/No time	35.5%
Insurance denials/coverage issues	30.6%
Fear or anxiety of dental procedures/visiting the dentist	24.2%
Transportation	19.4%
Finding needed dental care: how/where to find dental services, fill out paperwork, schedule appointments	16.9%
No Evening or weekend appointments available	15.3%
Scheduling appointments: not available for a long time- weeks or months	15.3%
Get dental care outside of the country	12.9%
Insurance: do not know how/where to use dental insurance/coverage	12.1%

Health Care and Related Expenses:

Top 5 Expenses/Bills that Caused Health Care Delay or Avoidance

San Diego County Overall	
Health Insurance (premium, co-pays, deductibles, and out of pocket costs)	40.4%
Rent/mortgage	39.1%
Transportation/ car costs	31.3%
Loss or less work/income	27.3%
Prescription medications (co-pays, deductibles, and out of pocket costs)	25.1%

Top 5 Expenses/Bills that Caused Health Care Delay or Avoidance by HHSA Region

Central Region	
Rent/mortgage	39.1%
Health Insurance (premium, co-pays, deductibles, and out of pocket costs)	36.6%
Transportation/ car costs	30.4%
Loss or less work/income	26.1%
Medical debt (current or future)	24.8%

East Region	
Health Insurance (premium, co-pays, deductibles, and out of pocket costs)	41.4%
Rent/mortgage	39.6%
Transportation/ car costs	33.1%
Prescription medications (co-pays, deductibles, and out of pocket costs)	26.0%
Loss or less work/income	25.4%

North Central Region	
Health Insurance (premium, co-pays, deductibles, and out of pocket costs)	34.0%
Rent/mortgage	31.3%
Loss or less work/income	28.6%
Transportation/ car costs	27.2%
Prescription medications (co-pays, deductibles, and out of pocket costs)	20.4%

North Coastal Region	
Rent/mortgage	47.3%
Transportation/ car costs	36.6%
Health Insurance (premium, co-pays, deductibles, and out of pocket costs)	33.3%
Childcare	30.1%
Loss or less work/income	28.0%

North Inland Region	
Health Insurance (premium, co-pays, deductibles, and out of pocket costs)	39.0%
Rent/mortgage	39.0%
Utilities (water, gas, electric)	31.7%
Loss or less work/income	29.3%
Transportation/ car costs	29.3%

South	
Health Insurance (premium, co-pays, deductibles, and out of pocket costs)	50.4%
Rent/mortgage	49.6%
Transportation/ car costs	36.8%
Loss or less work/income	34.2%
Prescription medications (co-pays, deductibles, and out of pocket costs)	32.5%

Health Care and Related Expenses:

Top 5 General Bills, Fees, or Loans that Made Community Go into Debt or Collections

San Diego County Overall	
Credit card	25.6%
Rent non-payment (including eviction)	20.3%
Medical bill	19.7%
Utility bill (water, gas, electric)	19.7%
Auto loan	13.1%

Top 5 General Bills, Fees, or Loans that Made Community Go into Debt or Collections by HHSA Region

Central Region	
Credit card	26.4%
Utility bill (water, gas, electric)	22.6%
Medical bill	18.9%
Rent non-payment (including eviction)	18.2%
Student loan	16.4%

East Region	
Credit card	28.7%
Utility bill (water, gas, electric)	21.6%
Rent non-payment (including eviction)	19.8%
Medical bill	15.6%
Bank fees or overdraft	14.4%

North Central Region	
Credit card	18.5%
Student loan	15.8%
Medical bill	15.1%
Rent non-payment (including eviction)	14.4%
Utility bill (water, gas, electric)	14.4%

North Coastal Region	
Utility bill (water, gas, electric)	23.9%
Credit card	20.7%
Medical bill	20.7%
Rent non-payment (including eviction)	18.5%
Auto loan	12.0%
Student loan	12.0%

North Inland Region	
Rent non-payment (including eviction)	22.0%
Utility bill (water, gas, electric)	19.5%
Credit card	18.3%
Auto loan	17.1%
Medical bill	15.9%

South	
Credit card	33.3%
Rent non-payment (including eviction)	24.8%
Medical bill	23.9%
Utility bill (water, gas, electric)	23.1%
Student loan	21.4%

Health Care and Related Expenses:

Top 5 Health Care-Specific Bills, Fees, or Loans that Made Community Go into Debt or Collections

San Diego County Overall	
Doctor/Physician Services (services provided by doctors, surgeons, specialists, & other healthcare professionals)	16.9%
Ambulance Services (emergency transportation services to a hospital or between facilities)	15.4%
Emergency room visit	13.8%
Hospital care or services (inpatient or overnight stay)	13.8%
Diagnostic/Lab Tests (X-rays, MRIs, CT scans, and other diagnostic procedures)	11.0%

Top 5 Health Care-Specific Bills, Fees, or Loans that Made Community Go into Debt or Collections by HHSA Region

Central Region	
Emergency room visit	12.7%
Ambulance Services (emergency transportation services to a hospital or between facilities)	12.1%
Doctor/Physician Services (services provided by doctors, surgeons, specialists, & other healthcare professionals)	11.5%
Hospital care or services (inpatient or overnight stay)	10.8%
Outpatient Services (outpatient surgeries, clinic visits, rehabilitation services, etc.)	7.6%

East Region	
Doctor/Physician Services (services provided by doctors, surgeons, specialists, & other healthcare professionals)	17.7%
Ambulance Services (emergency transportation services to a hospital or between facilities)	15.2%
Diagnostic/Lab Tests (X-rays, MRIs, CT scans, and other diagnostic procedures)	11.6%
Emergency room visit	11.6%
Prescription Medications	11.6%

North Central Region	
Hospital care or services (inpatient or overnight stay)	12.1%
Doctor/Physician Services (services provided by doctors, surgeons, specialists, & other healthcare professionals)	10.6%
Emergency room visit	10.6%
Ambulance Services (emergency transportation services to a hospital or between facilities)	9.9%
Prescription Medications	6.4%

North Coastal Region	
Doctor/Physician Services (services provided by doctors, surgeons, specialists, & other healthcare professionals)	17.6%
Ambulance Services (emergency transportation services to a hospital or between facilities)	14.3%
Emergency room visit	13.2%
Diagnostic/Lab Tests (X-rays, MRIs, CT scans, and other diagnostic procedures)	12.1%
Hospital care or services (inpatient or overnight stay)	9.9%

North Inland Region	
Ambulance Services (emergency transportation services to a hospital or between facilities)	17.3%
Doctor/Physician Services (services provided by doctors, surgeons, specialists, & other healthcare professionals)	13.6%
Hospital care or services (inpatient or overnight stay)	12.3%
Diagnostic/Lab Tests (X-rays, MRIs, CT scans, and other diagnostic procedures)	8.6%
Emergency room visit	8.6%

South	
Doctor/Physician Services (services provided by doctors, surgeons, specialists, & other healthcare professionals)	21.4%
Emergency room visit	20.5%
Ambulance Services (emergency transportation services to a hospital or between facilities)	19.7%
Hospital care or services (inpatient or overnight stay)	18.8%
Diagnostic/Lab Tests (X-rays, MRIs, CT scans, and other diagnostic procedures)	14.5%

What are the Most Important Things That Hospitals and Health Systems Could Do to Improve the Health and Well-Being of Our Community?

San Diego County Overall	
Connect patients to services that will improve their health and well-being	62.6%
Help patients coordinate their health services (find services, fill out paperwork, schedule appointments)	57.4%
Help patients understand and use health coverage	48.6%
Hire more doctors, nurses, and other health care professionals	44.6%
Collaborate with community groups and schools	44.3%
Ensure that a patient's care meets their needs	43.4%
Help patients apply for health coverage or other benefits	39.4%
Provide health education	34.5%
Provide culturally appropriate health care in more languages	34.1%
Help patients pay for their health care bills	32.5%

What are the Most Important Things That Hospitals and Health Systems Could Do to Improve the Health and Well-Being of Our Community? (by HHSA Region)

Central Region	
Connect patients to services that will improve their health and well-being	61.4%
Help patients coordinate their health services (find services, fill out paperwork, schedule appointments)	58.2%
Help patients understand and use health coverage	49.4%
Hire more doctors, nurses, and other health care professionals	46.8%
Collaborate with community groups and schools	44.9%
Ensure that a patient's care meets their needs	44.3%
Provide culturally appropriate health care in more languages	42.4%
Provide health education	38.0%
Diversify the health care workforce	37.3%
Help patients apply for health coverage or other benefits	36.1%

East Region	
Connect patients to services that will improve their health and well-being	60.8%
Help patients understand and use health coverage	51.2%
Help patients coordinate their health services (find services, fill out paperwork, schedule appointments)	51.2%
Ensure that a patient's care meets their needs	50.6%
Help patients apply for health coverage or other benefits	45.2%
Hire more doctors, nurses, and other health care professionals	44.6%
Collaborate with community groups and schools	41.0%
Help patients pay for their health care bills	36.1%
Provide culturally appropriate health care in more languages	33.1%
Create more health care job opportunities and career pathways	32.5%

North Coastal Region	
Connect patients to services that will improve their health and well-being	60.4%
Help patients coordinate their health services (find services, fill out paperwork, schedule appointments)	53.1%
Help patients understand and use health coverage	46.9%
Collaborate with community groups and schools	44.8%
Hire more doctors, nurses, and other health care professionals	42.7%
Help patients apply for health coverage or other benefits	35.4%
Ensure that a patient's care meets their needs	32.3%
Provide culturally appropriate health care in more languages	31.3%
Create more health care job opportunities and career pathways	25.0%
Help patients pay for their health care bills	25.0%

North Inland Region	
Help patients coordinate their health services (find services, fill out paperwork, schedule appointments)	66.3%
Connect patients to services that will improve their health and well-being	63.9%
Collaborate with community groups and schools	51.8%
Help patients understand and use health coverage	51.8%
Hire more doctors, nurses, and other health care professionals	49.4%
Provide health education	48.2%
Ensure that a patient's care meets their needs	44.6%
Help patients apply for health coverage or other benefits	37.3%
Provide culturally appropriate health care in more languages	36.1%
Create more health care job opportunities and career pathways	34.9%

What are the Most Important Things That Hospitals and Health Systems Could Do to Improve the Health and Well-Being of Our Community? (by HHSA Region)

North Central Region	
Connect patients to services that will improve their health and well-being	66.2%
Help patients coordinate their health services (find services, fill out paperwork, schedule appointments)	56.8%
Help patients understand and use health coverage	53.4%
Hire more doctors, nurses, and other health care professionals	51.4%
Ensure that a patient's care meets their needs	44.6%
Collaborate with community groups and schools	38.5%
Provide health education	37.8%
Provide culturally appropriate health care in more languages	35.8%
Diversify the health care workforce	35.1%
Help patients apply for health coverage or other benefits	35.1%

South Region	
Connect patients to services that will improve their health and well-being	72.4%
Help patients coordinate their health services (find services, fill out paperwork, schedule appointments)	54.3%
Help patients understand and use health coverage	51.7%
Collaborate with community groups and schools	50.0%
Hire more doctors, nurses, and other health care professionals	49.1%
Help patients apply for health coverage or other benefits	46.6%
Ensure that a patient's care meets their needs	42.2%
Help patients pay for their health care bills	41.4%

Appendix G – Hospital Inpatient Discharge and ED Discharge Rates in San Diego County from 2021 to 2022 for Select Health Conditions Data Tables

Data Source Description:

Hospital discharge data from select health conditions at the primary diagnosis level were exported from SpeedTrack's California Universal Patient Information Discovery (CUPID) application and used to identify two-year rates for primary diagnosis discharge categories, stratified by age group, sex, race/ethnicity, and by individuals identified as experiencing homelessness. Rates are presented per 100,000 population.

NOTE: ***Homeless percent*** is also presented in the following tables. It represents the percentage of all inpatient or ED visits in which an individual experiencing homelessness was identified with that particular discharge diagnosis.

Inpatient Discharge Rates for Select Health Conditions

- *All Opioid Overdoses*
- *Alzheimer's*
- *Anxiety*
- *Arthritis*
- *Asthma*
- *Chronic Obstructive Pulmonary Disease (COPD)*
- *COVID-19*
- *Chronic Kidney Disease*
- *Chronic Pain*
- *Depression*
- *Diabetes*
- *Overall Cancer*
- *Overall Heart Disease*
- *Overall Hypertension*
- *Pain*
- *Schizophrenia*
- *Suicide*
- *Unintentional Injurie*

Emergency Discharge (ED) Rates for Select Health Conditions

- All Opioid Overdoses
- Alzheimer's
- Anxiety
- Arthritis
- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- COVID-19
- Chronic Kidney Disease
- Chronic Pain
- Depression
- Diabetes
- Disorder of the Teeth
- Overall Cancer
- Overall Heart Disease
- Overall Hypertension
- Pain
- Schizophrenia
- Suicide
- Unintentional Injuries

All Opioid Overdoses

Inpatient Discharge Rates for All Opioid Overdoses in San Diego County, 2021-22

Demographics	2021	2022
Overall San Diego County		
Total	21.43	20.92
Age Group		
Age 0-17	3.66	2.31
Age 18-26	25.10	19.28
Age 27-44	31.88	29.93
Age 45-64	25.70	27.80
Age 65+	19.32	23.04
Sex		
Male	30.99	28.77
Female	11.87	13.09
Race/Ethnicity		
American Indian/Alaskan Native	7.89	47.04
Asian	2.04	3.03
Black	44.74	64.52
Hispanic	16.40	16.00
Multiracial	6.41	6.95
Native Hawaiian/Pacific Islander	0.00	30.52
White	27.09	23.45
Experiencing Homelessness		
Homeless Percent	24.15	23.22

ED Discharge Rates for All Opioid Overdoses in San Diego County, 2021-22

Demographics	2021	2022
Overall San Diego County		
Total	67.39	67.43
Age Group		
Age 0-17	7.45	7.74
Age 18-26	119.00	101.53
Age 27-44	128.51	121.20
Age 45-64	53.87	68.33
Age 65+	20.81	27.15
Sex		
Male	103.27	105.58
Female	31.41	29.22
Race/Ethnicity		
American Indian/Alaskan Native	47.34	23.52
Asian	4.33	6.57
Black	145.39	178.29
Hispanic	56.18	60.84
Multiracial	27.56	27.81
Native Hawaiian/Pacific Islander	15.50	61.04
White	80.49	73.85
Experiencing Homelessness		
Homeless Percent	28.77	32.82

Alzheimer's

Inpatient Discharge Rates for Alzheimer's in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	22.52	20.16
Age Group		
Age 0-17	0.27	0.27
Age 18-26	0.48	0.49
Age 27-44	1.12	1.12
Age 45-64	7.92	5.33
Age 65+	141.18	125.28
Sex		
Male	21.74	19.40
Female	23.31	20.91
Race/Ethnicity		
American Indian/Alaskan Native	0.00	7.84
Asian	8.66	10.36
Black	25.16	20.12
Hispanic	11.22	9.02
Multiracial	7.05	10.11
Native Hawaiian/Pacific Islander	7.75	0.00
White	33.27	30.69
Experiencing Homelessness		
Homeless Percent	5.00	4.22

ED Discharge Rates for Alzheimer's in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	24.84	23.01
Age Group		
Age 0-17	0.00	0.14
Age 18-26	2.17	0.73
Age 27-44	1.46	1.79
Age 45-64	5.58	4.29
Age 65+	159.44	145.03
Sex		
Male	20.46	18.98
Female	29.22	27.04
Race/Ethnicity		
American Indian/Alaskan Native	0.00	0.00
Asian	12.49	8.08
Black	38.44	32.61
Hispanic	11.30	10.21
Multiracial	2.56	2.53
Native Hawaiian/Pacific Islander	7.75	15.26
White	37.58	36.28
Experiencing Homelessness		
Homeless Percent	1.84	1.32

Anxiety

Inpatient Discharge Rates for Anxiety in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	6.91	6.31
Age Group		
Age 0-17	7.99	5.16
Age 18-26	5.31	6.35
Age 27-44	4.15	4.93
Age 45-64	7.92	6.62
Age 65+	10.19	10.08
Sex		
Male	4.63	3.89
Female	9.19	8.73
Race/Ethnicity		
American Indian/Alaskan Native	15.78	7.84
Asian	4.08	3.28
Black	8.39	6.24
Hispanic	5.35	4.68
Multiracial	3.20	3.16
Native Hawaiian/Pacific Islander	7.75	0.00
White	8.05	8.17
Experiencing Homelessness		
Homeless Percent	5.29	2.88

ED Discharge Rates for Anxiety in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	216.18	196.70
Age Group		
Age 0-17	53.75	55.01
Age 18-26	365.94	311.92
Age 27-44	322.12	282.98
Age 45-64	208.85	201.21
Age 65+	150.73	148.73
Sex		
Male	189.54	165.18
Female	242.62	227.87
Race/Ethnicity		
American Indian/Alaskan Native	181.49	117.59
Asian	83.33	71.75
Black	396.33	362.82
Hispanic	224.19	215.97
Multiracial	47.43	37.29
Native Hawaiian/Pacific Islander	201.49	236.51
White	212.57	184.63
Experiencing Homelessness		
Homeless Percent	6.86	7.10

Arthritis

Inpatient Discharge Rates for Arthritis in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	9.01	9.35
Age Group		
Age 0-17	3.11	4.62
Age 18-26	2.17	3.91
Age 27-44	6.29	3.81
Age 45-64	14.02	13.51
Age 65+	21.23	24.69
Sex		
Male	10.29	10.83
Female	7.73	7.88
Race/Ethnicity		
American Indian/Alaskan Native	0.00	15.68
Asian	3.06	5.56
Black	17.47	14.57
Hispanic	9.18	7.49
Multiracial	1.28	4.42
Native Hawaiian/Pacific Islander	7.75	22.89
White	9.77	10.40
Experiencing Homelessness		
Homeless Percent	9.12	6.17

ED Discharge Rates for Arthritis in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	7.49	7.07
Age Group		
Age 0-17	0.14	0.14
Age 18-26	1.45	2.44
Age 27-44	3.93	4.48
Age 45-64	16.74	13.77
Age 65+	15.92	15.63
Sex		
Male	5.24	4.93
Female	9.74	9.21
Race/Ethnicity		
American Indian/Alaskan Native	15.78	15.68
Asian	3.31	2.27
Black	9.79	13.87
Hispanic	9.26	7.83
Multiracial	1.28	1.90
Native Hawaiian/Pacific Islander	15.50	53.41
White	6.04	6.31
Experiencing Homelessness		
Homeless Percent	6.50	5.15

Asthma

Inpatient Discharge Rates for Asthma in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	27.00	43.08
Age Group		
Age 0-17	57.95	120.60
Age 18-26	12.07	12.45
Age 27-44	14.14	15.47
Age 45-64	20.64	21.43
Age 65+	26.33	36.41
Sex		
Male	25.51	43.55
Female	28.49	42.62
Race/Ethnicity		
American Indian/Alaskan Native	31.56	31.36
Asian	20.90	34.10
Black	89.47	118.63
Hispanic	26.26	46.46
Multiracial	16.66	36.03
Native Hawaiian/Pacific Islander	46.50	68.67
White	20.12	31.91
Experiencing Homelessness		
Homeless Percent	3.95	1.34

ED Discharge Rates for Asthma in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	153.38	212.09
Age Group		
Age 0-17	207.56	397.67
Age 18-26	186.59	215.27
Age 27-44	148.60	169.18
Age 45-64	132.78	141.33
Age 65+	81.95	119.11
Sex		
Male	144.18	205.02
Female	162.58	219.14
Race/Ethnicity		
American Indian/Alaskan Native	134.14	117.59
Asian	60.65	112.17
Black	568.98	679.17
Hispanic	174.48	258.27
Multiracial	49.99	75.22
Native Hawaiian/Pacific Islander	379.73	350.96
White	106.00	137.95
Experiencing Homelessness		
Homeless Percent	4.09	2.59

Chronic Obstructive Pulmonary Disease (COPD)

Inpatient Discharge Rates for COPD in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	48.49	54.98
Age Group		
Age 0-17	0.68	0.54
Age 18-26	0.72	0.49
Age 27-44	4.60	3.03
Age 45-64	75.67	86.38
Age 65+	204.02	228.96
Sex		
Male	45.12	49.63
Female	51.86	60.32
Race/Ethnicity		
American Indian/Alaskan Native	31.56	47.04
Asian	18.09	22.74
Black	125.12	139.44
Hispanic	15.64	19.40
Multiracial	10.90	6.32
Native Hawaiian/Pacific Islander	100.74	83.92
White	75.46	84.10
Experiencing Homelessness		
Homeless Percent	7.66	6.13

ED Discharge Rates for COPD in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	80.15	81.27
Age Group		
Age 0-17	0.14	0.54
Age 18-26	0.97	1.22
Age 27-44	8.87	8.41
Age 45-64	139.53	132.37
Age 65+	312.93	323.79
Sex		
Male	79.40	79.97
Female	80.89	82.56
Race/Ethnicity		
American Indian/Alaskan Native	63.13	54.88
Asian	24.97	20.97
Black	258.63	192.86
Hispanic	27.62	30.72
Multiracial	7.05	12.64
Native Hawaiian/Pacific Islander	116.24	114.44
White	120.44	129.13
Experiencing Homelessness		
Homeless Percent	7.25	6.69

Inpatient Discharge Rates for COVID-19 in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	284.12	183.58
Age Group		
Age 0-17	25.05	53.10
Age 18-26	41.76	20.50
Age 27-44	159.04	42.15
Age 45-64	456.11	166.53
Age 65+	858.76	805.16
Sex		
Male	319.17	196.26
Female	249.07	170.95
Race/Ethnicity		
American Indian/Alaskan Native	189.38	172.47
Asian	158.77	105.85
Black	359.98	267.78
Hispanic	340.54	146.28
Multiracial	34.61	24.65
Native Hawaiian/Pacific Islander	790.45	350.96
White	232.76	213.81
Experiencing Homelessness		
Homeless Percent	2.37	3.09

ED Discharge Rates for COVID-19 in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	824.44	1083.76
Age Group		
Age 0-17	393.33	1043.88
Age 18-26	765.67	861.81
Age 27-44	980.28	929.09
Age 45-64	1071.49	1121.92
Age 65+	853.24	1554.58
Sex		
Male	790.75	953.86
Female	857.93	1212.99
Race/Ethnicity		
American Indian/Alaskan Native	583.92	736.91
Asian	364.17	646.97
Black	1413.35	1804.41
Hispanic	1042.69	1210.66
Multiracial	117.29	221.23
Native Hawaiian/Pacific Islander	1588.65	1579.31
White	580.08	906.14
Experiencing Homelessness		
Homeless Percent	1.77	1.93

Chronic Kidney Disease

Inpatient Discharge Rates for Chronic Kidney Disease in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	42.89	41.14
Age Group		
Age 0-17	1.49	2.31
Age 18-26	4.10	3.66
Age 27-44	18.18	14.13
Age 45-64	68.79	61.05
Age 65+	146.28	149.55
Sex		
Male	47.61	45.61
Female	38.16	36.67
Race/Ethnicity		
American Indian/Alaskan Native	31.56	31.36
Asian	48.42	49.77
Black	121.62	117.94
Hispanic	49.21	47.31
Multiracial	10.90	2.53
Native Hawaiian/Pacific Islander	77.50	144.96
White	26.66	24.74
Experiencing Homelessness		
Homeless Percent	3.90	2.73

ED Discharge Rates for Chronic Kidney Disease in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	31.69	32.39
Age Group		
Age 0-17	0.00	0.27
Age 18-26	3.62	2.20
Age 27-44	24.24	22.20
Age 45-64	45.95	44.17
Age 65+	96.81	106.56
Sex		
Male	31.54	33.27
Female	31.83	31.52
Race/Ethnicity		
American Indian/Alaskan Native	23.67	23.52
Asian	25.48	31.83
Black	97.16	84.64
Hispanic	32.38	31.23
Multiracial	7.69	3.79
Native Hawaiian/Pacific Islander	92.99	106.81
White	18.33	27.25
Experiencing Homelessness		
Homeless Percent	2.59	1.97

Chronic Pain

Inpatient Discharge Rates for Chronic Pain in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	5.84	5.53
Age Group		
Age 0-17	0.81	0.41
Age 18-26	1.21	1.46
Age 27-44	3.93	2.58
Age 45-64	10.90	9.74
Age 65+	13.16	15.43
Sex		
Male	4.57	4.32
Female	7.12	6.73
Race/Ethnicity		
American Indian/Alaskan Native	15.78	0.00
Asian	2.04	3.28
Black	9.79	11.10
Hispanic	3.91	2.89
Multiracial	1.28	3.79
Native Hawaiian/Pacific Islander	15.50	0.00
White	7.47	7.31
Experiencing Homelessness		
Homeless Percent	2.60	3.30

ED Discharge Rates for Chronic Pain in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	86.75	61.51
Age Group		
Age 0-17	3.25	3.80
Age 18-26	38.38	35.39
Age 27-44	78.34	51.80
Age 45-64	155.63	108.33
Age 65+	163.47	114.38
Sex		
Male	78.06	53.70
Female	95.44	69.29
Race/Ethnicity		
American Indian/Alaskan Native	55.24	78.39
Asian	18.60	15.66
Black	253.03	203.96
Hispanic	67.90	47.74
Multiracial	17.31	13.27
Native Hawaiian/Pacific Islander	69.75	53.41
White	100.25	68.90
Experiencing Homelessness		
Homeless Percent	8.95	8.74

Depression

Inpatient Discharge Rates for Depression in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	138.89	129.30
Age Group		
Age 0-17	181.84	150.62
Age 18-26	254.18	244.80
Age 27-44	112.01	110.54
Age 45-64	95.79	99.76
Age 65+	91.50	80.85
Sex		
Male	111.36	105.34
Female	166.35	153.18
Race/Ethnicity		
American Indian/Alaskan Native	189.38	164.63
Asian	67.53	52.04
Black	195.72	205.35
Hispanic	112.18	100.33
Multiracial	74.35	68.26
Native Hawaiian/Pacific Islander	100.74	167.85
White	161.26	153.01
Experiencing Homelessness		
Homeless Percent	10.39	9.81

ED Discharge Rates for Depression in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	78.56	65.76
Age Group		
Age 0-17	36.69	34.23
Age 18-26	155.45	120.57
Age 27-44	96.64	81.73
Age 45-64	74.24	61.31
Age 65+	49.47	45.05
Sex		
Male	75.68	63.25
Female	81.26	68.26
Race/Ethnicity		
American Indian/Alaskan Native	63.13	39.20
Asian	27.01	26.78
Black	192.92	155.40
Hispanic	58.98	51.74
Multiracial	21.79	12.64
Native Hawaiian/Pacific Islander	38.75	61.04
White	91.84	73.49
Experiencing Homelessness		
Homeless Percent	15.96	17.31

Diabetes

Inpatient Discharge Rates for Diabetes in San Diego County, 2021-22

Demographic	2021	2022
Overall San Diego County		
Total	219.25	231.37
Age Group		
Age 0-17	41.70	33.00
Age 18-26	143.62	157.42
Age 27-44	285.76	302.48
Age 45-64	270.11	282.92
Age 65+	355.18	382.01
Sex		
Male	200.87	214.14
Female	237.57	248.54
Race/Ethnicity		
American Indian/Alaskan Native	291.96	313.58
Asian	141.18	139.45
Black	436.87	439.83
Hispanic	263.20	279.20
Multiracial	44.86	47.41
Native Hawaiian/Pacific Islander	573.47	389.11
White	167.01	184.41
Experiencing Homelessness		
Homeless Percent	4.43	4.20

ED Discharge Rates for Diabetes in San Diego County, 2021-22

Demographic	2021	2022
Overall San Diego County		
Total	162.00	165.49
Age Group		
Age 0-17	13.40	15.48
Age 18-26	51.66	55.65
Age 27-44	122.00	129.72
Age 45-64	286.46	291.88
Age 65+	364.10	350.54
Sex		
Male	181.08	185.01
Female	142.92	146.03
Race/Ethnicity		
American Indian/Alaskan Native	236.72	219.50
Asian	71.61	62.65
Black	499.78	440.52
Hispanic	192.92	203.72
Multiracial	29.48	29.08
Native Hawaiian/Pacific Islander	309.98	320.44
White	119.65	128.84
Experiencing Homelessness		
Homeless Percent	8.47	6.44

Disorders of the Teeth

ED Discharge Rates for Disorders of the Teeth in San Diego County, 2021-22

Demographics	2021	2022
Overall San Diego County		
Total	128.51	134.28
Age Group		
Age 0-17	58.36	63.70
Age 18-26	154.97	156.94
Age 27-44	200.01	214.03
Age 45-64	129.67	132.37
Age 65+	78.13	78.79
Sex		
Male	127.86	133.13
Female	129.16	135.42
Race/Ethnicity		
American Indian/Alaskan Native	39.45	70.56
Asian	34.66	36.13
Black	412.40	450.23
Hispanic	127.73	141.68
Multiracial	0.00	0.00
Native Hawaiian/Pacific Islander	240.24	160.22
White	111.75	109.49
Experiencing Homelessness		
Homeless Percent	4.81	4.16

Overall Cancer

Inpatient Discharge Rates for Overall Cancer in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	265.31	262.45
Age Group		
Age 0-17	28.97	24.85
Age 18-26	36.45	31.00
Age 27-44	81.04	82.63
Age 45-64	410.16	382.16
Age 65+	948.77	957.80
Sex		
Male	267.48	263.46
Female	263.13	261.45
Race/Ethnicity		
American Indian/Alaskan Native	213.05	172.47
Asian	217.64	226.86
Black	320.84	292.76
Hispanic	193.34	187.30
Multiracial	35.25	42.35
Native Hawaiian/Pacific Islander	371.98	358.59
White	318.35	314.83
Experiencing Homelessness		
Homeless Percent	1.56	1.39

ED Discharge Rates for Overall Cancer in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	41.73	48.57
Age Group		
Age 0-17	0.95	1.49
Age 18-26	3.38	5.61
Age 27-44	9.65	13.79
Age 45-64	64.90	71.96
Age 65+	162.20	182.88
Sex		
Male	38.79	47.19
Female	44.68	49.95
Race/Ethnicity		
American Indian/Alaskan Native	31.56	23.52
Asian	29.82	35.62
Black	63.61	52.03
Hispanic	31.44	37.70
Multiracial	3.85	6.32
Native Hawaiian/Pacific Islander	69.75	61.04
White	48.58	58.72
Experiencing Homelessness		
Homeless Percent	1.02	1.88

Overall Heart Disease

Inpatient Discharge Rates for Overall Heart Disease in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	1035.81	1056.95
Age Group		
Age 0-17	24.10	24.45
Age 18-26	57.69	58.82
Age 27-44	207.98	220.75
Age 45-64	1280.07	1277.54
Age 65+	4648.76	4647.07
Sex		
Male	1172.88	1207.10
Female	898.77	907.04
Race/Ethnicity		
American Indian/Alaskan Native	536.57	619.32
Asian	691.14	693.71
Black	1793.60	1822.45
Hispanic	621.33	651.15
Multiracial	151.90	132.74
Native Hawaiian/Pacific Islander	1805.64	1968.41
White	1328.82	1343.94
Experiencing Homelessness		
Homeless Percent	3.46	3.30

ED Discharge Rates for Overall Heart Disease in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	1829.44	1858.91
Age Group		
Age 0-17	301.12	338.05
Age 18-26	1022.99	1093.92
Age 27-44	1457.63	1490.67
Age 45-64	2612.06	2577.03
Age 65+	4358.12	4343.64
Sex		
Male	1757.10	1770.03
Female	1901.63	1946.90
Race/Ethnicity		
American Indian/Alaskan Native	1404.56	1246.47
Asian	1054.03	1083.01
Black	3709.53	3752.42
Hispanic	1579.63	1619.54
Multiracial	265.34	269.26
Native Hawaiian/Pacific Islander	3030.07	2998.40
White	1918.67	1940.77
Experiencing Homelessness		
Homeless Percent	3.31	2.86

Overall Hypertension

Inpatient Discharge Rates for Overall Hypertension in San Diego County, 2021-22

Demographics	2021	2022
Overall San Diego County		
Total	329.87	345.97
Age Group		
Age 0-17	2.30	1.63
Age 18-26	86.17	90.06
Age 27-44	228.40	246.09
Age 45-64	349.16	364.49
Age 65+	1218.18	1237.16
Sex		
Male	302.00	317.77
Female	357.72	374.08
Race/Ethnicity		
American Indian/Alaskan Native	236.72	219.50
Asian	251.79	263.24
Black	874.43	952.50
Hispanic	247.48	260.90
Multiracial	69.86	54.99
Native Hawaiian/Pacific Islander	844.70	1007.10
White	345.73	360.79
Experiencing Homelessness		
Homeless Percent	5.05	4.96

ED Discharge Rates for Overall Hypertension in San Diego County, 2021-22

Demographic	2021	2022
Overall San Diego County		
Total	289.11	288.20
Age Group		
Age 0-17	2.44	2.31
Age 18-26	28.00	33.68
Age 27-44	158.93	165.59
Age 45-64	433.79	431.13
Age 65+	977.86	934.35
Sex		
Male	252.75	255.37
Female	325.46	320.92
Race/Ethnicity		
American Indian/Alaskan Native	181.49	203.83
Asian	241.59	242.52
Black	770.98	780.45
Hispanic	252.83	240.82
Multiracial	39.74	37.92
Native Hawaiian/Pacific Islander	464.97	488.29
White	256.41	264.72
Experiencing Homelessness		
Homeless Percent	3.63	3.59

Pain

Inpatient Discharge Rates for Pain in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	67.57	66.58
Age Group		
Age 0-17	10.15	7.88
Age 18-26	15.93	12.94
Age 27-44	32.66	30.38
Age 45-64	116.04	114.18
Age 65+	189.80	191.72
Sex		
Male	59.79	60.51
Female	75.35	72.50
Race/Ethnicity		
American Indian/Alaskan Native	39.45	39.20
Asian	29.56	33.35
Black	141.89	133.89
Hispanic	58.81	57.70
Multiracial	10.90	13.91
Native Hawaiian/Pacific Islander	92.99	91.55
White	70.07	67.83
Experiencing Homelessness		
Homeless Percent	4.01	2.92

ED Discharge Rates for Pain in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	3426.33	3697.61
Age Group		
Age 0-17	1491.67	1745.37
Age 18-26	3323.86	3650.79
Age 27-44	3629.09	3885.66
Age 45-64	4418.98	4651.88
Age 65+	4542.40	4836.32
Sex		
Male	2920.97	3127.41
Female	3931.15	4265.41
Race/Ethnicity		
American Indian/Alaskan Native	2477.71	2547.82
Asian	1479.62	1678.19
Black	7322.60	7571.44
Hispanic	3622.35	4025.29
Multiracial	570.43	671.90
Native Hawaiian/Pacific Islander	4378.49	5088.88
White	3113.39	3275.39
Experiencing Homelessness		
Homeless Percent	4.17	3.77

Schizophrenia

Inpatient Discharge Rates for Schizophrenia in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	196.91	168.92
Age Group		
Age 0-17	13.00	11.41
Age 18-26	299.08	232.60
Age 27-44	314.71	262.35
Age 45-64	241.81	221.86
Age 65+	99.14	98.33
Sex		
Male	244.89	208.36
Female	148.88	129.48
Race/Ethnicity		
American Indian/Alaskan Native	307.74	235.18
Asian	69.57	59.11
Black	688.50	623.67
Hispanic	151.27	135.73
Multiracial	127.54	99.24
Native Hawaiian/Pacific Islander	232.49	152.59
White	196.04	162.33
Experiencing Homelessness		
Homeless Percent	33.17	32.10

ED Discharge Rates for Schizophrenia in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	187.90	158.44
Age Group		
Age 0-17	11.64	14.53
Age 18-26	255.87	223.08
Age 27-44	329.98	261.79
Age 45-64	216.50	190.82
Age 65+	87.89	80.43
Sex		
Male	233.44	201.00
Female	142.31	116.03
Race/Ethnicity		
American Indian/Alaskan Native	173.60	156.79
Asian	53.52	49.26
Black	782.87	727.73
Hispanic	127.90	113.09
Multiracial	52.56	36.66
Native Hawaiian/Pacific Islander	340.98	190.74
White	194.89	153.44
Experiencing Homelessness		
Homeless Percent	30.88	31.42

Suicide

Inpatient Discharge Rates for Suicide in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	25.84	24.92
Age Group		
Age 0-17	29.52	23.90
Age 18-26	34.76	33.68
Age 27-44	24.80	25.11
Age 45-64	24.40	26.63
Age 65+	16.56	16.05
Sex		
Male	20.46	19.89
Female	31.23	29.89
Race/Ethnicity		
American Indian/Alaskan Native	0.00	15.68
Asian	11.21	9.85
Black	38.44	38.16
Hispanic	20.40	18.81
Multiracial		
Native Hawaiian/Pacific Islander	23.25	22.89
White	30.47	30.54
Experiencing Homelessness		
Homeless Percent	8.95	11.08

ED Discharge Rates for Suicide in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	273.22	277.82
Age Group		
Age 0-17	400.91	411.11
Age 18-26	406.01	392.22
Age 27-44	277.34	281.63
Age 45-64	188.47	201.34
Age 65+	86.83	93.60
Sex		
Male	254.33	258.41
Female	291.56	296.85
Race/Ethnicity		
American Indian/Alaskan Native	402.43	329.26
Asian	86.39	87.66
Black	605.32	668.76
Hispanic	216.12	234.27
Multiracial	114.73	86.59
Native Hawaiian/Pacific Islander	271.23	236.51
White	308.08	305.44
Experiencing Homelessness		
Homeless Percent	14.98	14.35

Unintentional Injuries

Inpatient Discharge Rates for Unintentional Injuries in San Diego County, 2021-2022

Demographics	2021	2022
Overall San Diego County		
Total	65.29	56.26
Age Group		
Age 0-17	29.52	26.76
Age 18-26	47.55	40.52
Age 27-44	70.15	62.22
Age 45-64	90.73	71.70
Age 65+	86.19	78.58
Sex		
Male	86.34	73.16
Female	44.25	39.28
Race/Ethnicity		
American Indian/Alaskan Native	47.34	70.56
Asian	13.76	14.15
Black	171.25	147.07
Hispanic	49.04	43.65
Multiracial	18.59	22.75
Native Hawaiian/Pacific Islander	46.50	76.30
White	75.46	63.17
Experiencing Homelessness		
Homeless Percent	17.62	14.95

ED Discharge Rates for Unintentional Injuries in San Diego County, 2021-2022

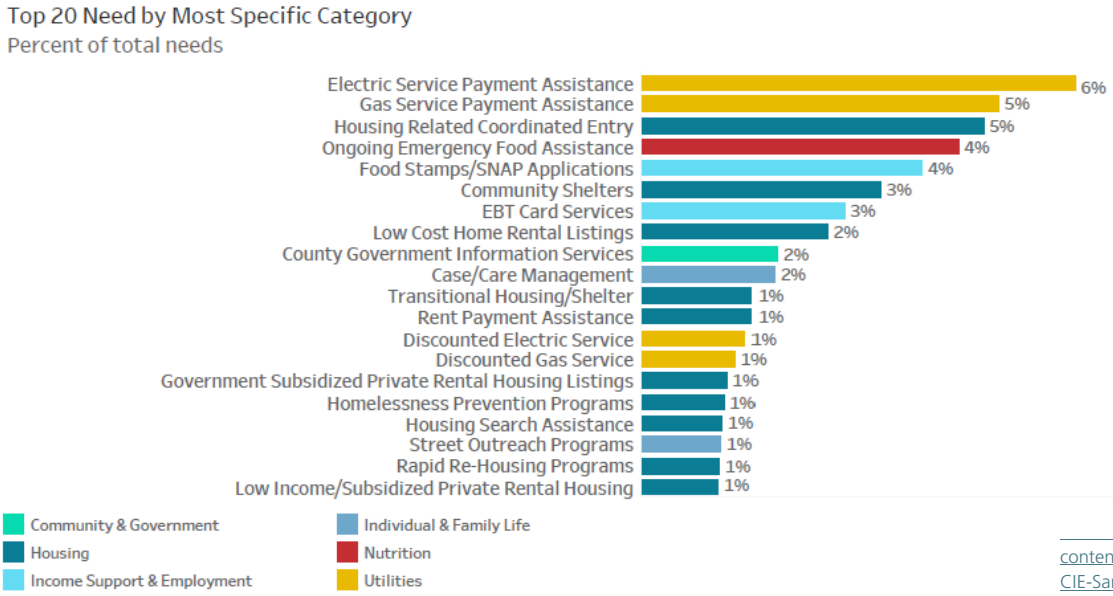
Demographics	2021	2022
Overall San Diego County		
Total	297.08	289.99
Age Group		
Age 0-17	332.26	324.06
Age 18-26	365.70	345.11
Age 27-44	340.30	327.93
Age 45-64	237.66	246.41
Age 65+	194.89	189.05
Sex		
Male	365.14	359.43
Female	228.92	220.23
Race/Ethnicity		
American Indian/Alaskan Native	197.27	133.27
Asian	94.80	89.93
Black	501.87	557.76
Hispanic	290.14	295.96
Multiracial	98.06	101.13
Native Hawaiian/Pacific Islander	216.99	221.26
White	310.38	289.52
Experiencing Homelessness		
Homeless Percent	10.69	11.77

Appendix H – San Diego County Resources and Assets to Meet Community Needs

San Diego's rich service ecosystem includes community-based organizations (CBOs), government agencies, hospital and health systems, federally qualified health centers (FQHCs), and other community members and organizations that seek opportunities to collaborate to improve the health of San Diegans. This service ecosystem is engaged in addressing all of the health needs identified by this assessment.

Community Resources in San Diego County

2-1-1 San Diego is an important community resource and information hub. Through its 24/7 phone service and online database, it helps connect individuals with community, health, and disaster services. In recognition that available programs and services are continuously changing, we encourage community members to access the most available, current data through 2-1-1 San Diego. In addition to connecting individuals to community services over the phone, 2-1-1 San Diego also manages the Community Information Exchange (CIE). The CIE is a network comprised of more than 139 health, social, and government organizations coordinating care through a shared technology platform and data integration. As of January 2025, there are more than 350,000 San Diegans who have consented to share their information with CIE members. The following graphic lists the top 20 needs organized by specific category and percentage of 2-1-1 clients in 2023. Needs represent the reasons or descriptions of the type of help that was provided and are documented when clients receive referrals to community services. There were 545,082 total needs for this client population. For more specific information about the needs within each service category, please contact 2-1-1 San Diego or visit their website (http://www.211sandiego.org/).



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CIE Information
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11sandiego.org/wp-content/uploads/2024/08/211-CIE-San-Diego-Client-Profile-Report-All-Clients-CY2023-2024-12.pdf

Healthcare Facilities in San Diego County

The California Department of Health Care Access and Information (HCAI) is an excellent resource to find more detailed information on every health care facility licensed in California. The following data is available on their Healthcare Facility Attributes website: https://hcai.ca.gov/data-and-reports/healthcare-facility-attributes/.

Facility Profiles – Interactive map to find a summary profile of facility information, including license, service level, revenue, payer mix, length of stay, and building safety information. Use the map or search functions to find hospital, long-term care, clinical, home health, and hospice facilities.

Licensed Facility Information System (LFIS) – View facility license information of California hospitals, long-term care facilities, primary care and specialty clinics, home health agencies and hospices.

Licensed Healthcare Facility Listing – A list of California healthcare facilities licensed by California Department of Public Health, Licensing and Certification.

Licensed Facility Crosswalk – This dataset provides a simple crosswalk using Department of Health Care Access and Information (HCAI) assigned licensed facility identification numbers linked with matched California Department of Public Health (CDPH), Licensing and Certification facility lists based on license number. This is not a comprehensive matched list, facility identification numbers that did not match are also included from both the HCAI and CDPH lists. Facility Status or Facility Level designations may explain some HCAI non-matches, for additional information contact HCAI directly. Please contact CDPH directly for more information regarding un-matched facility identifiers that do not have corresponding HCAI identifiers.

Appendix I – County of San Diego Community Health Statistics Data Resource Guide

The **Community Health Statistics Unit (CHSU)** gathers and shares data on several health behaviors, illnesses, and injuries within various populations, offering insights into health trends and benchmarks against national and state trends. By leveraging data reports, visual tools, and predictive analysis, CHSU supports informed decision-making and highlights areas for preventive measures for San Diego County.

The purpose of the **Community Health Statistics Unit** is to meet the various data needs of San Diego County. Data is available from the CHSU at the following geography levels:

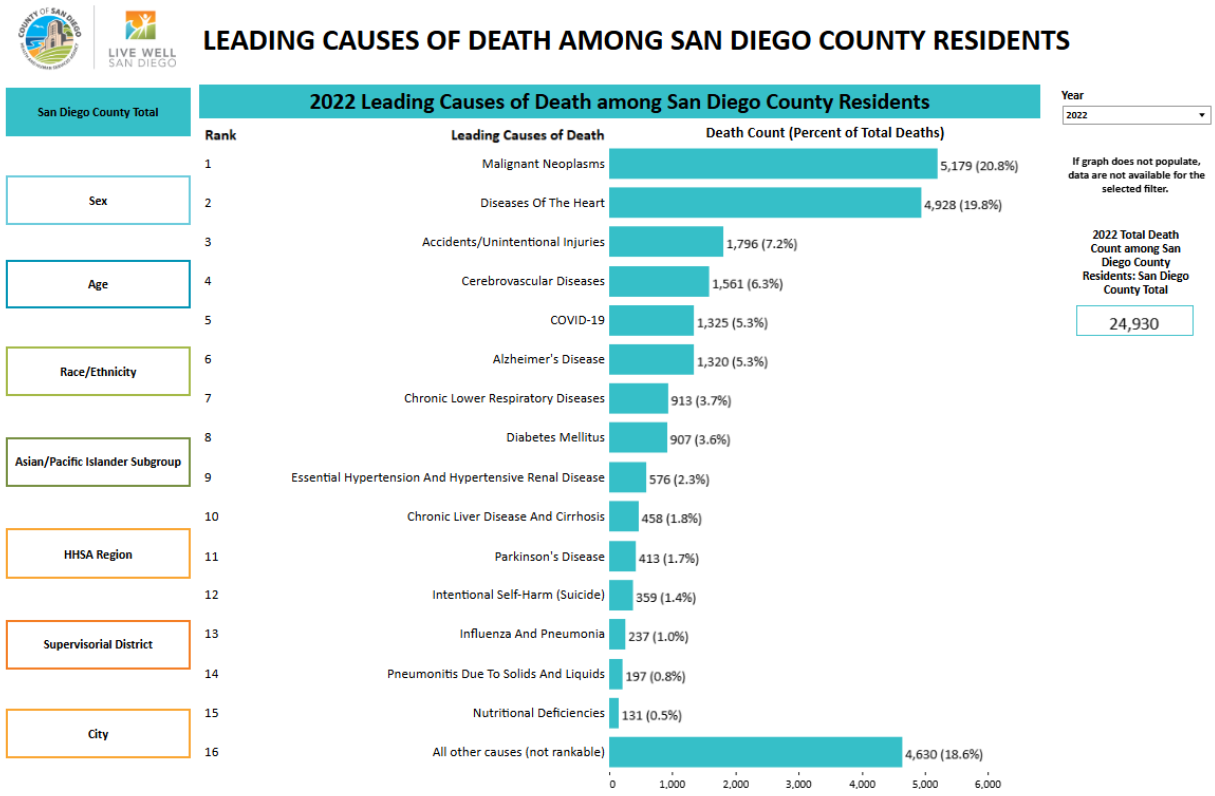
- **Regional**
- **Subregional Area (SRA)**
- **Supervisorial District**
- **Municipality/Unincorporated Area**
- **Census Tract**

For more information, please contact the Community Health Statistics Unit at **PHS.CHSU.HHSA@sdcounty.ca.gov**

The resources presented in this appendix highlights some key briefs, reports, and dashboards to help explore San Diego's community health needs in greater depth. To view CHSU's full range of data and reports, please visit this **website**.

Community Health Statistics Unit: Measures of Mortality

2011-2022 Leading Causes of Death among San Diego County Residents Dashboard[1]



Top 5 Leading Causes of Death, 2022[2]

United States[1]	California[1]	San Diego County[4]
1. Diseases of the Heart	1. Diseases of the Heart	1. Cancer
2. Cancer	2. Cancer	2. Diseases of the Heart
3. Accidents	3. Accidents	3. Accidents
4. COVID-19	4. Stroke	4. Stroke
5. Stroke	5. COVID-19	5. COVID-19

Community Health Statistics Unit: Measures of Mortality[3]

2022* LIFE EXPECTANCY IN SAN DIEGO COUNTY

Overall: 80.8 years

Sex		Race / Ethnicity				HHSA Region					
Male	78.2	Asian	85.4	Hispanic	81.3	North Coastal	81.4	North Central	85.3	East	78.5
Female	83.6	Black	72.8	White	80.3	North Inland	79.1	Central	79.8	South	80.0

Geography	2022 Life Expectancy
Central Region	**79.8**
Central San Diego	83.5
Mid City	78.0
Southeastern San Diego	77.9
East Region	**78.5**
Alpine	77.5
El Cajon	82.5
Harbison Crest	NA
Jamul	NA
La Mesa	76.9
Laguna Pine Valley	NA
Lakeside	85.3
Lemon Grove	75.6
Mountain Empire	NA
Santee	80.5
Spring Valley	80.0
North Central Region	**85.3**
Coastal	83.4
Del Mar-Mira Mesa	80.6
Elliott Navajo	84.9
Kearny Mesa	80.5
Miramar	NA
Peninsula	84.6
University	87.8

Geography	2022 Life Expectancy
North Coastal Region	**81.4**
Carlsbad	86.1
Oceanside	77.8
Pendleton	NA
San Dieguito	87.5
Vista	77.2
North Inland Region	**79.1**
Anza-Borrego	NA
Escondido	78.0
Fallbrook	79.4
North San Diego	84.6
Palomar-Julian	NA
Pauma	NA
Poway	82.6
Ramona	77.5
San Marcos	82.6
Valley Center	81.7
South Region	**80.0**
Chula Vista	75.3
Coronado	83.7
National City	77.8
South Bay	79.3
Sweetwater	87.0
San Diego County	**80.8**

NA=Not Available, censored due to variance in population size.

Data Sources: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System (VRBIS). State of California, Department of Public Health, California Comprehensive Birth Files. County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child and Family Health Services (www.sdmcfhs.org). 09/22/2023. California Department of Public Health, Center for Health Statistics and Informatics, California Vital Data (Cal-Vida) (Accessed September 2023). California Department of Finance. Demographic Research Unit. Report P-3: Population Projections, California, 2020-2060 (Baseline 2019 Population Projections; Vintage 2023 Release). Sacramento: California. July 2023 (Accessed September 2023).

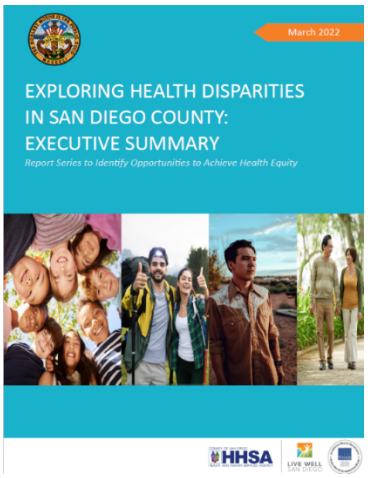
**SANDAG Population Estimates, 2022 (vintage: 11/2023) were derived from the 2020 decennial census. The COVID-19 pandemic was associated with increases in all-cause mortality. COVID-19 deaths have affected the patterns of mortality including Life Expectancy.*

Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, December 2023.

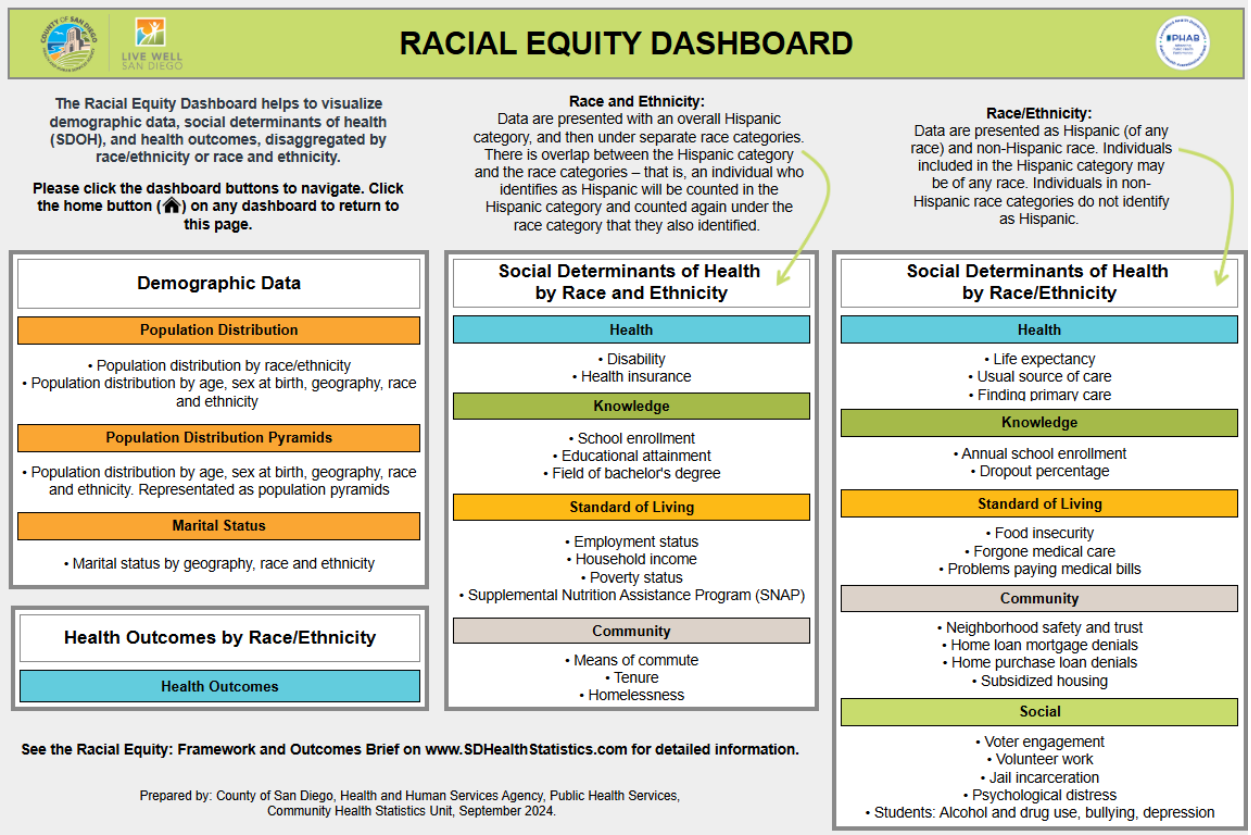
Community Health Statistics Unit: Health Equity in San Diego[4]

The Exploring Health Disparities in San Diego County series includes detailed reports with data and information for each of the lenses of health equity[5]:

- Age
- Gender
- Geography
- Race/Ethnicity
- Socioeconomic Status

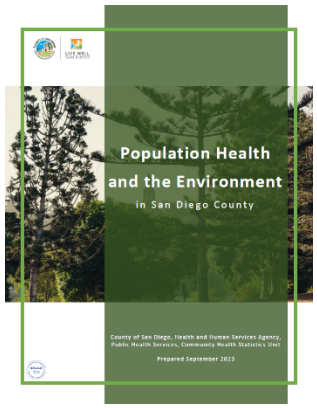


Health Equity Dashboards[6]



Community Health Statistics Unit: Population Health and the Environment

Data on population health and the environment in San Diego County can be viewed on the Population Health and the Environment Dashboard. The interactive dashboard includes a variety of data from federal, state, and local sources and covers five themes related to population health and the environment in San Diego County. The accompanying brief highlights key findings from the dashboard.[7]



Population Health and the Environment Dashboard[8]

Community Health Statistics Unit: Self-Sufficiency

San Diego County Self-Sufficiency Standard Brief[9]

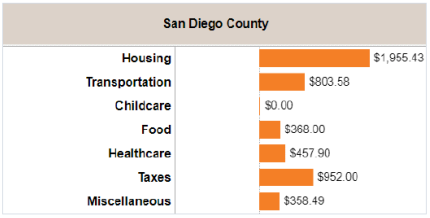
The tool describes the minimum income needed to meet basic expenses such as housing, food, transportation, and health care by HHSA Region and SRA. The tool also approximates taxes paid in each region and calculates the minimum amount a resident in that region should have in savings, should they suddenly lose their job. Overall, the standard estimates the minimum income needed to make ends meet in each region, SRA, and San Diego County overall based on the average amount spent on basic necessities each month.

Table 1: Self-Sufficiency Income for a Single-Adult Household, San Diego County, 2023.
The average minimum income required to be economically self-sufficient without public or private assistance (based on an adult working 40 hours per week).

	San Diego County
Hourly (per adult)	$28.24
Monthly	$4,895.39
Annual	$58,744.71

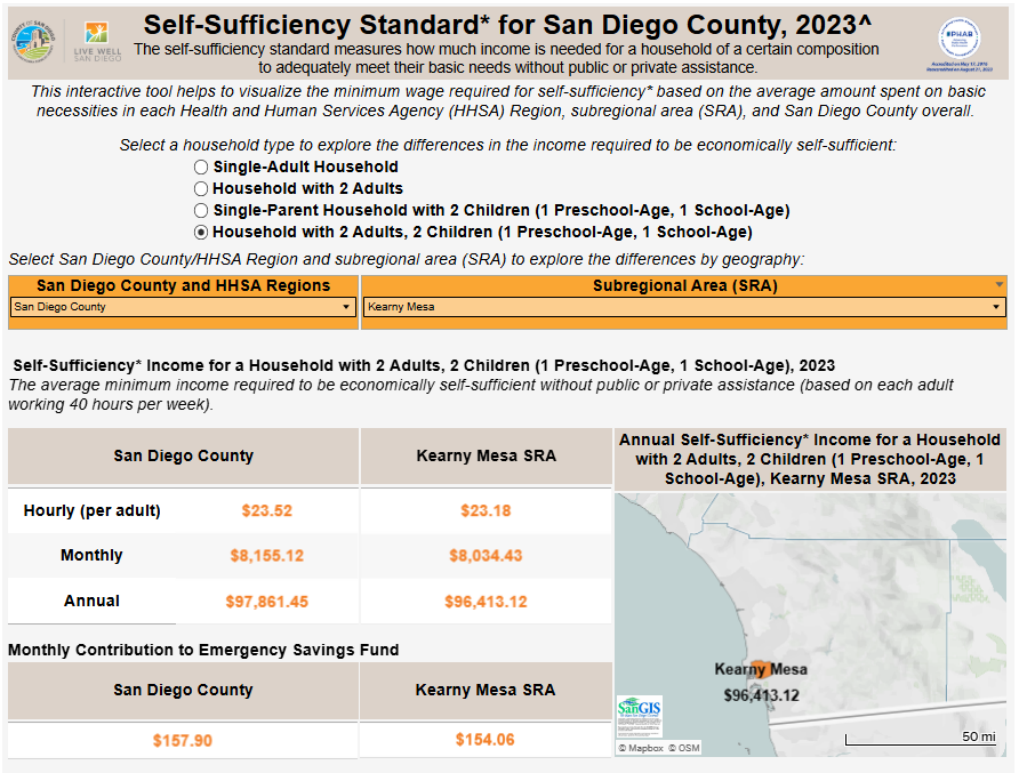
Sources: See Self-Sufficiency Standard Dashboard, San Diego County (Updated March 2024) | Tableau Public
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2024.

Figure 2: Monthly Costs for a Single-Adult Household, San Diego County, 2023.
The average amount spent per month by expense type to meet basic necessities without public or private assistance.



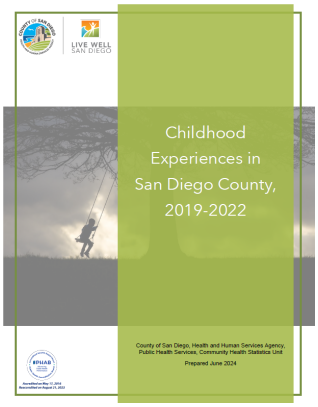
Sources: See Self-Sufficiency Standard Dashboard, San Diego County (Updated March 2024) | Tableau Public
Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, March 2024.

Self-Sufficiency Standard Dashboard[10]

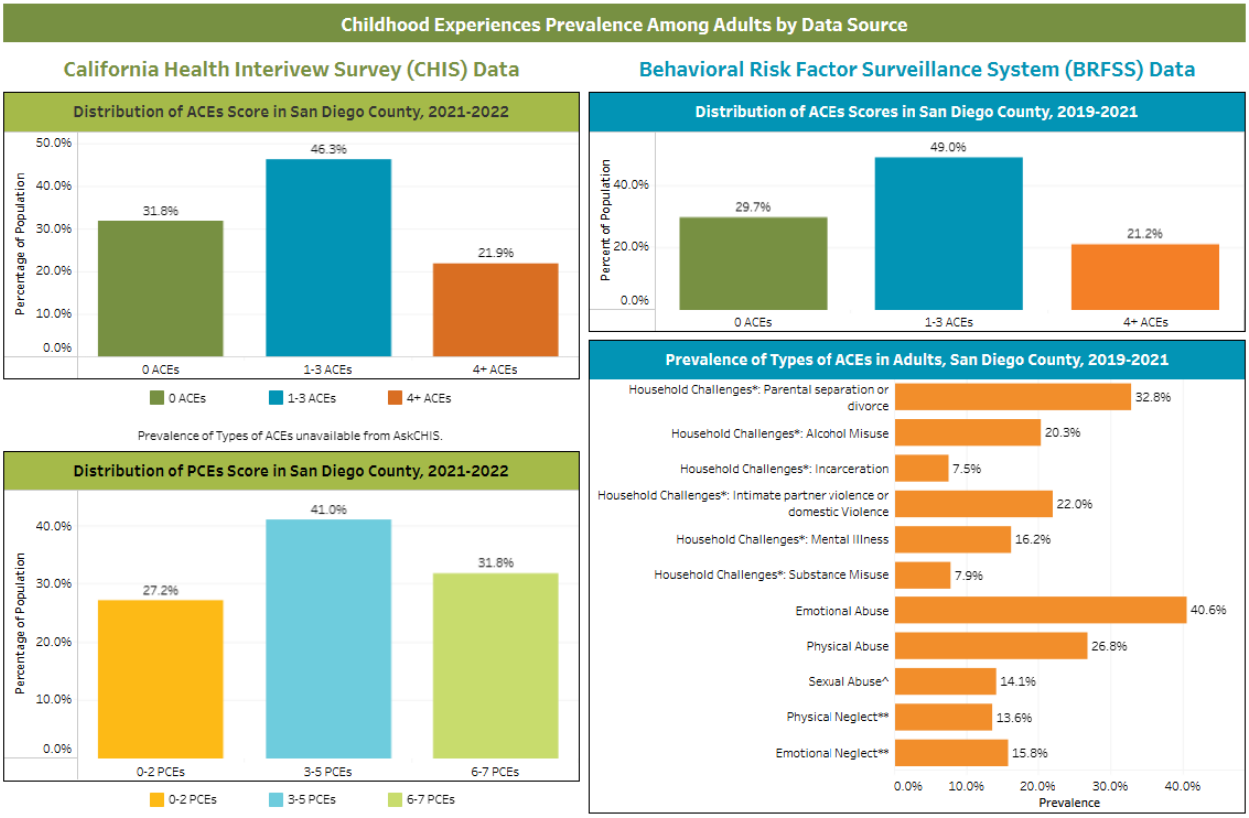


Community Health Statistics Unit: Childhood Experiences in San Diego County

Childhood Experiences in San Diego County 2019-2022 Brief[11]



Childhood Experiences Dashboard[12]



Community Health Statistics: Demographic Profiles[13]

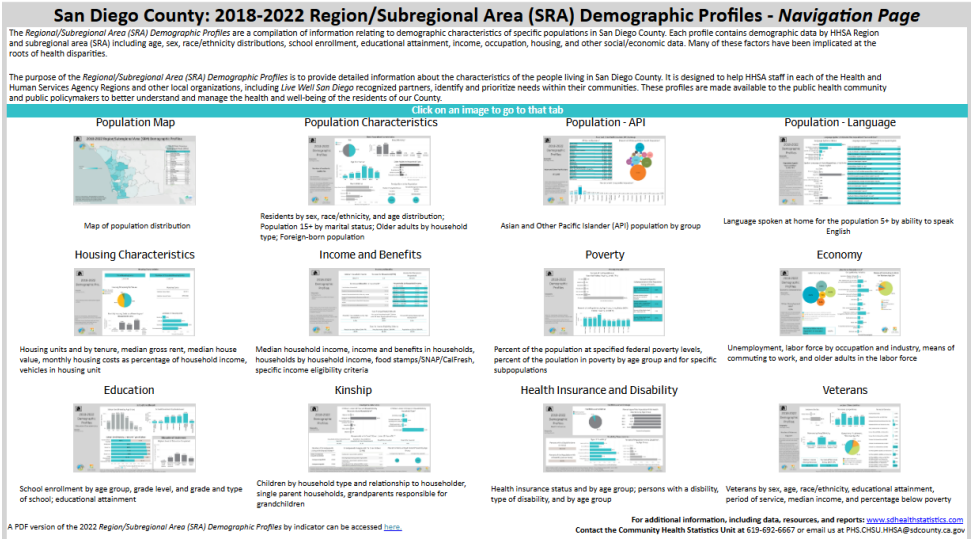
The Demographic Profiles are a compilation of information relating to demographic characteristics of specific populations in San Diego County, including SDOH. Each Profile contains demographic data for each HHSA Region and subregional area (SRA), including age, gender, race/ethnicity distributions, school enrollment, educational attainment, income, occupation, housing, and other SDOH. Many of these factors have been implicated at the roots of health disparities. The profiles are designed to help HHSA staff in each of the Health and Human Services Regions (Regions) and other local organizations, including Live Well San Diego recognized partners, identify, and prioritize needs within their communities.

The demographic profiles below contain the most recent demographic and economic data available by Health and Human Services (HHSA) region, city, and supervisorial district in PDF format. The Demographic Profiles are also available online as dynamic Tableau dashboards.

Region/SRA Demographic Profiles | **City Demographic Profiles** | **Supervisorial District Demographic Profiles** | **Census Tract Demographic Profile Dashboard**

The Navigation Pages include the following dashboards -

- Population
- Population characteristics
- Population – API
- Population – Language
- Housing Characteristics
- Income and Benefits
- Poverty
- Economy
- Education
- Kinship
- Health Insurance and Disability
- Veterans



Endnotes/Links to County of San Diego Data Resources

[1] https://public.tableau.com/app/profile/chsu/viz/2011-2022LeadingCausesofDeathamongSanDiegoCountyResidentsDashboard_17061230333170/SDCountyDashboard accessed March 2025

[2]https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_health_statistics/CHSU_Mortality.html accessed March 2025

[3]https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/Life%20Expectancy%20in%20San%20Diego%20County%202010-2022.pdf accessed March 2025

[4]https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_health_statistics/healthequity.html#hefw accessed March 2025

[5]https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/Health%20Equity%20Report%20Series_Executive%20Summary_2022.pdf accessed March 2025

[6]https://public.tableau.com/app/profile/chsu/viz/RacialEquityDashboardSanDiegoCountyupdated2024_17266993005460/HOME?publish=yes accessed March 2025

[7]https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/Population%20Health%20and%20the%20Environment%20Brief%20FINAL.pdf accessed March 2025

[8]https://public.tableau.com/app/profile/chsu/viz/PopulationHealthandTheEnvironment/HomePage?publish=yes accessed March 2025

[9] https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/Individual%20Self-Sufficiency%20Brief%202023.pdf accessed March 2025

[10] https://public.tableau.com/app/profile/chsu/viz/Self-SufficiencyStandardDashboardSanDiegoCountyUpdatedMarch2024/Self-SufficiencyStandardDashboard accessed March 2025

[11]https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/CHS/Childhood%20Experiences%20in%20San%20Diego%20County%20Brief.pdf accessed April 2025

[12]https://public.tableau.com/app/profile/chsu/viz/ChildhoodExperiencesDashboard_17182930294580/AboutACEs accessed April 2025

[13] https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_health_statistics/regional-community-data.html accessed April 2025

Appendix J – Endnotes

[1] Section 501(r)(3)(A) requires a hospital organization to conduct a community health needs assessment (CHNA) every three years and to adopt an implementation strategy to meet the community health needs identified through the CHNA. Community health needs assessment for charitable hospital organizations - Section 501(r)(3) | Internal Revenue Service.

[2] Section 501(r)(3)(B) provides that the CHNA must: Take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health, and be made widely available to the public. A hospital organization meets the requirements of Section 501(r)(3) with respect to a hospital facility it operates: If the hospital facility has conducted a CHNA in the taxable year or in either of the two immediately preceding taxable years, and an authorized body of the hospital facility has adopted an implementation strategy to meet the community health needs identified through the CHNA on or before the 15th day of the fifth month after the end of such taxable year. https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3.

[3] Demographic and community need information data presented throughout the body of this document was prepared by the Hospital Association of San Diego & Imperial Counties, 2025 Community Health Needs Assessment (CHNA), March 2025. It includes data from the San Diego County Health and Human Services Agency (HHSA), Public Health Services including Community Health Statistics, Health Equity Dashboards and Morbidity and Mortality data. Hospital discharge trend data retrieved from California's Department of Health Care Access and Information (HCAI) Limited data sets, 2021-2022, SpeedTrack©. Hospital discharge data from select health conditions at the primary diagnosis level were exported from SpeedTrack's California Universal Patient Information Discovery (CUPID) application and used to identify two-year rates for primary diagnosis discharge categories, stratified by age group, sex, race/ethnicity, and by individuals identified as experiencing homelessness. Rates are presented per 100,000 population.a

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[16] San Diego County 2018-2022 Demographic Profiles
[17] Estimated Healthy Places Index (HPI) Quartiles by Subregional Area, San Diego County
[18] California Health Interview Survey - 2022
[19] Hennink, M., Kaiser, B.N. (2022). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social Science & Medicine* (292), https://doi.org/10.1016/j.socscimed.2021.114523. https://www.sciencedirect.com/science/article/pii/S0277953621008558
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[25] Healthy Places Index
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[37] Parents Under Pressure - The U.S. Surgeon General's Advisory on the Mental health & Well-Being of Parents
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[41] 2018-2022 Demographic Profiles - Live Well San Diego
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[54] The devastating flood of 2024, told by those who were there - inewsource
[55] Fierce heat wave keeps San Diego area sweltering - KPBS
[56] Emergency declared in San Diego as wettest January day on record brings widespread flooding - NBC News
[57] Public health crisis unfolds as Tijuana River sewage contamination escalates - SDSU News Team
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[67] For details about inequities in San Diego County by region, race/ethnicity, and age, find see: Community Health Statistics Unit – County of San Diego
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[74] From the County of San Diego Demographics report: "*This indicator provides number and percentage of persons with a disability (one or more). Disability is a dynamic concept that changes over time as one's health improves or declines, as technology advances, and as social structures adapt. Measuring this complex concept of disability with a short set of six questions is difficult. Overall, the American Community Survey (ACS) attempts to capture six aspects of disability, which can be used together to create an overall disability measure, or independently to identify populations with specific disability.*" types. 2018-2022 Demographic Profiles - Live Well San Diego

[75] See Appendix E for a full description of the field interview results

[76] For definitions of trauma and trauma-informed care, see: https://letsgethealthy.ca.gov/goals/healthy-beginnings/adverse-childhood-experiences/
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[78] For a discussion of ACEs, see: https://www.cdc.gov/aces/about/index.html

[79] ADA Requirements: Service Animals - American Disability Association

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[87] Validation of an Algorithm for Categorizing the Severity of Hospital Emergency Department Visits - National Library of Medicine

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[97] In October 2024, the County of San Diego received a grant to expand recuperative care facilities. See: County Awarded $12.4 million to Establish New Recuperative Beds - County News Center

[98] See the County's IHSS website at: In-Home Supportive Services (IHSS) - County of San Diego

[99] A Description of U.S. Adults Who Are Not Digitally Literate - U.S. Department of Education

[100] Researching Internet-Based Populations: Advantages and Disadvantages of Online Survey Research, Online Questionnaire Authoring Software Packages, and Web Survey Services - Oxford Academic

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