

Sharp HealthCare
Community Benefit Plan and Report

Fiscal Year 2017



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



**Sharp HealthCare
Community Benefit Plan and
Report
Fiscal Year 2017**

Submitted to:

Office of Statewide Health Planning and Development
Healthcare Information Division – Accounting and Reporting Systems Section
400 R Street, Room 250
Sacramento, CA 95811

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Community. It's a powerful word. It means different things to different people.

For one San Diego father many years ago, it meant a promise.

In 1944, Thomas E. Sharp lost his son — 22-year-old San Diego pilot Donald N. Sharp — who gave his life for his country on a mission with the B-26 Marauders of the United States Army Air Forces.

To honor his son, Thomas E. Sharp made a generous donation in 1950 to fund the first Sharp hospital, with the promise that the new hospital be named the Donald N. Sharp Memorial Community Hospital and be “dedicated to all servicemen who sacrificed their lives.” It was to be a health care organization designed not for profit, but for people; committed to the care, health and well-being of the community.

Since that time, Sharp HealthCare has held true to its commitment and has expanded to serve San Diego County with four acute care and three specialty care hospitals, three affiliated medical groups and more than 18,000 employees. In addition, Sharp has pledged to our community an extraordinary standard of care through The Sharp Experience — bringing focus and alignment in all we do to the most basic and critical element of the health care equation: people.

Each page of our Fiscal Year 2017 *Sharp HealthCare Community Benefit Plan and Report* reflects a commitment to the community that is stronger than ever. This commitment is represented not only by uncompensated care dollars, but also by nearly 74,000 hours devoted by Sharp team members to programs beyond our medical facilities — including free screenings, resources and transportation to those in need, mentorship and training for students, and education and support to members of our community.

In Fiscal Year 2017, Sharp's community benefit contributions totaled \$415,307,122 and included such vital community support as uncompensated care, benefits for vulnerable populations, and health research and education activities.

This support is our commitment to the promise that founded Sharp HealthCare. That promise to the San Diego community defines our organization and inspires our vision to be the best place to work, the best place to practice medicine and the best place to receive care. As we look ahead to the challenges in health care, our commitment is only further strengthened, and we will continue to go above and beyond to serve members of the San Diego community. We will continue to spend each day providing care and programs that set community standards, exceed community expectations, and honor the sacrifice Donald N. Sharp made for his nation more than 70 years ago.



Michael W. Murphy
President and CEO

Preface

Sharp HealthCare (Sharp or SHC) prepared this Community Benefit Report for Fiscal Year 2017 (FY 2017) in accordance with the requirements of Senate Bill 697 (SB 697), community benefit legislation.¹

Enacted in September 1994, SB 697 requires not-for-profit hospitals to file a report annually with the Office of Statewide Health Planning and Development (OSHPD) on the activities undertaken to address community needs within their mission and financial capacity. In addition, not-for-profit hospitals are, to the extent possible, to assign and report the economic value of community benefit provided in furtherance of their plans, according to the following framework: medical care services; other benefits for vulnerable populations; other benefits for the broader community; health research, education and training programs; and non-quantifiable benefits.

¹ According to SB 697, hospitals under the common control of a single corporation or another entity may file a consolidated report with the OSHPD. See California Health and Safety Code Section 127340 et seq.

Glossary of Terms and Abbreviations

2-1-1

2-1-1 San Diego

A

AANS

American Association of Neurological Surgeons

AAP

American Academy of Pediatrics

AARP

American Association of Retired Persons

ACNL

Association of California Nurse Leaders

ACP

Advance Care Planning

ACS

American Cancer Society

ADA

American Diabetes Association

ADOD

Alzheimer's disease and other dementias

AED

Automated External Defibrillator

AHA

American Heart Association

AhA

American Hospital Association

AIDS

Acquired Immunodeficiency Syndrome

AIM

Advanced Illness Management

AIS

County of San Diego Aging and Independence Services

ANCC

American Nurses Credentialing Center

APA

American Psychological Association

APU

Azusa Pacific University

ASA

American Stroke Association

ASCO

American Society of Clinical Oncology

ASP

Antimicrobial Stewardship Program

AWHONN

Association of Women's Health, Obstetric and Neonatal Nurses

B

BAME CDC

BAME Renaissance, Inc.

BFCHC

The Breastfeeding-Friendly Community Health Centers project- a HHS Live Well San Diego initiative that selected SGH's Prenatal Clinic as a pilot to help establish Baby-Friendly USA guidelines in clinics around breastfeeding during the prenatal period and after discharge

BLS

U.S. Bureau of Labor Statistics

BMI
Body Mass Index

C

CAHHS
California Association of Hospitals and Health Systems

CAHPS
Consumer Assessment of Healthcare Providers and Systems

Cal MediConnect
Three-year project between Medi-Cal and Medicare in seven California counties, to promote coordinated health delivery to seniors and people with disabilities who are dually eligible for both public health insurance programs.

CalFresh
Supplemental Nutrition Assistance Program – a federal program known locally as the CalFresh Program.

CCCC
Coalition for Compassionate Care of California

CCP
Community Care Partner

CCR
Center for Cancer Research

CCT
Compassion Cultivation Training

CDC
Centers for Disease Control and Prevention

CDPH
California Department of Public Health

CEP
Central Energy Plant

CHA
California Hospital Association

CHAMPVA
Civilian Health and Medical Program of the U.S. Department of Veterans Affairs

CHAPCA
California Hospice and Palliative Care Association

CHCF
California HealthCare Foundation

CHD
Coronary Heart Disease

CHF
Congestive Heart Failure

CHIP
Community Health Improvement Partners

CHIS
The California Health Interview Survey – California’s state health survey and the largest state health survey in the nation. Conducted on a continuous basis, a full data cycle takes two years to complete. CHIS data provide statewide information on the overall population, including many racial and ethnic groups, as well as local level information on most counties.

CHNA
Community Health Needs Assessment – a report on the current health status and health-related needs of San Diego County residents, as well as changes and trends in resident health status. The needs assessment began in 1995 to

comply with state community benefit legislation (SB 697), and is an integral part of the community benefit process. The most recent CHNA was completed in collaboration with HASD&IC in 2016.

CMS

San Diego County Indigent Medical Services

CME

Continuing Medical Education

CNA

Certified Nursing Assistant

CNI

Community Need Index

CO₂

Carbon Dioxide

COPD

Chronic Obstructive Pulmonary Disease

Covered California

Insurance marketplace implementing the federal Patient Protection and Affordable Care Act in California.

CPE

Clinical Pastoral Education

CPR

Cardiopulmonary Resuscitation

CRRA

California Resource Recovery Association

CSA

Community Supported Agriculture

CSU

California State University

CSUSM

California State University San Marcos

CT

Computed Tomography

CTI

Care Transitions Intervention

CTIS

California Teratogen Information Service

CWISH

Council of Women's and Infants' Specialty Hospitals

D

DBT

Dialectical Behavioral Therapy

DMCCP

Diabetes Management Care Coordination Project; a program of Family Health Centers of San Diego

DME

Durable Medical Equipment

E

EAPA

Employee Assistance Professionals Association

EBPI

Evidence-Based Practice Institute

ECAN

East County Action Network

ECSSP

East County Senior Service Providers

ED

Emergency Department

EMCC
Emergency Medical Care Committee

EMS
Emergency Medical Services

EMSA
Emergency Medical Services Authority

EPA
U.S. Environmental Protection Agency

ES
Energy Star, an international standard for energy efficiency

EVCs
Electric vehicle chargers

F

FAST
Face, Arms, Speech, Time

FHCSD
Family Health Centers of San Diego

Food Bank
San Diego Food Bank

FPL
Federal Poverty Level

FSD
Feeding San Diego (formerly Feeding America)

FY
Fiscal Year

FY 2017
Fiscal Year 2017 (as of and for the year ended September 30, 2017)

FY 2018
Fiscal Year 2018 (as of and for the year ended September 30, 2018)

G

GHX
Global Healthcare Exchange

GUHSD
Grossmont Union High School District

GWTG
American Heart Association's Get With The Guidelines® – a national in-hospital program for improving care by promoting consistent adherence to the latest scientific treatment guidelines.

H

HAI
Healthcare Associated Infection

HASD&IC
Hospital Association of San Diego and Imperial Counties

HASPI
Health and Science Pipeline Initiative

HESI
Healthcare Exploration Summer Institute

HHSA
County of San Diego Health and Human Services Agency

HICAP
Health Insurance Counseling and Advocacy Program

HICS
Hospital Incident Command System

HIT

Health Information Technology

HMO

Health Maintenance Organization

Home Start, Inc.

Home Start

HOPE

Homeless Outreach Programs for Entitlement

HP2020

Healthy People 2020 – a set of national health objectives to be achieved by 2020 that are to be used by individuals, states, communities, professional organizations and others to help develop health improvement programs. Healthy People 2020 was developed through a broad consultation process, based on the best scientific knowledge and designed to measure programs over time.

HPNA

Hospice and Palliative Nurses Association

HPP

Hospital Preparedness Program

HPSA

Health Professional Shortage Area

HRO

High Reliability Organization — striving for no harm and zero defects across the health system

HRPP

Human Research Protection Program

HSHMC

Health Sciences High and Middle College

HVP

San Diego County Hospice-Veteran Partnership

I**IDAC**

Infectious Disease Association of California

ILA

Independent Living Association

ILFs

Independent living facilities

IOM

Institute of Medicine

IPH

Institute for Public Health

IRB

Institutional Review Board

IRC

International Rescue Committee

IRT

International Relief Team

ITIJ

International Travel & Health Insurance Journal

IV t-PA

Intravenous Tissue Plasminogen Activator

J

JAMA

Journal of the American Medical Association

JFS

Jewish Family Service of San Diego

JHPN

Journal of Hospice and Palliative Nursing

JPM

Journal of Palliative Medicine

K

kWh

Kilowatt-hour

L

LBW

Low Birth Weight

LCSW

Licensed Clinical Social Worker

LED

Light -emitting diode (lighting)

LEED

Leadership in Energy and Environmental Design

LGBT

Lesbian, Gay, Bisexual and Transgender

LWSD

Live Well San Diego

M

MAGNET Recognition Program®

An ANCC program that recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practices. It is the leading source of successful nursing practices and strategies worldwide.

MDE

Major Depressive Episode

Medi-Cal

California's Medicaid program

Medicare

The federal health insurance program for people ages 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant).

MFT

Marriage and Family Therapy

MHA

Mental Health America

MICN

Mobile Intensive Care Nurse

MRI

Magnetic Resonance Imaging

MSC

Mindful Self-Compassion

MSW

Master of Social Work

N

NAC

National Alliance for Caregiving

NAMI

National Alliance on Mental Illness

NCI

National Cancer Institute

NCQA

National Committee for Quality Assurance

NEDA

National Eating Disorders Association

NHDD

National Healthcare Decisions Day

NHPCO

National Hospice and Palliative Care Organization

NICHQ

National Institute for Children's Health Quality

NICU

Neonatal Intensive Care Unit

NIH

National Institutes of Health

NINDS

National Institute of Neurological Disorders and Stroke

NorCan

North County Community Action Network

NRI

Neonatal Research Institute

NRI-PAB

Neonatal Research Institute Parent Advisory Board

O

OPP

Sharp Memorial Outpatient Pavilion

ORI

Sharp HealthCare Outcomes Research Institute

OSHPD

California Office of Statewide Health Planning and Development

P

PAB

Parent Advisory Board

PACE

Program for All-Inclusive Care for the Elderly

A New PATH

Parents for Addiction Treatment and Healing

PERT

Psychiatric Emergency Response Team – a combined law-enforcement and psychiatric service that responds to psychiatric-related 911 calls.

PET

Psychiatric Evaluation Team

PFS

Patient Financial Services

Planetree

Planetree, Inc. is a mission based not-for-profit organization that partners with

healthcare organizations around the world and across the care continuum to transform how care is delivered.

PLNU

Point Loma Nazarene University

POLST

Physician Orders for Life-Sustaining Treatment

Project HELP

Project Hospital Emergency Liaison Program – Sharp HealthCare hospital funds that provide emergency financial assistance for medications, transportation and other needs to assist patients who cannot afford to pay.

PSCU

Perinatal Special Care Unit

PTSD

Post-traumatic stress disorder

R

RAKlife

Random Acts of Kindness Life

RCU

Recuperative Care Unit

RD

Registered Dietitian

RN

Registered Nurse

RPS

Regional Perinatal System

S

SAFE

Student and Family Enrichment

SAMHSA

Substance Abuse and Mental Health Services Administration

SANDAG

San Diego Association of Governments

SanDi-CAN

San Diego Community Action Network

SanGIS

San Diego Geographic Information Source

SAY San Diego

Social Advocates for Youth San Diego

SB 697

Senate Bill 697 – community benefit legislation that requires not-for-profit hospitals to file an annual report with OSHPD describing and assigning financial value to activities that address community needs.

SCANN

Southern California Association of Neonatal Nurses

SCHHC

Sharp Coronado Hospital and Healthcare Center

SCI

Spinal Cord Injury

SCMG

Sharp Community Medical Group

SCRC

Southern Caregiver Resource Center

SCVMC

Sharp Chula Vista Medical Center

SDC

San Diego County

SDCCC

San Diego Coalition for Compassionate Care

SDCCEOLC

San Diego County Coalition for Improving End-of-Life Care

SDCCOA

San Diego County Council on Aging

SDG&E

San Diego Gas & Electric

SDIC

San Diego Immunization Coalition

SDMFC

San Diego Military Family Collaborative

SDOH

Social Determinants of Health

SDRHCC

San Diego Regional Home Care Council

SDRM

San Diego Rescue Mission

SDSU

San Diego State University

SDWP

San Diego Workforce Partnership

SGH

Sharp Grossmont Hospital

Sharp

Sharp HealthCare

Sharp Rehab

Sharp Rehabilitation Services

SHC

Sharp HealthCare

SHP

Sharp Health Plan

SIOP

Senior Intensive Outpatient Program at Sharp Mesa Vista Hospital

SLAH

Sharp Lends a Hand – Sharp's systemwide community service program

SMBHWN

Sharp Mary Birch Hospital for Women & Newborns

SMC

Sharp McDonald Center

SMH

Sharp Memorial Hospital

SMMC

Sharp Metropolitan Medical Campus, including Sharp Memorial Hospital, Sharp Mary Birch Hospital for Women & Newborns, Sharp McDonald Center, Sharp Mesa Vista Hospital and the Sharp Memorial Outpatient Pavilion.

SMV

Sharp Mesa Vista Hospital

SNAP

Supplemental Nutrition Assistance Program

SNF

Skilled Nursing Facility

SoCAN

South County Action Network

SRN

Staffing Resource Network

SRSMG

Sharp Rees-Stealy Medical Group

SSI

Supplemental Security Income

STEMI

ST-Elevation Myocardial Infarction – acute heart attack

SWC

Southwestern College

T**TAY**

Transitional Age Youth

TBI

Traumatic Brain Injury

ThinkFirst/Sharp on Survival

ThinkFirst/Sharp on Survival Institute for Injury and Violence Prevention

TRICARE

The regionally managed health care program for active-duty and retired members of the uniformed services – as well as their loved ones and survivors.

U**UC**

University of California

UCLA

University of California, Los Angeles

UCSF

University of California, San Francisco

UPAC

Union of Pan Asian Communities

U.S.

United States of America

USC

University of Southern California

USD

University of San Diego

V**VA**

U.S. Department of Veterans Affairs

Vials of Life

A small vinyl sleeve for the home that contains important medical information and is readily available in case of emergency, provided by Sharp Senior Resource Centers.

VIIDAI

Viajes Interinstitucional de Integración Docente, Asistencial y de Investigación

VIPs

Voices for Injury Prevention – Sharp Think First/Sharp on Survival’s traumatic brain and spinal cord injury survivors who provide personal testimonies to prevent injury among youth and adults.

VOICe

Vascular Outcomes Improvement Collaborative

VLBW

Very Low Birth Weight

W**WHO**

World Health Organization

WHV

We Honor Veterans

WIC

Women, Infants, and Children

WME

World's Most Ethical

WOW

Women on Wheels

Y

YMCA

Young Men's Christian Association



Care Beyond Our Walls

Sharp HealthCare's mission is to improve the health of the San Diego community with a commitment to excellence in all that Sharp does. Every day, about half a million San Diego County residents face the threat of hunger. Individuals with a lack of access to healthy food, also known as food insecurity, are more likely to experience serious health conditions including diabetes, cardiovascular disease, depression and obesity. During the 2016 holiday season, Sharp collaborated with the San Diego Food Bank and SuperFood Drive to help bring nutritious food to community members in need.

Each month, the San Diego Food Bank provides emergency food to nearly 400,000 children and families, active duty military, and seniors. For more than a decade, Sharp has supported the Food Bank's efforts by hosting an annual holiday food drive. Recognizing that nutritious food is essential to health, Sharp enhanced its 2016 holiday food drive with assistance from SuperFood Drive. The San Diego-based nonprofit works to transform the efforts of hunger-relief organizations by encouraging the donation of healthy food. During the six-week holiday SuperFood Drive — including Sharp's first virtual food drive — Sharp team members collected more than 3,000 pounds of nutritious, nonperishable food and raised nearly \$3,000 for the San Diego Food Bank. From these efforts, the San Diego Food Bank provided more than 15,800 healthy meals to community members.

Section

1 An Overview of Sharp HealthCare

We're an organization filled with passionate, determined and caring people, who have grown our health care system into the remarkable place that it is. Each day, these professionals recognize and celebrate the purpose of their work and the impact it has on our neighbors, friends and family in the community. — Michael W. Murphy, President and Chief Executive Officer, Sharp HealthCare

Sharp HealthCare (Sharp or SHC) is an integrated, regional health care delivery system based in San Diego, California. The Sharp system includes four acute care hospitals; three specialty hospitals; three affiliated medical groups; 24 medical centers; five urgent care centers; three skilled nursing facilities; two inpatient rehabilitation centers; home health, hospice, and home infusion programs; numerous outpatient facilities and programs; and a variety of other community health education programs and related services. Sharp also offers individual and group Health Maintenance Organization (HMO) coverage through Sharp Health Plan (SHP). Serving a population of approximately 3.3 million in San Diego County (SDC), as of September 30, 2017, Sharp is licensed to operate 2,084 beds and has more than 2,600 Sharp-affiliated physicians and 18,000 employees.

FOUR ACUTE CARE HOSPITALS:

Sharp Chula Vista Medical Center (343 licensed beds)

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

Sharp Coronado Hospital and Healthcare Center (181 licensed beds)

Sharp Coronado Hospital and Healthcare Center (SCHHC) provides services that include acute, sub-acute and long-term care, liver care, rehabilitation therapies, orthopedics, and hospice and emergency services.

Sharp Grossmont Hospital (524 licensed beds)

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

Sharp Memorial Hospital (656 licensed beds)

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

THREE SPECIALTY CARE HOSPITALS:

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

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

Sharp Mesa Vista Hospital (158 licensed beds)

As the most comprehensive mental health hospital in San Diego, Sharp Mesa Vista Hospital (SMV) provides behavioral health services to treat anxiety, depression, substance abuse, eating disorders, bipolar disorder and more for patients of all ages.

Sharp McDonald Center (16 licensed beds)¹

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

Collectively, the operations of SMH, SMBHWN, SMV and SMC are reported under the not-for-profit public benefit corporation of SMH and are referred to herein as the Sharp Metropolitan Medical Campus (SMMC). The operations of Sharp Rees-Stealy Medical Group (SRSMG) are included within the not-for-profit public benefit corporation of Sharp, the parent organization. The operations of SGH are reported under the not-for-profit public benefit corporation of Grossmont Hospital Corporation. The operations of Sharp HospiceCare are reported within SGH.

Mission Statement

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

¹ As a licensed chemical dependency recovery hospital, SMC is not required to file a community benefit plan. However, SMC is committed to community programs and services and has presented community benefit information in Section 11: SMV and SMC.

Vision

Sharp's vision is to become the best health system in the universe. Sharp will attain this position by transforming the health care experience through a culture of caring, quality, safety, service, innovation and excellence. Sharp will be recognized by employees, physicians, patients and families, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care. Sharp will be known as an excellent community citizen embodying an organization of people working together to do the right thing every day to improve the health of those it serves.

Values

- Integrity
 - Trustworthy, Respectful, Sincere, Authentic, Committed to Organizational Mission and Values
- Caring
 - Compassionate, Communicative, Service-Oriented, Dedicated to Teamwork and Collaboration, Serves Others Above Self, Celebrates Wins, Embraces Diversity
- Safety
 - Reliable, Competent, Inquiring, Unwavering, Resilient, Transparent, Sound Decision Maker
- Innovation
 - Creative, Drives for Continuous Improvement, Initiates Breakthroughs, Develops Self, Willing to Accept New Ideas and Change
- Excellence
 - Quality-Focused, Compelled by Operational and Service Excellence, Cost Effective, Accountable



Culture: The Sharp Experience

For more than 18 years, Sharp has been on a journey to transform the health care experience for patients and their families, physicians and staff. Through a sweeping organization-wide performance-and-experience-improvement initiative called The Sharp Experience, the entire Sharp team has recommitted to purposeful, worthwhile work and creating the kind of health care people want and deserve. This work has added discipline and focus to every part of the organization, helping to make Sharp one of the nation's top-ranked health care systems. Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation: the people.

Through this extraordinary initiative, Sharp is transforming the health care experience in San Diego by striving to be:

- *The best place to work:* Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth. This commitment to serving patients and supporting one another will make Sharp “the best health system in the universe.”
- *The best place to practice medicine:* Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers; experience unsurpassed service as valued customers; have access to state-of-the-art equipment and cutting-edge technology; and enjoy the camaraderie of the highest-caliber medical staff at San Diego’s health care leader.
- *The best place to receive care:* Providing a new standard of service in the health care industry, much like that of a five-star hotel; employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient—treating them with the utmost care, compassion and respect; and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate.

Through this transformation, Sharp continues to live its mission to care for all people, with special concern for the underserved and San Diego’s diverse population. This is something Sharp has been doing for more than half a century.

Pillars of Excellence

In support of Sharp’s organizational commitment to transform the health care experience, Sharp’s Pillars of Excellence serve as a guide for its team members, providing framework and alignment for everything Sharp does. In 2014, Sharp made an important decision regarding these pillars as part of its continued journey toward excellence.

Each year, Sharp incorporates cycles of learning into its strategic planning process. In 2014, Sharp’s Executive Steering and Board of Directors enhanced Sharp’s safety focus, further driving the organization’s emphasis on its culture of safety and incorporating the commitment to become a High Reliability Organization (HRO) in all aspects of the organization. At the core of HROs are five key concepts:

- Sensitivity to operations
- A reluctance to simplify
- Preoccupation with failure
- Deference to expertise
- Resilience

Applying high-reliability concepts in an organization begins when leaders at all levels start thinking about how the care they provide could improve. It begins with a culture of safety.

With this learning, Sharp is a seven-pillar organization — Quality, Safety, Service, People, Finance, Growth and Community. The foundational elements of Sharp’s strategic plan have been enhanced to emphasize Sharp’s desire to do no harm. This strategic plan continues Sharp’s transformation of the health care experience, focusing on safe, high-quality and efficient care provided in a caring, convenient, cost-effective and accessible manner.

The seven pillars listed below are a visible testament to Sharp’s commitment to become the best health care system in the universe by achieving excellence in these areas:



Demonstrate and improve clinical excellence and exceed customer expectations.



Keep patients, employees and physicians safe and free from harm.



Create exceptional experiences at every touch point for patients and families, enrollees, physicians, partners and team members.



Create a values-driven culture that attracts, retains and promotes the best people who are committed to Sharp's mission and vision.



Achieve financial results to ensure Sharp's ability to deliver on its mission and vision.



Achieve net revenue growth to enhance market position, sustain infrastructure improvements and support innovative development.



Be an exemplary public citizen by improving the health of our community and environment.

Awards

Below please find a selection of recognitions Sharp has received in recent years:



In 2013, 2014, 2016 and 2017, Sharp was recognized as one of the “World’s Most Ethical (WME) Companies” by the Ethisphere Institute, the leading business ethics think tank. WME companies are those that truly embrace ethical business practices and demonstrate industry leadership, forcing peers to follow suit or fall behind.

Forbes

Sharp was ranked No. 45 out of 500 large employers on *Forbes’* 2017 America’s Best Employers listing. In 2016, Sharp ranked No. 16 and received the No. 2 spot on the newcomer’s list. Sharp was also ranked No. 52 out of 250 organizations on *Forbes’* 2017 America’s Best Employers for Diversity and was the only hospital system listed in San Diego.



In 2017, Sharp was recognized as one of “150 Top Places to Work in Healthcare” by *Becker’s Hospital Review*. The list recognizes hospitals, health systems and organizations committed to fulfilling missions, creating outstanding cultures and offering competitive benefits to their employees.



In 2015 and 2017, Sharp ranked first for “San Diego’s Best Hospital Group” in the annual *San Diego Union-Tribune* Readers Poll. Sharp ranked second in this category in 2016. SMH ranked first for “San Diego’s Best Hospital” in 2017 while ranking second in this category in 2016. Also in 2016, SMBHWN and SGH ranked third and fourth, respectively, for “San Diego’s Best Hospital.” From 2015 to 2017, Sharp Community Medical Group (SCMG) ranked first as “San Diego’s Best Medical Group.” In 2016, SRSMG ranked third for “San Diego’s Best Medical Group” and was recognized as “San Diego’s Best Hearing Aid Store” in 2017.



In 2016 and 2017, SMBHWN was named to The Leapfrog Group’s Top Hospitals list, which recognizes facilities that meet the highest standards of patient safety, care quality and efficiency. In 2016, SMH was also recognized as a Top Hospital.



SGH, SMH and SMBHWN received MAGNET[®] recognition by the American Nurses Credentialing Center (ANCC). The MAGNET Recognition Program[®] is the highest level of honor bestowed by the ANCC and is recognized nationally as the gold standard in nursing excellence.



Sharp was named one of the nation's "Most Wired" health care systems from 2012 to 2017 by *Hospitals & Health Networks* magazine's annual Most Wired Survey and Benchmark Study. "Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff.



Planetree is a coalition of more than 80 hospitals worldwide that are committed to improving medical care from the patient's perspective. In 2007, SCHHC became a Designated Planetree Person-Centered Hospital and was re-designated in 2017 for the fourth consecutive time. Additionally, SCHHC achieved Planetree Designation with Distinction for its leadership and innovation in patient-centered care. SMH became a Planetree Person-Centered Hospital in 2012 and achieved Planetree Designation with Distinction in 2014. In 2015, SMH was re-designated as a Planetree Person-Centered Hospital. In 2014, SCVMC joined SCHHC and SMH as a Designated Planetree Person-Centered Hospital.



SCHHC and SCVMC received Energy Star (ES) designation from the U.S. Environmental Protection Agency (EPA) for outstanding energy efficiency. Buildings that are awarded ES certification use an average of 40 percent less energy than other buildings and release 35 percent less carbon dioxide (CO₂) into the atmosphere. SCHHC first earned the ES certification in 2007, then again each year from 2010 through 2013, and most recently in 2017. SCVMC received ES certification from 2009 to 2011 as well as in 2013, 2015 and 2017.



A Sempra Energy utility™

San Diego Gas & Electric (SDG&E) named Sharp the 2017 Grand Energy Champion at its annual Energy Showcase Awards. Sharp was recognized for making tremendous strides in reducing its consumption of electricity and natural gas, and in promoting energy-saving techniques to the community. SDG&E also named Sharp as San Diego’s “Healthcare 2014 Energy Champion” for its successes in energy conservation.



In 2013 and 2015, Sharp was named a “Recycler of the Year” at the City of San Diego Environmental Services Department’s annual Waste Reduction and Recycling Awards Program for a successful and extensive recycling program. SMH and SMBHWN were honored for their comprehensive waste-reduction programs in 2013.



Sharp was named the 2017 Outstanding Recycling Program by California Resource Recovery Association (CRRA) — California’s statewide recycling association — for its innovative waste-minimization initiatives. As the oldest and one of the largest nonprofit recycling organizations in the country, CRRA is dedicated to achieving environmental sustainability in and beyond California through zero waste strategies, including product stewardship, waste prevention, reuse, recycling and composting.



Sharp was one of five awardees in San Diego to receive a 2016 EMIES *UnWasted Food* Award by the San Diego Food System Alliance for developing best practices in waste prevention, composting, recycling, food donation and source reduction efforts in partnership with the Sodexo Food and Nutrition team.



In 2016, Sharp ranked third on *San Diego Business Journal*’s list of Healthiest Companies. The Healthiest Companies list honors those organizations that

have created a supportive environment for their employees and fostered a work/life balance for their families.



In 2015, Sharp Best Health received the American Heart Association® (AHA) Fit-Friendly Worksites Honor Roll award (Gold Category) for the third consecutive year, which recognizes employers that promote a culture of health and physical activity in the workplace or community.



SRSMG was recognized by the Centers for Disease Control and Prevention (CDC) as a 2017 Million Hearts Hypertension Control Champion for achieving blood pressure control for at least 70 percent of its adult patients with hypertension.



PRESS GANEY® From 2013 to 2017, the Press Ganey organization recognized multiple SHC entities with Guardian of Excellence Awards®. Based on one year of data, this designation recognizes recipients that reach the 95th percentile for patient satisfaction, employee engagement, physician engagement surveys or clinical quality. Awarded SHC entities included SCVMC, SCHHC, SGH, SMBHWN, SMH, SMH Outpatient Pavilion (OPP), SMV, SHC, Sharp HospiceCare, SRSMG, SCMG and Sharp Home Health for Employee Engagement; SMH and SMBHWN for Patient Experience; and SCHHC, SMBHWN and SMV for Physician Engagement.



PRESS GANEY® Press Ganey also recognized multiple SHC entities with the Pinnacle of Excellence Award® (formerly named the Beacon of Excellence Award). This award recognizes the top three performing health care organizations that have maintained consistently high levels of excellence over three years in the Press Ganey categories of Patient Experience, Employee Engagement, Physician Engagement and Clinical Quality Performance. In 2013 and 2015 through 2017, Press Ganey recognized SMH for patient experience. From 2013 to 2015, SHC was recognized for Employee Engagement. In 2013, SCHHC and SMV were recognized for Physician Engagement.



SHP's 2016–2017 National Committee for Quality Assurance's (NCQA) Private Health Insurance Rankings rating increased from a 4 to 4.5 out of 5, making it one of the highest-rated health plans in the nation. SHP was also ranked a top 100 U.S. health plan and a top three California health plan from 2014 to 2015, which rated health

insurance plans based on clinical quality, member satisfaction and NCQA Accreditation Survey results. SHP also received the highest level “Excellent” Accreditation status from the NCQA each year from 2013 to 2015. The NCQA awards accreditation status is based on compliance with rigorous requirements and performance on Healthcare Effectiveness Data and Information Set and Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures. In addition, SHP was rated highest in California among reporting California health plans in the rating categories of Rating of the Health Plan, Rating of Health Care, Rating of Personal Doctor, and Rating of Health Promotion and Education in NCQA’s 2015 Quality Compass/CAHPS survey, which provides state, regional and national benchmarks as well as individual plan performance.



From 2013 to 2017, Sharp ranked in the top 10 of the large employers category as one of the “Best Places to Work” for information technology professionals by the International Data Group’s *Computerworld* survey. The list is compiled by evaluating a company’s benefits, training, retention, career development, average salary increases, employee surveys, workplace morale and more.



The Women’s Choice Award® is a symbol of excellence in customer experience awarded by the collective voice of women. SGH received a Women’s Choice Award® as one of America’s Best Hospitals for Cancer Care in 2015, Obstetrics in 2016 and Heart Care in 2017. SMH and SGH received a Women’s Choice Award® as one of America’s Best Stroke Centers in 2017. In 2015, SMBHWN received the award as one of America’s Best Hospitals for Obstetrics. The Women’s Choice Award® also ranked SCHHC, SCVMC and SMH amongst America’s 100 Best Hospitals for Patient Experience in 2017. In addition, SMH received the award as one of America’s Best Hospitals for Bariatric Surgery in 2017.



For the fourth year in a row, and the fifth time in six years, Sharp won the top spot in the Mega Employer category in the San Diego Association of Governments’ (SANDAG) iCommute 2016 Rideshare Corporate Challenge. The annual monthlong challenge encourages the replacement of solo drivers with sustainable carpool, vanpool, bike, walk, or transit commutes. Powered by SANDAG and in cooperation with the 511 transportation information service, iCommute is the Transportation Demand Management program for the San Diego region and encourages use of transportation alternatives to help reduce traffic congestion and greenhouse gas emissions.



Sharp was named the 2015 Medical Provider of the Year at the *International Travel & Health Insurance Journal* (ITIJ) Awards. The ITIJ honors companies that have made an outstanding contribution to the global travel and health insurance industry over the past year. Sharp's Global Patient Services program coordinates patient transfers and evacuations for medical emergencies from around the world to a Sharp hospital.



Global Healthcare Exchange (GHX) recognized Sharp as one of the 2016 GHX "Best 50" Supply Chains in North America. Organizations receiving this distinction are recognized for their work in improving operational performance and driving down costs through supply chain automation.

Patient Access to Care Programs

Sharp provides financial assistance and a variety of support services to improve access to care for uninsured, underinsured and high-risk patients without the ability to pay and insured patients with inadequate coverage. Sharp does not refuse any patient requiring emergency medical care.

Sharp provides services to help every uninsured patient receiving care in the ED find opportunities for health coverage through PointCare — a team of health coverage experts whose principal product is a quick, web-based screening, enrollment and reporting technology designed to provide community members with health coverage and financial assistance options. At Sharp, patients use a simple online questionnaire through PointCare to generate personalized coverage options that are filed in their account for future reference and accessibility. The results of the questionnaire allow Sharp staff to have an informed and supportive discussion with the patient about health care coverage, and empower them with options. From October 2015 to July 2017, Sharp helped nearly 22,800 self-pay patients through PointCare, while ensuring that each patient's dignity was maintained throughout the process.

In 2014, Sharp hospitals implemented an on-site process for real-time Medi-Cal eligibility determinations (Presumptive Eligibility), making Sharp the first hospital system in SDC to provide this service. In Fiscal Year (FY) 2017, Sharp secured this benefit for approximately 3,800 unfunded patients in the ED.

In support of Covered California's annual open enrollment period, 25 members of Sharp's registration staff have become Certified Application Counselors in order to better assist both patients and the general community with navigating the Covered California website and plan enrollment.

In collaboration with San Diego–based CSI Financial Services, Sharp offers a more affordable alternative for patients struggling to resolve their hospital bills through ClearBalance — a specialized loan program for patients facing high medical bills. Through the program, both insured and uninsured patients have the opportunity to secure small bank loans in order to pay off their medical bills in low monthly installments, preventing unpaid accounts from going to collections.

In addition, three Sharp hospitals — SCVMC, SGH and SMH — qualify as covered entities for the 340B Drug Pricing Program administered by the Health Resources and Services Administration. Hospital participation in the 340B Drug Pricing Program permits the purchase of outpatient drugs at reduced prices. The savings from this program are used to offset patient care costs for Sharp’s most vulnerable patient populations, as well as to assist with patient access to medications through the Patient Assistance Team.

The Patient Assistance Team helps those in need of assistance gain access to free or low-cost medications. Patients are referred for medication assistance through population health teams, physicians, pharmacists, case managers, social workers, nurses or even other patients, as well as identified through usage reports. Eligible patients receive assistance that may help reduce readmissions and the need for frequent medical services resulting from the lack of access to medication. Team members research all available options, including programs offered by drug manufacturers, grant-based programs offered by foundations, copay assistance and other low-cost alternatives. In FY 2017, the Patient Assistance Team helped uninsured and underinsured patients access prescriptions worth a total of \$3.9 million.

Also in 2017, Sharp supported and provided payment options to high-risk, uninsured and underinsured patients at all Sharp hospitals who were unable to meet their financial responsibility after health insurance. Through the Maximum Out of Pocket Program, team members met with patients to help them better understand their health insurance benefits and how to access care during their hospital stay, as well as provided payment options. In addition, Public Resource Specialists, from Sharp’s Patient Financial Services (PFS) team offered support to uninsured and underinsured patients at all Sharp hospitals in need of extra guidance on available funding options. The Public Resource Specialists performed field calls (home visits) to patients who left the hospital and required assistance with completing the coverage application process.

SGH’s PFS team worked closely with the hospital’s Care Transitions Intervention program to evaluate patients for CalFresh, the Supplemental Nutrition Assistance Program in California, prior to hospital discharge, dramatically increasing the likelihood that patients complete CalFresh applications and receive benefits. In FY 2017, SGH’s PFS team completed 687 CalFresh applications and 405 patients were granted CalFresh benefits. In February 2017, Sharp’s PFS team expanded this program to the remainder of Sharp’s acute care hospitals.

In summer 2015, a pilot program was launched at SMBHWN to evaluate both insured and unfunded families with Neonatal Intensive Care Unit (NICU) babies for financial assistance. This process included helping families whose newborn had been diagnosed with a devastating medical condition or extremely low birth weight apply for Supplemental Security Income (SSI) to help with the cost of care for their newborn both within and outside of the hospital. Public Resource Specialists have assisted more than 150 families through the SSI application process.

In addition, Sharp provides post-acute care facilitation for high-risk patients, including the homeless and patients lacking a safe home environment. Patients may receive services such as assistance with transportation and placement; connections to community resources; and financial support for medical equipment and medications.

SCHHC, SGH and SMH work with the San Diego Rescue Mission (SDRM) to identify homeless patients, or patients who have exhausted other community housing resources, who have a continuing medical need after hospital discharge. Once referred to the SDRM's Recuperative Care Unit, patients receive follow-up medical care through Sharp in a safe environment, and may also receive psychiatric care, assistance scheduling specialty appointments, support with CalFresh applications, and connections to community resources, including programs that support continued sobriety and residential treatment. In addition, a social worker provides referrals for permanent housing and collaborates with St. Vincent de Paul Village to assist with the SSI application process through HOPE (Homeless Outreach Programs for Entitlement) San Diego — an effort to increase access to SSI for people who are homeless or at risk of homelessness. Sharp is committed to providing medical records to support an SSI claim free of charge.

Health Professions Training

Internships

Students and recent health care graduates are a valuable asset to the community. Sharp demonstrates a deep investment in these potential and newest members of the health care workforce through internships and career pipeline programs. In FY 2017, nearly 4,600 student interns dedicated more than 650,000 hours within the Sharp system. Sharp provided education and training for students in a variety of disciplines, including nursing students (e.g., critical care, medical/surgical, behavioral health, women's services, cardiac services and hospice) and allied health professions such as rehabilitation therapies (speech, physical and occupational therapy), pharmacy, respiratory therapy, imaging, cardiovascular, dietetics, lab, radiation therapy, surgical technology, paramedic, social work, psychology, business, health information management and public health. Students came from local community colleges, such as Grossmont College, San Diego City College, San Diego Mesa College and Southwestern College (SWC); local and national universities such as Point Loma Nazarene University (PLNU), San Diego State University (SDSU), University of California (UC), San Diego, and University of San Diego (USD); and vocational schools

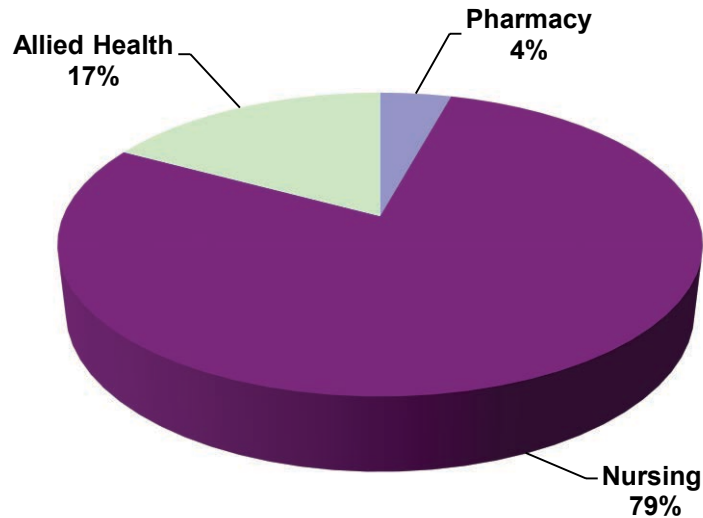
such as Concorde Career College. **Table 1** presents the total number of students and student hours at each Sharp entity in FY 2017. **Figure 1** presents the distribution of students at Sharp by internship type in FY 2017.

Table 1: Sharp HealthCare Internships — FY 2017

Sharp HealthCare Entity	Nursing			Ancillary		Total	
	Students	Group Hours	Precepted Hours	Students	Hours	Students	Hours
Sharp Chula Vista Medical Center	679	72,889	22,743	125	40,240	804	135,872
Sharp Coronado Hospital and Healthcare Center	618	84,603	6,677	45	13,417	663	104,697
Sharp Grossmont Hospital	766	64,964	18,501	241	60,591	1,007	144,056
Sharp Mary Birch Hospital for Women & Newborns	193	15,044	5,080	9	1,952	202	22,076
Sharp Memorial Hospital	492	33,573	19,109	285	63,980	777	116,662
Sharp Mesa Vista Hospital	397	27,634	2,164	45	29,870	442	59,668
Sharp HospiceCare	55	-	1,116	1	240	56	1,356
Sharp HealthCare ¹	413	-	25,719	232	42,664	645	68,383
Total	3,613	298,707	101,109	983	252,954	4,596	652,770

¹ Sharp HealthCare internship figures include students from Sharp System Offices, Sharp Health Plan and Sharp Rees-Stealy Medical Group.

Figure 1: Sharp HealthCare Interns by Student Type — FY 2017



In addition, Sharp offers a graduate level Clinical Pastoral Education program, which teaches students clinical theories and skills to provide spiritual care to patients and their families. In FY 2017, the program supervised six chaplain residents and eight chaplain interns on the campuses of SGH, SMBHWN, SMH, SMV and Sharp Home Health services.

International Rescue Committee

Sharp hosts more than 4,000 students annually for clinical rotations, internships and other educational experiences. Further underscoring how both workforce and community partnership development are critical to the fulfillment of Sharp's mission, the Staffing Resource Network (SRN) within Sharp's Workforce Support Services division of Human Resources facilitates the placement of students across the Sharp system.

New in FY 2017, the Sharp SRN collaborated with SWC and the International Rescue Committee (IRC) on a workforce development partnership specifically serving San Diego's refugee community. IRC is a global humanitarian aid organization that focuses on helping refugees survive, recover, and resettle their lives. As part of its mission, IRC works to educate and find employment for refugees once they are settled. One such program trains refugees to work as Certified Nursing Assistants (CNAs). Traditional CNA training programs prepare participants for work in skilled nursing facilities, which do not require the training necessary for work in acute care settings and provide little opportunity for advancement. Sharp SRN's collaboration with IRC and SWC enhances the SWC CNA training program by providing acute care clinical training and experience. Program participants take an acute care nursing assistant course at SWC, and Sharp provides staff preceptors, medical supplies and learning experiences within Sharp hospitals that prepare participants for jobs in hospital environments. Following

completion of the program, CNAs are qualified to work in any acute care setting. The partnership began in spring 2017, with five students enrolling in and completing the program, and two graduates securing positions within SRN's inter-facility acute care nursing assistant float pool. Thus far, the new team members from the IRC training program are on their way to successful careers at Sharp.

Health Sciences High and Middle College

Sharp partners with charter school Health Sciences High and Middle College (HSHMC) to provide high school students with broad exposure to health care careers. Through this partnership, HSHMC students connect with Sharp team members through job shadowing to explore real-world applications of their school-based knowledge and skills. This collaboration prepares students to enter health, science and medical technology careers in the following five pathways: biotechnology research and development, diagnostic services, health informatics, support services and therapeutic services.

The high school curriculum provides students with a variety of service-learning projects and internships focused on careers in health care. Students earn high school diplomas, complete college entrance requirements and have opportunities to earn community college credits, degrees or vocational certificates. The HSHMC program began in 2007 with students on the campuses of SGH and SMH, and expanded to include SMV and SMBHWN in 2009, SCHHC in 2010, and SCVMC in 2011. Students also devote time to various SRSMG sites.

Students begin their internship experience with a systemwide orientation to Sharp and their upcoming job-shadowing activities, which consist of two levels of training. Level I of the HSHMC program is the entry level for all students and is conducted over an eight-week period. Through Level I, ninth-grade students shadow primarily non-nursing areas of the hospital as well as complete additional coursework in Infection Control, Medical Ethics, and Introduction to Health Professions. Level II is designed for students in grades 10 through 12 and includes enhanced patient interaction, college-level clinical rotations, and hands-on experience. Level II students are placed in a new assignment each semester for a variety of patient care experiences, and take additional health-related coursework at a community college, including Health 101, Public Health, Psychology and Abnormal Psychology, Realities of Nutrition, Intro to Health Professions and Organizations, and Health and Social Injustice.

In FY 2017, 432 HSHMC students — including 162 Level I students and 270 Level II students — were supervised for more than 97,700 hours on Sharp campuses. Students rotated through instructional pods in specialty areas, including but not limited to: nursing; emergency services; obstetrics and gynecology; occupational therapy; physical therapy; behavioral health; pediatrics; medical/surgical; rehabilitation; laboratory services; pharmacy; pathology; radiation oncology; radiology; endoscopy; engineering; nutrition; infection control; pulmonary services; and operations. Students not only had the opportunity to observe patient care, but also received guidance from Sharp staff on career ladder development as well as job and education requirements. In May 2017, the

HSHMC program graduated 161 students in its seventh full class. Each year, Sharp reviews and evaluates its collaboration with HSHMC, including the outcomes of students and graduates, to promote long-term sustainability.

Although many HSHMC students face financial hardship — the free and reduced-price meal eligibility rate is higher than the averages for SDC and California — the school excels in preparing students for high school graduation, college entrance and a future career. In 2017, 90 percent of the HSHMC graduating class went on to attend two- or four-year college, while 80 percent of students said they wanted to pursue a career in health care. In addition, HSHMC has a 98.7 percent graduation rate, which is higher than California's 83.2 percent state average.

HSHMC received the 2016 Impact Award from the Classroom for the Future Foundation as the most innovative education program in SDC. Each year, the Classroom for the Future Foundation awards education programs across SDC in four categories: innovate, inspire, achieve and impact. HSHMC was also recognized as a *U.S. News & World Report* Best High Schools bronze award winner in 2014, 2016 and 2017. The California Department of Education recognized HSHMC as a 2015 California Gold Ribbon School for its outstanding education programs and practices, and as a Title I Academic Achieving school for demonstrating success in significantly reducing the gap between high- and low-performing students. HSHMC was also recognized with a 2015 Model Professional Learning Community at Work™ Award by Solution Tree for its sustained success in raising student achievement. Professional Learning Communities are schools and districts in which educators recognize the key to improved learning for students is ongoing, job-embedded education for the adults who serve those students. HSHMC was one in approximately 200 schools and districts in the U.S. and Canada — and the first school in SDC — to receive this honor. In addition, HSHMC was a 2014 National School Safety Advocacy Council award winner.

Lectures and Continuing Education

Sharp contributes to the academic development of students at colleges and universities throughout San Diego. In FY 2017, Sharp staff provided hundreds of hours in guest lectures and presentations on numerous health care topics. Lecture topics included stroke treatment techniques; health information technology (HIT); diabetes; spiritual care in the health care setting; a variety of health administration topics; electronic medical records, clinical informatics and change management; spinal cord injury (SCI); and topics related to end-of-life care, including advance care planning, Physician Orders for Life-Sustaining Treatment, hospice, palliative care, bereavement, bioethics and goals of care. Lectures were delivered to students at San Diego Mesa College, SDSU, USD, Azusa Pacific University (APU), California State University San Marcos (CSUSM) and the University of St. Augustine. These students were enrolled in a variety of programs, including nursing, nurse practitioner, physical therapy, medical assisting, HIT, health care informatics and public health.

Sharp's Continuing Medical Education (CME) Department is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education, as well as by the Accreditation Council for Pharmacy Education to provide continuing pharmacy education. Sharp's CME Department provides evidence-based and clinically relevant professional development opportunities to help practicing physicians and pharmacists improve patient safety and enhance clinical outcomes. In FY 2017, Sharp's CME Department invested more than 546 hours in live and online CME activities for San Diego health care providers. This included conferences on advanced illness management, patient safety, cardiology, oncology, urgent care, kidney transplant and osteopathic medicine, as well as presentations on HROs, telehealth, physician leadership, sepsis, infection prevention and opioid usage.

Research

Sharp Center for Research

Innovation is critical to the future of health care. The Sharp Center for Research supports innovation through its commitment to protecting research participants and promoting high quality research initiatives that provide valuable knowledge to the San Diego health care community and positively impact patients and community members. The Center for Research includes the Human Research Protection Program (HRPP), which includes the Institutional Review Board (IRB) and the Outcomes Research Institute (ORI).

Human Research Protection Program and Institutional Review Board

In March 2016, The Sharp Center for Research received accreditation by the Association for the Accreditation of Human Research Protection Programs. The accreditation acts as a public affirmation of the HRPP's commitment to following rigorous standards for ethics, quality and protection for human research. To date, Sharp is the only health system in SDC to receive this accreditation.

The Center for Research's HRPP is responsible for the ethical and regulatory compliant oversight of research conducted at Sharp and includes three components: the organization, the researchers and the IRB. As one of the key components of the HRPP, the IRB seeks to promote a culture of safety and respect for those participating in research for the greater good of the community. All proposed entity research studies with human participants must be reviewed by the IRB in order to protect participant safety and maintain responsible research conduct.

In FY 2017, a dedicated IRB committee of 16 — including physicians, nurses, pharmacists and non-scientists — devoted hundreds of hours to the review and analysis of both new and ongoing research studies. Research at Sharp is conducted on all clinical phases of drug and device development, and the populations studied span the life cycle — from neonates to older adults. These clinical trials increase scientific knowledge and enable health care providers to assess the safety and effectiveness of

new treatments. Sharp participates in approximately 210 clinical trials at any given time covering many therapeutic areas, including behavioral health, emergency care, infectious disease, neonatal, heart and vascular, kidney, liver, neurology, orthopedics and oncology — the latter of which comprises the largest share of Sharp's clinical trials.

The HRPP provides education and support for researchers across Sharp as well as the broader San Diego health and research communities regarding the protection of human research participants. As part of its mission, the Center for Research hosts quarterly meetings on relevant educational topics for community physicians, psychologists, research nurses, study coordinators and students throughout San Diego. Presentations at the quarterly meetings in FY 2017 included Research Community Outreach; Completing Subject Enrollment Logs and Attestation Reports; Reporting Deviations in Research Protocol; Clinical Trials Coverage Analysis; Compliance and Education Requirements; Creating Research Study Budgets; Who is a Sub-Investigator; and Utilizing IRB Software.

Outcomes Research Institute

Since its inception in 2010, Sharp's ORI seeks to measure the long-term results of care to continue to develop and promote best practices in health care delivery. The ORI enables Sharp to develop and disseminate new knowledge to the larger health care community, and help improve the quality of care delivery across SDC.

The ORI collaborates with Sharp team members to facilitate the design of patient-centered outcomes research projects; assist with study protocol development, data collection and analysis; explore funding mechanisms for research projects; and facilitate IRB application submissions.

The ORI seeks guidance and expertise from the local and national academic community on how to effectively conduct outcomes research to improve patient and community health. This networking has resulted in collaborative research partnerships with investigators at SDSU and National University. In addition, in FY 2017, ORI research studies were presented at various professional conferences, including the Health Care Systems Research Network Conference in San Diego, the Cardiovascular Disease and Stroke Scientific Sessions in Arlington, Virginia, and the Academy Health Annual Research Meeting in New Orleans, Louisiana. Presentations included Utilizing Data Analytics and Innovation Partnerships to Reduce Hospital Readmissions; Influence of Ethnic and Gender Diversity in Quality of Care for Patients Receiving Treatment for Acute Myocardial Infarction; and Impact of Behavioral Health Data in Improving Prediction of Hospital Patient Readmissions.

Beginning in September 2016, the ORI expanded its capabilities by adding a full-time postdoctoral clinical psychology fellowship position and a half-time practicum placement for a predoctoral graduate student. Based on the successful contributions of these programs, the ORI has hired a full-time clinical psychologist, renewed the graduate

student practicum placement, and will offer new research training experiences for three psychology undergraduate students in FY 2018.

Evidence-Based Practice Institute

Sharp participates in the Evidence-Based Practice Institute (EBPI), which prepares teams of staff fellows and mentors to change and improve clinical practice and patient care through identifying a care problem, developing a plan to solve it and incorporating this new knowledge into practice. The EBPI is part of the Consortium for Nursing Excellence, San Diego, which promotes evidence-based practices in the nursing community. The consortium is a partnership between Sharp, Scripps Health, Palomar Health, Rady Children's Hospital – San Diego, UC San Diego Health, U.S. Department of Veterans Affairs (VA) San Diego Healthcare System, Elizabeth Hospice, PLNU, SDSU, APU and USD.

Sharp actively supports the EBPI by providing instructors and mentors as well as administrative coordination. The EBPI includes six full-day class sessions featuring group activities, self-directed learning programs outside of the classroom, and structured mentorship throughout the program. EBPI fellows and mentors partner with one another through a variety of learning strategies. Mentors facilitate the process of conducting an evidence-based practice change and navigating the hospital system to support the fellows through the process of evidence-based practice. Mentors also assist fellows in working collaboratively with other key hospital leadership personnel.

In FY 2017, the nine-month program culminated with a community conference and graduation ceremony in November, during which the EBPI fellows and mentors shared project results. Forty-six attendees, including 23 fellows and 23 mentors, graduated from the program. Projects addressed the following issues in clinical practice and patient care: post-operative spine mobilization; reduction of anxiety for hospitalized patients undergoing caesarean section; nurse-physician rounding; the impact of wall art in the psychiatric intensive care unit; early mobilization in the adult trauma population; the impact of education on cell phone cleaning among NICU visitors and staff; and improving discharge timeliness.

Volunteer Service



Sharp Lends a Hand

In FY 2017, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH). Sharp team members suggested project ideas that would improve the health and well-being of San Diego in a broad, positive way; rely solely on Sharp for volunteer labor; and support existing nonprofit initiatives, community activities or other programs that serve SDC.

Nineteen projects were selected for FY 2017: San Diego Food Bank (Food Bank); Feeding San Diego (FSD); Mama's Kitchen; Kitchens for Good; San Diego Wreaths Across America; American Diabetes Association (ADA) Tour de Cure; Doors of Change; Promises2Kids; Ssubi is Hope Greening for Good Project; Special Olympics; Habitat for Humanity; Stand Down for Homeless Veterans; Life Rolls On – They Will Surf Again; I Love a Clean San Diego's Creek to Bay Cleanup and Coastal Cleanup Day; the San Diego River Park Foundation's Point Loma Native Plant Garden, Coastal Habitat Restoration, and Clean and Green River Cleanup; and River Kids Discovery Days — a joint effort between I Love a Clean San Diego and the San Diego River Park Foundation. More than 2,300 Sharp employees, family members and friends volunteered over 6,500 hours in support of these projects.¹

The Food Bank feeds San Diegans in need, advocates for the hungry, and educates the public about hunger-related issues. The Food Bank distributes an average of 26 million pounds of food — equivalent to 21.6 million meals — throughout the year and serves nearly 400,000 San Diegans each month. Throughout SDC, weekend backpacks full of food are provided to chronically hungry children at elementary schools, while distribution sites provide boxes of groceries and staple food items to low-income seniors. On nine days between November 2016 and June 2017, more than 325 SLAH volunteers inspected, cleaned, sorted and packaged donated food. SLAH volunteers also assembled boxes and cleaned the Food Bank warehouse.

FSD, part of the Feeding America network, is the leading hunger-relief organization in SDC, serving healthy food to more than 63,000 local children, families and seniors every week. FSD relies on the generous support of individuals, corporations, foundations and community groups to sustain critical hunger-relief and nutrition programs throughout the region. On eight days in February, March, July and September, 145 SLAH volunteers helped sort food, prepare bags for distribution, and clean produce for FSD.

Established in 1990, Mama's Kitchen is a community-driven organization that enlists volunteers to help prepare and deliver nutritious meals to community members affected by acquired immunodeficiency syndrome (AIDS) or cancer who are unable to shop or cook for themselves. Mama's Kitchen strives to help its clients stay healthy, preserve their dignity, and keep their families together by providing free, culturally appropriate home-delivered meals, pantry services and nutrition education. In February, April, August and September, 75 SLAH volunteers helped Mama's Kitchen serve meals to the community by preparing and packaging snack and vegetable items for delivery.

Kitchens for Good breaks the cycle of food waste, poverty and hunger through innovative programs in workforce training, healthy food production and social enterprise. Through its Community Cooking Days program, volunteers help transform reclaimed produce into hundreds of hunger relief meals. In April, May and August, 40 SLAH

¹ The time associated with Sharp employees who were compensated during their SLAH volunteer service is financially valued in this report, but the time of other Sharp volunteers, family members and friends is not financially valued in this report.

volunteers helped with food preparation, cooking, meal assembly, packaging and cleaning to support the distribution of hunger relief meals by Kitchens for Good's community partners.

In December 2016, SLAH participated in Wreaths Across America, a national event dedicated to honoring veterans, remembering fallen heroes, and teaching children about the sacrifices made by veterans and their families. At three local cemeteries — Fort Rosecrans National Cemetery, Miramar National Cemetery, and Greenwood Memorial Park — 235 SLAH volunteers honored veterans by placing donated wreaths on their gravesites.

SLAH volunteers participated in the ADA Tour de Cure 2017 to support the one million (or one in three) San Diegans with diabetes or prediabetes and raise critical funds for diabetes research, education and advocacy in support of the ADA. For two days in April, approximately 30 SLAH volunteers assisted with pre-event packet pick-up, day-of event registration, T-shirt distribution, rest stop support and first aid.

Doors of Change is a nonprofit organization dedicated to solving youth homelessness through empowerment and self-sufficiency. Through its Taking Music & Art to the Streets program, Doors of Change provides homeless youth with free music and art lessons, haircuts, hot meals, clothing, chiropractic care and social services. On eight days in February, June, and August, 35 SLAH volunteers served homeless youth at the Episcopal Church Center in Ocean Beach by sorting clothing and hygiene products, making sandwiches, and cleaning up after the program.

Promises2Kids provides current and former foster youth in SDC with the tools, opportunities and guidance they need to grow into healthy, happy and successful adults. In June and July, 20 SLAH volunteers supported the Guardian Scholars and Camp Connect programs by assembling goody bags, packing boxes, and assisting with inventory, as well as assembling care packages for college students raised in the foster care system.

The Ssubi is Hope Greening for Good project collects discarded but safe and usable supplies from U.S. hospitals and distributes them to clinics around the world that have little or no medical resources. In addition to providing life-changing and life-saving services to people in underserved countries, the project has protected the environment by keeping more than one million pounds of medical surplus out of local landfills. On 20 days between October 2016 and September 2017, 265 SLAH volunteers joined the Greening for Good project to evaluate, sort, label and prepare medical materials for shipment.

The Special Olympics Southern California – San Diego County program offers free, year-round sports training and competition for children and adults with intellectual disabilities. In May 2017, 25 SLAH volunteers supported the program's basketball competition during the Regional Spring Games at Carlsbad High School. Volunteers

served as athlete escorts as well as assisted with score-keeping, time-keeping and the awards ceremony.

In addition to building homes in partnership with local people in need, San Diego Habitat for Humanity operates two ReStore retail centers with a wide variety of new or gently used building materials and home furnishings for public purchase. The ReStore centers provide affordable merchandise to customers while helping fund the construction of Habitat homes throughout SDC. On two days in August and September, 20 volunteers organized donated items and took inventory of stock for the Mission Valley ReStore retail center.

SLAH participated in Stand Down for Homeless Veterans, an event sponsored by the Veterans Village of San Diego, to provide community-based social services to veterans without a permanent residence. Over 10 days in June and July, approximately 120 volunteers sorted and organized clothing donations as well as set up and worked in the event's clothing tent. In addition, approximately 60 clinical volunteers — including Sharp-affiliated physicians and Sharp nurses, podiatry technicians, pharmacists and licensed pharmacy technicians — provided medical and pharmaceutical services. More than 900 veterans were served through the 2017 Stand Down for Homeless Veterans events.

The Life Rolls On Foundation is dedicated to improving the quality of life for young people affected by SCI. Through the organization's award-winning program, They Will Surf Again, paraplegic and quadriplegic community members can experience mobility through surfing with support from adaptive equipment and volunteers. In September, an estimated 60 SLAH volunteers assisted They Will Surf Again with event set-up and breakdown, registration, equipment distribution, lunch service and helping surfers on land and in shallow water.

In celebration of Earth Day, in April, SLAH partnered with I Love a Clean San Diego for the 15th annual Creek to Bay Cleanup. Approximately 35 SLAH volunteers participated in this countywide effort to beautify San Diego's beaches, bays, trails, canyons and parks. In September, 11 volunteers supported I Love a Clean San Diego's California Coastal Cleanup Day to ensure a clean, safe and healthy community by removing litter from open spaces throughout SDC, including Ocean Beach Dog Beach, Chula Vista Marina View Park, Mission Trails Regional Park, Pacific Beach, San Dieguito Lagoon, Los Peñasquitos Canyon, San Diego River and Coronado City Beach.

Founded in 2001, the San Diego River Park Foundation is a grassroots nonprofit organization that works to protect the greenbelt from the mountains to the ocean along the 52-mile San Diego River. Approximately 10 SLAH volunteers joined the San Diego River Park Foundation to care for California native plants and trees at the Point Loma Native Plant Garden in August. Activities included trail maintenance, watering, pruning and other light gardening projects. In January, March, May, July and September, 80 SLAH volunteers joined the San Diego River Park Foundation's Coastal Habitat Restoration events in Ocean Beach. The team worked to save and restore one of the

last remaining coastal dune and wetland habitats in San Diego by removing invasive plants and litter, watering and caring for recent plantings and native plants, and providing trail maintenance. SLAH joined the San Diego River Park Foundation once again in May and June during the Clean and Green River Clean Up days.

Approximately 35 SLAH volunteers gathered to help create a healthier, cleaner and safer San Diego River Park system by removing garbage and debris from identified sites along the San Diego River.

In March, I Love a Clean San Diego and the San Diego River Park Foundation partnered to provide the third annual River Kids Discovery Days. Six SLAH volunteers participated in the free event, which provides river education and service events to teach more than 600 children and families about protecting the Earth's natural resources.

Sharp Humanitarian Service Program

In FY 2017, the Sharp Humanitarian Service Program funded more than 60 Sharp employees in programs that provided health care or other supportive services to underserved or adversely affected populations in Mexico, Guatemala, the Philippines, Vietnam, Peru, Armenia and other countries throughout the world.

In April, Sharp team members traveled to San Quintín, Baja California, as part of the VIIDAI (Viajes Interinstitucional de Integración Docente, Asistencial y de Investigación) program. VIIDAI is an international public health field experience that integrates students and faculty from three participating universities — SDSU, UC San Diego and the Universidad Autónoma de Baja California — to promote health and provide services to underserved populations while increasing cultural awareness. Held at a local elementary school, the weeklong program provided more than 100 community members with clinical, dental and psychological services. In addition, participants trained 12 teachers to deliver a hygiene curriculum that encourages proper handwashing behaviors among the school's nearly 300 students, who frequently contract parasitic infections due to poor hygiene practices.

Sharp team members also volunteered in Guatemala in May as part of a medical mission trip with Friends with Purpose, a nonprofit organization dedicated to providing medical care and community development in underserved communities around the world. The team of surgeons, registered nurses, anesthesia providers and other volunteers traveled to the city of Patzún, where they performed 43 surgeries on local patients, including gallbladder removals, hernia repairs and the removal of cysts.

CHOICE Humanitarian and the doTERRA Healing Hands Foundation are dedicated to eliminating poverty and empowering impoverished communities with the tools they need to become self-reliant. For one week in February, a Sharp team member joined these organizations on a mission to the Alta Verapaz region of Guatemala. The mission team of 20, including a dietitian, an emergency medical technician, and a research scientist, built vented stoves for more than 40 families to help prevent respiratory problems

associated with open-fire cooking techniques as well as dug post holes for fencing to surround sustainable farm land. The team also partnered with Days for Girls — a nonprofit organization committed to feminine hygiene access and education for females throughout the world — to provide personal hygiene training and education for local women and girls, including the provision of reusable feminine hygiene kits.

The Alegado Foundation is a San Diego–based medical mission organization determined to help children, the sick and the aged through the provision of medical services, and donations of medical supplies, children’s books, toys and sports equipment. In March, a Sharp team member joined the Alegado Foundation on a medical mission to the southern Philippines. Alongside local doctors, nurses, dentists, elementary school teachers and Philippine military personnel, the team provided free medicine, medical consultations, dental services and minor surgical procedures to approximately 275 patients over a two-day period. The team also fed and read to local children and provided free haircuts for youth and senior citizens.

Random Acts of Kindness Life (RAKlife) is a nonprofit organization dedicated to developing a global culture that incorporates random acts of kindness into daily life to help those less fortunate around the world. For 10 days in April, a Sharp team member participated in a RAKlife trip to the Mai Chau District in Northwestern Vietnam, where the team built a small house and a clean water basin for a local family.

In February, another Sharp team member visited Vietnam for two weeks through Prisoners of Hope, a ministry offered through the Rock Church Global Outreach program. The mission team provided a variety of medical and optometry services for approximately 1,190 medical patients and 800 optometry patients, including prisoners, orphans, the disabled, and those living in poverty.

Since 1934, Liga International (The Flying Doctors of Mercy) has provided free health care and education to the people of the Mexican state of Sinaloa. In March and April, a Sharp nurse traveled to the city of El Fuerte, Sinaloa, to assist with admitting, operating and recovery for approximately 30 local patient surgeries.

In May, a Sharp nurse participated in a 10-day mission trip to Lima, Peru, through CardioStart International — a global volunteer organization that brings specialized cardiac care teams to underserved regions. The team, which included a cardiac surgeon, anesthesiologist, cardiologist, respiratory therapist, nurses and support staff, performed surgery for eight children with congenital heart defects as well as provided advanced cardiac education to help local medical teams improve surgical outcomes and patient care.

Also in May, a Sharp team member helped co-lead a team of eight PLNU students on a mission trip to Armenia with LoveWorks, a short-term mission program committed to sending well-trained, culturally sensitive and flexible teams of student missionaries to serve in challenging and remote areas of the world. The team provided numerous services to Armenian families, including: donating clothing to the impoverished;

repainting local schools; helping a local church move to a larger facility; and encouraging local churches in their ministry to women, children and teens.



Community Walks HEART WALK

Heart disease is the leading cause of death in the U.S. For the past 21 years, Sharp has proudly supported the AHA's annual San Diego Heart & Stroke Walk, which promotes physical activity to build healthier lives, free of cardiovascular diseases and stroke. In September 2017, approximately 960 walkers represented Sharp at the 2017 San Diego Heart & Stroke Walk held at Balboa Park. More than 120 teams, representing entities across the Sharp system, raised funds for the walk through numerous activities, such as auctions, drawings for prizes and a karaoke competition. Sharp has maintained its position as the No. 1 team in San Diego for the past 21 years and was the No. 2 team in the AHA Western States Affiliate for the third year in a row, raising more than \$217,700 and setting a SHC fundraising record. To date, Sharp has raised more than \$3 million through its San Diego Heart & Stroke Walk fundraising efforts.

Sharp Volunteers

Volunteers are a critical component of Sharp's dedication to the San Diego community and help make a difference in the lives of others. Sharp provides many volunteer opportunities for individuals to assist with a wide variety of programs, events and initiatives across the Sharp system. Volunteers of all ages and skill level devote their time and compassion to patients within Sharp's hospitals, community events for the general public, and activities supporting Sharp's various foundations.

On average, more than 1,780 individuals actively volunteered at Sharp each month in FY 2017, contributing a total of nearly 253,900 hours of service to Sharp and its initiatives.¹ This included more than 1,900 auxiliary members and thousands of individual volunteers from the San Diego community, including volunteers for Sharp's foundations. Nearly 13,800 volunteer hours were dedicated to activities such as delivering meals to homebound seniors and assisting with health fairs and events.

Table 2² details the average number of active volunteers per month as well as the total number of volunteer service hours provided to each Sharp entity, specifically for patient and community support. **Figure 2**³ displays the percentage of these volunteers by entity.

¹ These totals include the total number of volunteer hours and the average number of active volunteers at Sharp per month, including volunteers from SRSMG. Figures from SRSMG are not included in Table 2 or Figure 2.

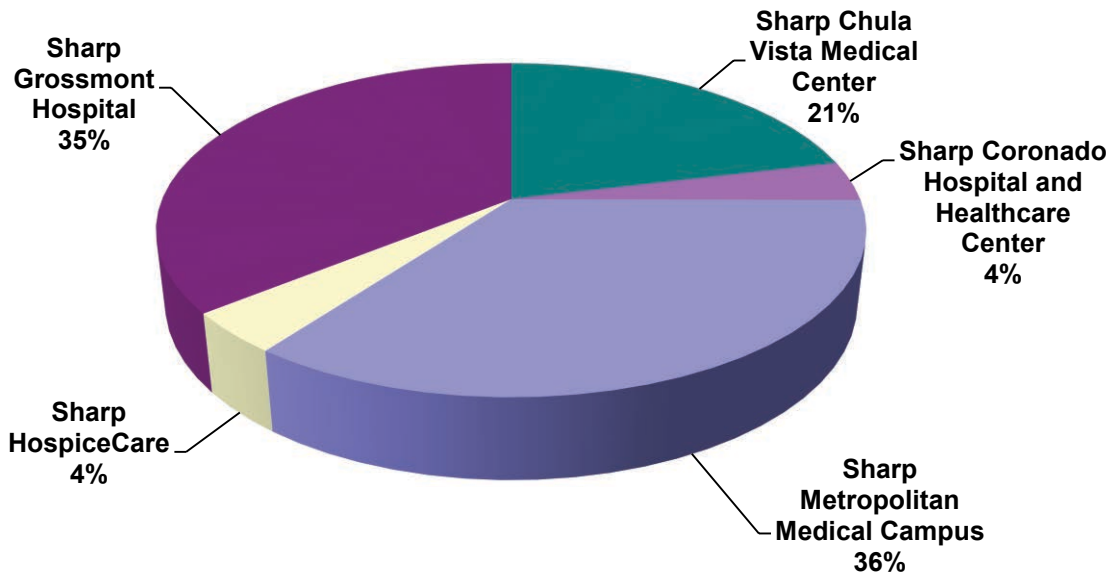
² These totals include the total number of volunteer hours and the average number of active volunteers at Sharp per month. Figures exclude SRSMG volunteers.

³ Chart displays the percentage of the monthly average of Sharp volunteers.

Table 2: Sharp HealthCare Volunteers and Volunteer Hours — FY 2017

Sharp HealthCare Entity	Average Active Volunteers per Month	Total Volunteer Hours
Sharp Chula Vista Medical Center	373	47,967
Sharp Coronado Hospital and Healthcare Center	67	9,679
Sharp Grossmont Hospital	617	101,261
Sharp HospiceCare	70	7,446
Sharp Metropolitan Medical Campus	628	82,893
TOTAL	1,755	249,246

Figure 2: Sharp HealthCare Volunteers by Entity — FY 2017



Volunteers supported Sharp’s foundations — including the Sharp HealthCare Foundation, Grossmont Hospital Foundation and Coronado Hospital Foundation — through assistance with various events, such as annual golf tournaments and galas.

In addition, Sharp offers a systemwide Junior Volunteer Program for high school students interested in giving back to their communities and exploring future health care careers. Program requirements vary, however all require a high grade point average and a long-term commitment of at least 100 hours. The Junior Volunteer Program supports workforce development by introducing the students to careers in health care, including clinical and ancillary support services. The junior volunteers enhance patient-centered care through hospitality, such as greeting and escorting patients and families, answering questions, and creating a welcoming and relaxing environment for guests.

Through volunteering in the gift shops and thrift store, they learn about merchandising, fundraising and retail sales. On the inpatient units, they are exposed to clinical experiences that provide a glimpse into future careers. Junior volunteers also have the opportunity to help raise funds for hospital programs and provide clerical support to hospital departments. In FY 2017, nearly 510 high school students contributed more than 53,600 hours to the Junior Volunteer Program. This included 74 junior volunteers who provided approximately 4,400 hours of service at SMH and SMBHWN; 160 junior volunteers who dedicated more than 17,500 hours of service at SCVMC; and 275 junior volunteers who contributed more than 31,700 hours of service at SGH.

Volunteers on Sharp's various entity boards provide program oversight, administration and decision-making regarding financial resources. In FY 2017, nearly 130 volunteers contributed their time to Sharp's boards.¹

Sharp employees also donate time as volunteers for the Sharp organization, including service on the Cabrillo Credit Union Sharp Division Board, Sharp and Children's MRI Board, Grossmont Imaging LLC Board, and Sharp and UC San Diego Health's Joint Venture Board, which oversees the operations of their joint Liver Transplantation and Bone Marrow Transplant Programs.²

This section describes the achievements of various Sharp volunteer programs in FY 2017.

Sharp HospiceCare Volunteer Programs

Sharp HospiceCare offered various volunteer training opportunities in FY 2017, providing valuable knowledge and experience to volunteers who are often working towards a career in the medical field. Volunteers supported Sharp HospiceCare and those it serves by providing companionship to those near the end of life, support for families and caregivers, and help with community outreach.

Approximately 50 new hospice volunteers were trained in FY 2017. Volunteers completed an extensive 24-hour training program to confirm their understanding of and commitment to hospice care prior to beginning their volunteer activities. In addition, seven teenagers participated in Sharp HospiceCare's Teen Volunteer program. In this program, teens completed special projects in Sharp HospiceCare administration, as well as assisted with patients at Sharp HospiceCare's LakeView, ParkView and BonitaView hospice homes. Tasks included grooming and hygiene activities, and simple acts of kindness such as sitting with patients, listening to their stories and holding their hand. Further, seven premedical students from SDSU, UC San Diego and CSUSM volunteered time by supporting family caregivers in private homes.

Sharp HospiceCare continued to provide the 11th Hour program to ensure that no patient died alone. Through the program, volunteers accompanied patients who were in

¹ Sharp volunteers' time is not financially valued in this community benefit report.

² Sharp employees' time on these boards is not financially valued in this community benefit report.

their final moments of life but did not have family members present. This included holding the patient's hand, reading softly to them and simply remaining by their side. Families who were present with their dying loved one could also receive comfort from a volunteer as their loved one passed away. Ten volunteers were trained through the 11th Hour program in FY 2017.

In FY 2017, Sharp HospiceCare trained 12 volunteers in integrative therapies to promote relaxation and restful sleep and enhance the quality of life for Sharp HospiceCare patients and their caregivers. Integrative therapies included Healing Touch, a gentle energy therapy that uses the hands to help manage physical, emotional or spiritual pain; Reiki, a Japanese energy healing therapy in which practitioners use their hands on or above the patient's body to facilitate the healing process; aromatherapy; and hand massage.

Volunteers help support Sharp HospiceCare's partnership with We Honor Veterans (WHV). WHV is a national program developed by the National Hospice and Palliative Care Organization in collaboration with the VA to empower hospice professionals to meet the unique end-of-life needs of veterans and their families. As a WHV partner, Sharp HospiceCare is equipped to provide education and training that qualifies their volunteers to identify and support veteran patients and their caregivers. This includes the Vet-to-Vet Volunteer program, which aims to pair volunteers who have military experience with veteran patients, as well as honors veteran patients through special pinning ceremonies. In FY 2017, Sharp HospiceCare held two pinning ceremonies during which volunteers presented a WHV pin and a certificate of appreciation to approximately 90 Sharp HospiceCare veteran patients as well as more than 50 veteran community members.

Sharp HospiceCare continued to offer the Memory Bear program to support community members who have lost a loved one. Through the program, volunteers created teddy bears out of the garments of those who have passed on, which served as special keepsakes and permanent reminders of the grieving individual's loved one. In FY 2017, volunteers dedicated nearly 2,700 hours to sewing more than 670 bears for approximately 240 families.

Sharp HospiceCare recognizes the valuable impact that volunteers have on the experience of its patients, family and caregivers. In light of this recognition, Sharp HospiceCare offered a monthly continuing education support group to enhance the skills of its volunteers. In addition, Sharp HospiceCare honored its volunteers during National Volunteer Week in April, and National Hospice and Palliative Care Month in November.

Sharp Metropolitan Medical Campus (SMH, SMBHWN, SMV, SMC) Volunteer Programs

Through the Community Care Partner (CCP) program at SMH, hospital volunteers are hand-selected and trained to serve and comfort patients without family or friends present during their hospital stay. Activities may include reading, writing letters, taking walks, playing games, or simply comforting patients through conversation. In addition, CCP volunteers help keep patients safe by notifying medical staff when needs arise — a task that is usually performed by a family member or friend but often overlooked for patients who lack a companion. In FY 2017, 9 CCP volunteers devoted nearly 600 hours to approximately 460 patient visits.

The Cushman Wellness Center Community Health Library and SMH Volunteer Department continued to offer the Health Information Ambassador program in FY 2017. Serving SMH, the SMH Rehabilitation Center and SMBHWN's perinatal special care unit, the program brings the library's services directly to patients and family members and empowers them to become involved in their own health care. Through the program, hospital volunteers receive specialized training to become Health Information Ambassadors, who offer to bring patients and family members additional resources on their diagnosis during their hospital stay. Information requests are brought to the consumer health librarian who then prints consumer-oriented information from high-quality websites, and returns the information back to the patients and families through the Health Information Ambassadors. Patients and family members are also provided with access to an online database of reliable health information as well as the opportunity to keep in touch with the library to ensure they continue to receive quality health information at home. In FY 2017, the Health Information Ambassadors visited more than 2,400 patient rooms and filled over 500 information requests.

Established in 2007, the Arts for Healing program at SMMC uses art and music to reduce feelings of fear, stress, pain and isolation among patients facing significant medical challenges and their loved ones. The program brings a variety of activities to patients at their bedside — including painting, beading, creative writing, card-making, seasonal crafts, scrapbooking, quilting, music and drumming — to help improve emotional and spiritual health, and promote a faster recovery. The program also engages visitors and members of the community during hospital and community events. Funded completely by donations, Arts for Healing is led by Sharp's Spiritual Care Department and is implemented with help from licensed music and art therapists as well as a team of trained volunteers.

At SMH, Arts for Healing typically serves patients who are receiving cancer treatment, recovering from surgery or stroke, awaiting organ transplantation, receiving palliative care, or facing life with newly acquired disabilities following catastrophic events. At SMBHWN, Arts for Healing supports mothers with high-risk pregnancies who are susceptible to stress and loneliness during extended hospital stays prior to childbirth. Music therapy is also provided in the NICU to promote development in premature babies. At SMV and SMC, Arts for Healing offers several art and music therapy groups,

including groups for patients recovering from drug addiction, adolescents and adults receiving treatment for mood and anxiety disorders, and older adults receiving treatment for dementia and depression. In collaboration with SMMC's social workers and palliative care nurses, in FY 2017 Arts for Healing facilitated the donation of more than 300 blankets and quilts to patients receiving end-of-life care at SMH. Twelve of the blankets were knitted and crocheted by patients at the SMV East County Outpatient Programs site, an activity that was also designed to reduce anxiety and depression among the patients crafting the blankets.

Throughout the year, Arts for Healing led art and music activities for hundreds of patients and community members in recognition of various holidays and Sharp events, including Saturday with Santa, a public event hosted each December by the SMH Auxiliary; Valentine's Day; National Hospital Week in May; Cancer Awareness Week in June; Sharp's annual Women's Health Conference; and Sharp's annual Disaster Preparedness Expo.

In FY 2017, 44 volunteers, including students from various colleges and universities, facilitated art activities for patients and their loved ones through Arts for Healing. Since its launch, the program has provided more than 6,300 one-on-one music therapy sessions and over 2,100 group music and art therapy sessions. In addition, Arts for Healing volunteers have knit 530 baby items for expectant mothers, created approximately 50,000 pieces of art, and enriched more than 55,700 patients, guests and staff through musical performances. In total, more than 117,600 patients, guests and staff have benefitted from the time and talent provided by the Arts for Healing program.

Other Sharp Community Efforts

In FY 2017, Sharp engaged in a variety of community service projects to improve the well-being of community members throughout San Diego. Below are just a few examples of these efforts.

According to the January 2017 *WeAllCount Annual Report*, there were 9,116 individuals experiencing homelessness in SDC, which represents an increase of 5 percent region-wide from 2016. Since 2011, Sharp has sponsored the Downtown San Diego Partnership's Family Reunification Program, which serves to reduce the number of homeless individuals on the streets of Downtown. Through the program, homeless outreach coordinators from the Downtown San Diego Partnership's Clean & Safe Program identify homeless individuals who will be best served by traveling back home to loved ones. Family and friends are contacted to ensure that the individuals have a place to stay and the support they need to get back on their feet. Once confirmed, the outreach team provides the transportation needed to reconnect with their support system. With Sharp's help, the Family Reunification Program has reunited more than 1,000 homeless individuals in Downtown San Diego with friends and family across the nation.

Diapers are expensive — a month's supply can cost up to \$100 per child — and cannot

be purchased with CalFresh or Women, Infants, and Children (WIC) benefits. As a result, parents with limited economic resources may change diapers less frequently than recommended and unintentionally place their infant at risk. In FY 2017, Sharp worked with Assemblywoman Lorena Gonzalez, SDG&E and hundreds of organizations and citizens across San Diego to help struggling families cope with a serious challenge — the cost of diapers — by donating diapers to the Food Bank’s new Diaper Bank Program. The Diaper Drive, hosted by SDG&E, netted more than 27,000 diapers for families in need, nearly tripling the goal of 10,000 diapers. Sharp employees showed their support for this cause by donating more than 6,500 diapers.

The SGH Engineering Department led a variety of volunteer initiatives in FY 2017. The team continued This Bud’s for You, a special program that delivers hand-picked flowers from the campus’ abundant gardens to unsuspecting visitors, patients and staff. Through the program, the SGH landscape team grows, cuts, bundles and delivers colorful bouquets to patient rooms as well as offers single-stem roses in a small bud vase to passers-by. In FY 2017, the team delivered three to four vases of flowers with an inspirational quote each week, with as many as eight vases or more during peak flower season and upon additional requests. In addition, nearly 40 vases of flowers were delivered to new mothers in the hospital on Mother’s Day. This Bud’s for You also supports the SGH Senior Resource Center and Meals on Wheels partnership by providing floral centerpieces for their fundraising events to benefit East County seniors, as well as offers roses for SGH’s annual patient remembrance service. Now in its seventh year, the program has become a natural part of the landscape team’s day — an act that is simply part of what they do to enhance the experience of hospital visitors.

The SGH Engineering Department further extends the spirit of caring through the creation of Cheers Bouquets for patients or visitors that appear to need encouragement or cheer, as well as to recognize patient birthdays, anniversaries and other special moments. With help from Sodexo — the hospital’s food service, housekeeping and engineering vendor — a bouquet is quickly assembled (with balloons, ribbon, a Sodexo Care Bear and/or football) and delivered to the individual. In FY 2017, the team assembled up to 10 Cheers Bouquets per month, including bouquets for more than 40 new fathers on Father’s Day weekend.

For the past seven years, the SGH Engineering Department, landscape team and Auxiliary have collaborated with local businesses to bring The Shirt Off Our Backs Program to community members in need during the holidays. Through the program, volunteers collect and donate a variety of items to help meet the basic needs of homeless or low-income children and adults. In FY 2017, volunteers filled two trucks with donated food and other essential items, including 200 handmade sandwiches and 100 water bottles as well as clothing, socks, shoes, hygiene kits, toys, towels, blankets, pet food and other household items.

The SGH landscape team created the award-winning Heart 2 Heart project through which the team places heart-shaped stones etched with reflections around the hospital campus for patients, visitors and staff to search for and reflect upon. The team also

installed other various heart shapes made out of flagstone or cobble on planters and stone areas of the campus to encourage walking and engage campus walkers in its scenery. The Heart 2 Heart project earned the team the 2016 Spirit of Sodexo Award for North America after competing against 1,100 nominations from across all Sodexo business units in the U.S. and Canada. As a Gold Level finalist — the company's highest honor — the SGH landscape team demonstrates Sodexo's commitment to clients and customers as the heart of business.

The SGH Engineering Department also participated in the Food Bank's Food 4 Kids Backpack program in FY 2017. The program provides weekend food packages to chronically hungry elementary school students from low-income households who are at risk of hunger over the weekend when free school meals are unavailable. Food 4 Kids strives to improve school performance and health by alleviating hunger. The program also provides information to parents about available local community services. Each week between January and April 2017, the SGH Engineering Department filled approximately 20 backpacks with roughly 250 pounds of food to ensure hungry students had access to food through the weekend.

Since 2014, SGH nurses have organized an annual backpack drive in collaboration with Christie's Place — a nonprofit organization that supports women, children and families affected by human immunodeficiency virus/AIDS — to prepare children and teens for academic success. Team members from a variety of departments help provide a backpack with school supplies, including personal notes wishing the students all the best for the coming school year. Each year, the team distributes more than 250 backpacks to youth during a back-to-school party in Balboa Park.

Similarly, the Labor and Delivery Department at SMBHWN is committed to the fight against hunger through participation in the International Relief Team's (IRT) Feeding San Diego's Kids project. Based in San Diego, IRT is a relief organization providing worldwide support that combines both short-term relief efforts and long-term programs to save and change lives. Through Feeding San Diego's Kids, nutritious food is provided to children in the Linda Vista Elementary School nutrition club, a group specifically for children who have been identified as homeless by the school nurse. Every week during the school year, labor and delivery team members fill backpacks with nonperishable, nutritious food that can feed a family of four over the weekend. The backpacks are also filled with nutrition-related prizes to encourage students and families to learn and participate in their own nutrition as well as with occasional holiday-related gifts. Approximately 25 elementary school children and their families are helped through the program each year. Since the start of the program in May 2013, the team has filled 5,500 backpacks with approximately 132,000 meals.

For more than 30 years, SGH has provided its annual Santa's Korner giving event to provide for those in need during the holidays. Through this effort, various hospital departments adopt a family — who has been vetted and referred by local service agencies — and dedicate personal time to making the holidays the best they can be for each family. Special holiday gifts, including grocery gift cards, clothing, toiletries,

household items, movie tickets, bicycles, children’s toys and a holiday meal, are purchased for the families by hospital staff using primarily their personal resources and through occasional fundraisers. Santa’s Korner served 33 families — equivalent to 118 individuals — during the 2016 holiday season.

For the past three years, SCVMC has supported Operation Gobble Thanksgiving Turkey Distribution, an event started by Assemblywoman Lorena Gonzalez. In 2016, Operation Gobble provided Thanksgiving turkeys to 30 patients from the Barnhart Cancer Center’s Medical and Radiation oncology departments.

In addition, in December, SCVMC partnered with a Chula Vista chapter of Optimist International for a Holiday Bike Giveaway. Optimist International is a worldwide volunteer organization that helps develop children to their full potential. The Holiday Bike Giveaway program helped provide bicycles to nine children of cancer patients as Christmas gifts.



All Ways Green Initiative

As San Diego’s largest private employer and leading health care provider, Sharp has long been committed to improving the health of the environment and therefore the communities it serves. Sharp recognizes the connection between a healthy environment and individual health and well-being, and is dedicated to minimizing adverse environmental impacts by creating healthy green practices for employees, physicians and patients. Sharp promotes a culture of environmental responsibility through education, outreach, and collaboration with San Diego’s Earth-friendly businesses to help identify best practices, reduce the costs of green practices, and facilitate the implementation of sustainable initiatives.

Sharp’s Environmental Policy serves to guide the organization in identifying and implementing green practices within the health care system. Through the All Ways Green™ initiative, Sharp maintains an environmentally conscious footprint and communicates sustainability throughout the organization and the San Diego community.

Sharp’s systemwide All Ways Green™ Committee is responsible for spearheading the organization’s green efforts. Sharp’s active environmental initiatives are concentrated in five domains: (1) energy efficiency, (2) water conservation, (3) waste minimization, (4), commuter solutions, and (5) sustainable food practices. Specialized committees/subcommittees are responsible for each of these domains (see **Table 3**), while established Green Teams at each Sharp entity are responsible



for developing new programs that educate and motivate Sharp employees to conserve natural resources and reduce, reuse and recycle.

Table 3: All Ways Green™ Committees/Subcommittees and Domains

Committee/Subcommittee	Domain
Natural Resource Subcommittee	Energy efficiency and water conservation
Waste Minimization Committee	Waste minimization
Food and Nutrition Best Health Committee	Sustainable food practices
Commuter Solutions Subcommittee	Commuter solutions

To monitor progress and measure tangible results, All Ways Green™ utilizes a customized report card, which evaluates each domain’s annual performance against a baseline. The report card is designed to show where the desired results have been achieved and where improvements are still needed. Entity Green Teams utilize the report card to communicate the initiative results to all staff and to establish more effective sustainability practices. Sharp’s goals and accomplishments within each All Ways Green™ committee/subcommittee and domain are described below.

Natural Resource Conservation

According to the EPA, health care ranks as the country’s second most energy intensive industry, and hospital water use constitutes seven percent of the total water used in commercial and institutional buildings in the U.S. Sharp’s goal is to optimize the use of electricity, gas and water across its facilities, identify and evaluate opportunities for improvement, implement initiatives in the most cost-effective manner, and track progress.

The EPA states that 30 percent of the health care sector’s current energy use could be reduced without sacrificing quality of care through a shift toward energy efficiency and use of renewable energy sources. Sharp’s Natural Resource Subcommittee has responded to this challenge by implementing numerous energy and water conservation initiatives, including infrastructure changes and adopting best practices to ensure its facilities are optimally operated while monitoring and measuring energy and water consumption. The Natural Resource Subcommittee also educates employees about the energy-conscious behaviors that can be practiced in the workplace and at home to promote continuous energy and water savings.

In FY 2017, Sharp extended its commitment to environmental best practices in information technology. New software was installed on 10 data center air conditioner units, resulting in more efficient cooling of the data center and a 16 percent decrease in power usage for these devices. New virtual environments replaced more than 150 devices in the data center, further reducing power and cooling needs for the building. In 2015, Sharp implemented TSO Logic software, which identifies opportunities for replacing inefficient, energy-consuming hardware with energy-efficient hardware in

Sharp's centralized data center. This innovative system also identifies underutilized hardware, which can be permanently shut down or be acquiesced during periods of non-utilization. With this software, Sharp could conservatively reduce hardware electrical consumption by more than five percent each year. In 2013, Sharp became the first health care system in San Diego to implement a computer management program, which enables computers and monitors to go into a low-power sleep mode after a period of inactivity. Since its implementation, the program has been installed on over 17,000 computers and has resulted in annual energy savings in excess of 1.6 million kilowatt-hours (kWh). The initiative earned Sharp a Certificate of Recognition from the EPA, which recognizes organizations' achievements in energy conservation and efficiency.

Since April 2016, the SGH campus has been virtually removed from the electrical grid due to the completion of the new state-of-the-art Central Energy Plant (CEP), which now supplies the campus with its own generated energy. Named the Brady Family Cogen, the focus of the CEP is a new 52-ton, 4.4 megawatt combustion turbine generator, which generates enough electricity to meet up to 95 percent of the hospital's needs and reduces greenhouse gases by up to 90 percent. In addition to providing electrical power, the CEP converts heat to steam to operate medical equipment, space heating and air conditioning. It also provides hot and cold water to the hospital. The new CEP fully complies with state and local standards for air emissions.

During California's five-year drought, Sharp adopted a focused water conservation program at all sites. Although the drought restrictions were officially lifted in 2017, Sharp remains dedicated to being water-wise. In alignment with this commitment, Sharp partners with Emerald Textiles for its laundry and linen services. The company operates a state-of-the-art plant that is efficiently designed to reduce utility consumption and preserve natural resources. Each year, Emerald Textiles saves an estimated 40 million gallons of water (50 percent of total usage) through its water filtration system, more than 71,000 kWh of electricity through the use of energy-efficient lighting, and over 700,000 therms of gas due to the use of energy-efficient laundry equipment. Additional water conservation initiatives at Sharp are outlined in **Table 4**.

In May 2017, Sharp was named San Diego's Grand Energy Champion by SDG&E in recognition of its continuous commitment to implementing energy efficiency measures. The award specifically noted the particular challenges faced by a health care organization trying to save energy, given the need to maintain a comfortable, clean and safe environment for patients, visitors and staff 24 hours a day, seven days a week.

Promoting its partnership with SDG&E, since 2016, Sharp has participated in the San Diego Regional Healthcare Sustainability Collaborative. Led by SDG&E and Cleantech San Diego, this initiative presents a platform for San Diego health care providers to advance energy conservation practices through best practice sharing and new technology validation as they pursue the next wave of sustainability initiatives. This collaborative enables sustainability, energy, facilities and operations health care leaders across SDC to share recent project successes, best practices and findings from new

technology pilot evaluations. In addition, SDG&E's staff participates in Sharp's Natural Resource Subcommittee to help Sharp identify energy savings initiatives and associated rebates and incentives to reduce the overall costs of energy savings projects.

To demonstrate its ongoing commitment to reducing energy consumption on a national level, in FY 2017 Sharp joined Practice Greenhealth's Healthier Hospitals Lean Energy Challenge — an initiative that provides support and guidance for hospitals that aspire to reduce energy consumption, increase energy efficiency, and save significantly on energy costs.

All Sharp hospitals engage in the EPA's ES database and monitor their ES scores on a monthly basis, thus following an international standard for energy efficiency created by the EPA. Buildings that are certified by ES must earn a 75 or higher on the EPA's energy performance scale, indicating that the building performs better than at least 75 percent of similar buildings nationwide without sacrifices in comfort or quality. According to the EPA, buildings that qualify for the ES typically use 35 percent or less energy than buildings of similar size and function. As a result of Sharp's commitment to superior energy performance and responsible use of natural resources, SCHHC and SCVMC received the ES certification in 2017 (SCHHC first earned the ES certification in 2007, and then again each year from 2010 through 2013, while SCVMC received ES certification from 2009 to 2011, 2013 and 2015).

In addition, Sharp's SRSMG Downtown medical office building meets Leadership in Energy and Environmental Design (LEED) silver certification specifications, one of the first medical office buildings in San Diego of its kind. Additional energy conservation initiatives at Sharp are outlined in **Table 4**.

Table 4: Natural Resource Projects by Sharp HealthCare Entity

Natural Resource Project	Entity							
	SCHHC	SCVMC	SGH	System Offices ¹	SHP	SMH/SMBHWN	SMV/SMC	SRSMG
Establish Energy and Water Use Baseline	✓	✓	✓	✓	✓	✓	✓	✓
ES Participation	✓	✓	✓			✓	✓	
Air Handler Projects	✓					✓		
Cogeneration Plant			✓					
Drip Irrigation/Landscape Water Reduction Systems	✓	✓	✓	✓	✓	✓	✓	✓
Drought-tolerant Landscaping	✓	✓	✓	✓	✓	✓	✓	✓
Electric Vehicle Charging Stations		✓		✓		✓		✓
Electronic/Low-flow Faucets	✓	✓	✓	✓	✓	✓	✓	✓
Energy-efficient Kitchen/Café Appliances	✓	✓	✓	✓		✓		
Energy-efficient Chillers/ Motors	✓	✓		✓		✓		
Faucets and Toilet Retrofits	✓	✓	✓	✓	✓	✓	✓	✓
Heating, Ventilation and Air Conditioning projects	✓	✓	✓	✓	✓	✓	✓	✓

¹ System Offices is the umbrella name for the locations that house System Services (Spectrum, Ruffin Road, SOC-E).

Natural Resource Project	Entity							
	SCHHC	SCVMC	SGH	System Offices	SHP	SMH/SMBHWN	SMV/SMC	SRSMG
Light-emitting Diode (LED) Lighting	✓	✓	✓	✓	✓	✓	✓	✓
Occupancy Sensors	✓	✓	✓	✓	✓	✓	✓	✓
Lighting Retrofits		✓	✓	✓	✓	✓	✓	✓
Mist Eliminators	✓	✓	✓	✓	✓	✓	✓	✓
Moisture-sensitive Sprinkler Controls	✓		✓			✓		
Plumbing Projects to Address Water Leaks	✓	✓	✓	✓	✓	✓	✓	✓
Thermostat Control Software				✓				
Water Dispensers to Replace Water Bottles	✓	✓	✓	✓	✓	✓	✓	✓
Water-efficient Dishwashing/ Equipment Washing/ Chemical Dispensing System	✓	✓	✓			✓		

Waste Minimization

U.S. hospitals generate an average of 26 pounds of waste per staffed bed each day, approximately 15 percent of which is considered hazardous material. Sharp is committed to significantly reducing waste at each entity and extending the lifespan of local landfills.

Sharp's Waste Minimization Committee provides oversight of systemwide waste minimization initiatives including proper waste segregation and enhancing recycling efforts. Sharp made the following achievements in waste minimization in FY 2017:

- Sharp increased purchases of 100 percent recycled goods at all sites.

- Sharp proactively recycled more than 350 tons of construction debris from its two major building projects at SCVMC and SRSMG Rancho Bernardo.
- SGH and SCVMC implemented green waste recycling through which they generated more than 125,000 pounds of green waste that is essential to prolonging the life of the landfill.
- Sharp's single-waste stream recycling program diverted more than 2.5 million pounds of trash from the landfill, including non-confidential paper, cardboard, exam table paper, plastic, aluminum cans and glass containers.
- Sharp collected, reprocessed and sterilized 127,000 pounds of surgical instruments for further use.
- Sharp donated nearly 14,000 pounds of old computer equipment through the Technology Training Foundation of America.
- Sharp diverted nearly 153,000 pounds of plastic and cardboard from the landfill through the use of reusable sharps containers.
- Sharp recycled more than 14,000 pounds of blue wrap and disposable privacy curtains (surgical blue wrap is recycled at all hospital sites while SCVMC recycles disposable privacy curtains).

Sharp was named the 2017 Outstanding Recycling Program by CRRA — California's statewide recycling association — for its innovative waste minimization initiatives. In addition, the City of San Diego's Environmental Services Department named Sharp as one of the Recyclers of the Year in its 2016 Waste Reduction and Recycling Awards Program.

Sharp was an early adopter in its commitment to waste diversion, and now diverts more than 40 percent of waste through recycling, donating, composting, reprocessing, and reusing programs. Sharp's waste minimization efforts have resulted in more than 5,000 tons of waste diverted from the landfill. See **Table 5** for waste diversion rates and **Table 6** for specific waste minimization efforts at Sharp in FY 2017.

Table 5: Sharp HealthCare Waste Diversion — FY 2017

Sharp HealthCare Entity	Recycled Waste Per Year (pounds)	Total Waste Per Year (pounds)	Percent Recycled
Sharp Chula Vista Medical Center	1,791,017	4,126,257	43%
Sharp Coronado Hospital and Healthcare Center	299,081	1,380,607	22%
Sharp Grossmont Hospital	2,167,968	5,806,031	37%
Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women & Newborns	2,725,572	7,618,353	36%
Sharp Mesa Vista Hospital	321,282	619,786	52%
Sharp Rees-Stealy Medical Group	1,806,769	2,605,264	69%
System Offices	1,206,699	2,038,294	59%
Total Sharp HealthCare	10,318,387	24,194,592	43%

Table 6: Waste Minimization Efforts by Sharp HealthCare Entity

Waste Minimization Project	Entity							
	SCHHC	SCVMC	SGH	System Offices	SHP	SMH/ SMBHWN	SMV/ SMC	SRSMG
Establish Waste Diversion baseline	✓	✓	✓	✓	✓	✓	✓	✓
Single-stream Recycling	✓	✓	✓	✓	✓	✓	✓	✓
Recycled Paper	✓	✓	✓	✓	✓	✓	✓	✓
Blue Wrap Recycling	✓	✓	✓			✓		
Composting		✓	✓			✓	✓	
Construction Debris Recycling	✓	✓	✓	✓	✓	✓	✓	✓
Electronic Café Menus	✓	✓	✓	✓		✓	✓	
Electronic Patient Bills and Paperless Payroll	✓	✓	✓	✓	✓	✓	✓	✓
Electronic and Pharmaceutical Waste Recycling Events				✓				
Organic Waste Recycling (Green Waste)		✓	✓					
Recycle Bins Distribution	✓	✓	✓	✓	✓	✓	✓	✓
Repurposing of Unused Medical Supplies and Equipment	✓	✓	✓	✓		✓		✓
Reusable Sharps Containers	✓	✓	✓			✓		

Waste Minimization Project	Entity							
	SCHHC	SCVMC	SGH	System Offices	SHP	SMH/SMBHWN	SMV/SMC	SRSMG
Single Serve Paper Napkins and Plastic Cutlery Dispensers	✓	✓	✓	✓	✓	✓	✓	✓
Surgical Instrument Reprocessing	✓	✓	✓			✓	✓	
Replacement of Bottled Water with Spa Water	✓	✓	✓	✓	✓	✓	✓	✓

Sustainable Food Practices

Sharp believes that food is medicine and the promotion of healthy food choices is necessary to improve the health of patients, employees, and the community. Sharp’s commitment to healthy food and nutrition sustainability practices began over six years ago with a strategy to increase the selection of healthy food options to improve engagement. In collaboration with its food service partner Sodexo, Sharp continues to be an innovator and early adopter of a variety of sustainable, healthy practices to help educate and motivate consumers and reduce its carbon footprint.

The goal of Sharp’s Food and Nutrition Best Health Committee is to promote food sustainability efforts throughout the health care system and within the greater San Diego community. This includes a focus on Sharp’s sustainable Mindful Food program to provide education and healthy food options designed to improve the health of Sharp’s patients, staff, community and environment. Sharp’s Mindful Food program includes the promotion of Meatless Mondays to reduce meat consumption; increased purchases of beef and poultry raised without the routine use of antibiotics; menus that highlight wellness options; participation in Community Supported Agriculture (CSA), a community of individuals who pledge support to a farm operation in order for it to become, either legally or spiritually, the community's farm; increased use of locally sourced fresh, organic and sustainable food; food composting; increased recycling activities; the promotion of sugarless beverages; and the use of post-consumer recycled packaging solutions. Additional sustainability initiatives implemented by Sharp are described below.

- Since August 2016, SMH, SMV, and SGH have collaborated with the SDRM and the Food Bank in an innovative food recovery program that donates food items that can no longer be used in Sharp’s kitchens but are perfectly healthy and nutritious to more than 45 hunger relief organizations in SDC. In addition,

SCVMC and SCHHC recently partnered with FSD, making Sharp the first health care system in the county to donate food to San Diego's needy at such a wide-scale level. Food recovery efforts benefit the local community by ensuring access to nutritious meals for the food insecure, while also enabling Sharp to save on waste disposal costs and keep food out of landfills. In 2017, Sharp donated 18,300 pounds of food to these safety-net organizations.

- In FY 2017, Sharp's composting programs diverted approximately 442,000 pounds of waste from landfills. SMMC was the first group of hospitals in SDC to participate in the city's food scraps composting program in 2012. In 2017, the program expanded to SCVMC with its engagement of the City of Chula Vista. Also in 2017, SGH collaborated with Resource Management Group recycling center to begin a composting program. Through these programs, food waste at these three Sharp sites is processed into a rich compost product and provided to residents at no charge for volumes of up to two cubic yards. The compost offers several benefits including improving the health and fertility of soil, reducing the need to purchase commercial fertilizers, increasing the soil's ability to retain water and helping the environment by recycling valuable organic materials. According to the City of San Diego, such waste diversion programs contribute to the extension of the landfill's lifespan from 2012 to at least 2022.
- Launched in 2016, a soup stock program at SMH turns previously unused vegetable scraps into soup stock and saves, on average, 174 pounds of food each week. In addition, SCHHC saves an average of 45 pounds of food through its soup stock program.
- In 2017, Sharp's imperfect produce program purchased more than 20,000 pounds of less-than-perfect fruits and vegetables per month that are nutrient-rich and full of flavor but would have been thrown away by Sharp's food vendors. The imperfect produce program is currently in effect at SCVMC with plans to expand across the system.
- In 2017, Sharp's cooking oil recycling program collected more than 6,000 pounds of oil, which is converted into safe biodiesel oil.
- SCHHC, SMH and SMV continued to operate the first county-approved hospital-based organic gardens. Produce from the gardens is used in meals served at the hospital cafés.
- Sharp's waste-mindful operations, including self-audit checklists, continue to help kitchen teams reduce their carbon footprint between food preparation and cleanup.

In recognition of these initiatives, the San Diego Food System Alliance awarded Sharp and Sodexo an EMIES UnWasted Food Award in 2016. Named after the Bill Emerson Good Samaritan Food Donation Act, which provides protection to good faith donors, this

award was created to encourage food donation to nonprofit organizations. Sharp earned the award for instituting exemplary practices around prevention/source reduction, food donation, and composting/recycling.

Sharp is an active member of San Diego's Nutrition in Healthcare Leadership Team, a subcommittee of the San Diego County Childhood Obesity Initiative's health care domain. Sharp is also a participant in Practice Greenhealth's Healthier Food Challenge. As a participant, Sharp commits to reducing its purchase of meats, increasing its purchase of locally-grown food, and increasing its percentage of sustainable animal proteins. Sharp measures the impact of its food initiatives using these three indicators, the results of which are described below.

1. **Decrease in Animal Protein Purchases** — In FY 2017, Sharp reduced animal protein purchases by more than 550,000 pounds. This represents a 31 percent reduction in animal protein purchases since FY 2014.
2. **Increase in Locally Grown Produce** — Sharp and Sodexo have made a concerted effort to increase the amount of locally grown produce to support community-based farmers and reduce the time and miles needed to receive the produce in Sharp's kitchens. In FY 2017, approximately 329,000 pounds of locally sourced produce were used in Sharp's kitchens, representing an increase of 57,000 pounds (more than 20 percent) of locally sourced produce since FY 2014. This is an area of great focus at Sharp and is expected to significantly increase in the next five years as more farmers are identified and certified to provide this safe, reliable source of naturally healthy produce.
3. **Sustainable Animal Protein** — In FY 2017, Sharp purchased more than 13,000 pounds of sustainable animal protein, representing a 50 percent increase from FY 2014. Sustainable animal protein includes beef and cage-free chicken that is grass-fed and antibiotic and hormone free.

Sharp and Sodexo remain committed to increasing healthy food offerings in an effort to combat obesity, improve sustainability, and ultimately change the eating habits of patients, staff and community members for the better. Sharp's sustainable food initiatives are outlined in **Table 7**.

Table 7: Sustainable Food Projects by Sharp HealthCare Entity

Sustainable Food Project	Entity							
	SCHHC	SCVMC	SGH	System Offices	SHP	SMH/SMBHWN	SMV/SMC	SRSMG
Report Card and Indicators Tracking	✓	✓	✓	✓	✓	✓	✓	✓
Food Recovery	✓	✓	✓			✓	✓	
Soup Stock						✓		
Imperfect Produce		✓						
Composting		✓	✓			✓	✓	
Oil Recycling		✓	✓				✓	

Commuter Solutions

Sharp supports ride sharing, public transit programs and other transportation efforts to reduce transportation emissions generated by Sharp and its employees. Sharp’s Commuter Solutions Subcommittee continuously works to develop innovative and accessible programs and marketing campaigns to educate employees on the benefits of ride sharing and other alternative modes of transportation.

Sharp replaced higher fuel-consuming cargo vans with economy Ford transit vehicles, which save approximately five miles per gallon. In addition, Sharp’s employee parking lots offer carpool and motorcycle parking spaces. Employees can also purchase discounted monthly bus passes. As part of the nationwide Electric Vehicle Project, Sharp installed electric vehicle chargers (EVCs) at its corporate office location, SCVMC, SMMC, and some SRSMG sites. Sharp was the first health care system in San Diego to offer EVCs, supporting the creation of a national infrastructure required for the promotion of EVCs to reduce carbon emissions and dependence on petroleum. Sharp will continue efforts to expand EVCs at its other entities. The use of the EVCs has resulted in a reduction of approximately 33 tons of CO₂ and 3,800 gallons of fuel in FY 2017.

Sharp offers bike racks as well as a Bicycle Commuter Benefit, which gives employees who bike to work up to \$20 per month to use toward qualified costs associated with bicycle purchase, improvement, repair and storage. In addition, Sharp participates in the SANDAG Bike to Work Day event every year in May. During the 2017 challenge, Sharp

employees were among almost 10,000 San Diegans who opted to ride their bike to work. Sharp supported community cyclists by hosting food and beverage pit stops at various sites throughout SDC.

Sharp also encourages employees to participate in the SANDAG iCommute RideMatcher vanpool and carpool program, which can help employees find convenient ride share partners and promote sustainable commuting. Using iCommute's TripTracker, employees can monitor the cost and carbon savings resulting from their alternate commuting methods. In addition, Sharp is enrolled in SANDAG's Guaranteed Ride Home program, which provides commuters who carpool, vanpool, take an express bus, ride the Coaster, or bike to work three or more times a week with a taxi or a rental car in case of an emergency or being stranded at work.

In recognition of Rideshare Month every October, Sharp participates in SANDAG's iCommute Rideshare Corporate Challenge where employees earn points for replacing their solo drive with a greener commute choice, such as biking, walking, carpooling, vanpooling and public transit. In FY 2017, 84 organizations in SDC — representing more than 200,000 employees — competed in the challenge. Sharp won the top spot in the Mega Employer category for the fourth year in a row and for the fifth time in six years. The annual challenge is instrumental in helping reduce traffic congestion and greenhouse gas emissions throughout the region.

Furthering the commitment to better commuting solutions for its employees, Sharp supplies and supports the hardware and software for almost 500 employees who are able to efficiently and effectively telecommute to work. These employees work in areas that do not require an on-site presence, such as information technology support, transcription, and human resources.

Sharp also provides compressed work schedule options to eligible full-time employees, which enables them to complete the basic eighty-hour biweekly work requirement in less than 10 workdays and thus reduces commute costs, lowers parking demand, and helps the environment.

Sharp's ongoing efforts to promote alternative commute choices in the workplace has led to recognition as a SANDAG iCommute Diamond Award recipient consistently between 2001 and 2010, and again from 2013 through 2017.

Community Education and Outreach

Sharp actively educates the community about its sustainability programs. In FY 2017, Sharp participated in the following outreach activities:

- Sharp published e-newsletters for employees highlighting its recycling efforts and accomplishments, as well as reminders for proper workplace recycling, carpooling, and energy and water conservation.

- Sharp held its sixth annual systemwide All Ways Green™ Earth Week celebration, including Earth Fairs at each Sharp hospital and system office. During the fairs, employees learned how they can decrease water, energy and resource consumption, divert waste through recycling, and reduce their carbon footprint by using alternative transportation at work and home. Many of Sharp's key vendors participated in the fairs to help raise awareness of green initiatives and how Sharp is involved in those programs.
- Sharp held a community recycling event that included free e-waste recycling and confidential document destruction. The event also included the U.S. Drug Enforcement Agency's Drug Take Back Program, which provides a safe, convenient, and responsible method of drug disposal and educates the general public about the potential for prescription medication abuse.
- In recognition of America Recycles Day, Sharp created a video for all Sharp employees to view on the intranet. The video highlights that every employee can make a difference by recycling as well as shows how recyclables are sorted at the local processing facility instead of being disposed of in the landfill.
- Sharp participates in San Diego County's Hazmat Stakeholder meetings to discuss best practices for medical waste management with other hospital leaders in SDC.

Additional community environmental education and outreach initiatives at Sharp are highlighted in **Table 8**.

**Table 8: Environmental Community Education and Outreach
by Sharp HealthCare Entity**

Community Outreach Project	Entity							
	SCHHC	SCVMC	SGH	System Offices	SHP	SMH/SMBHWN	SMV/SMC	SRSMG
America Recycles Day	✓	✓	✓	✓	✓	✓	✓	✓
Bike to Work Day	✓	✓	✓	✓	✓	✓	✓	✓
Earth Week Activities	✓	✓	✓	✓	✓	✓	✓	✓
Environmental Policy	✓	✓	✓	✓	✓	✓	✓	✓
Green Team	✓	✓	✓	✓	✓	✓	✓	✓
No Smoking Policy	✓	✓	✓	✓	✓	✓	✓	✓
Organic Farmer's Market	✓	✓	✓	✓		✓	✓	
Organic Gardens	✓					✓		
Recycling Education	✓	✓	✓	✓	✓	✓	✓	✓
Ride Share Promotion	✓	✓	✓	✓	✓	✓	✓	✓

Emergency and Disaster Preparedness

Sharp contributes to the health and safety of the San Diego community through essential emergency and disaster planning activities and services. In FY 2017, Sharp provided education to staff, community members and community health professionals, and partnered with numerous state and local organizations, to prepare for an emergency or disaster.

Sharp's emergency preparedness team offered educational courses to first responders and health care providers throughout SDC. This included a standardized, on-scene federal emergency management training for hospital management titled National Incident Management System/Incident Command System/Hospital Incident Command System (HICS) as well as a training focused specifically on HICS, an incident

management system that can be used by hospitals to manage threats, planned events or emergencies. In addition, a course was offered to train participants to use the WebEOC crisis information management system, which provides real-time information sharing between health care systems and outside agencies during a disaster.

In September, Sharp's emergency preparedness leadership shared its expertise with other hospitals, health care providers, community partners and government agencies at the annual Disaster Planning for California Hospitals conference. Education provided by Sharp included strategies for building and maintaining sustainable and resilient health care coalitions, and improving emergency communications through the use of plain language.

In FY 2017, Sharp's emergency preparedness leadership donated their time to state and local organizations and committees, including County of San Diego Emergency Medical Care Committee, California Hospital Association Emergency Management Advisory Committee, California Department of Public Health Joint Advisory Committee, Ronald McDonald House Operations Committee and San Diego County Civilian/Military Liaison Work Group. Sharp was also a member of the San Diego Healthcare Disaster Coalition — a group of representatives from SDC hospitals, health care delivery agencies, county officials, fire agencies, law enforcement and the American Red Cross, through which Sharp's emergency preparedness leadership heads an evacuation subcommittee to review hospital evacuation planning and identify best practices and tools. Sharp's emergency preparedness leadership continued to participate in the Statewide Medical Health Exercise Program — a work group of representatives from local, regional and state agencies including, health departments, emergency medical services, environmental health departments, hospitals, law enforcement, fire services and more — which is designed to guide local emergency planners in developing, planning and conducting emergency responses.

Through participation in the U.S. Department of Health & Human Services Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership. The partnership includes SCVMC, SCHHC, SGH, SMH, SRSMG Urgent Care Centers and Clinics, San Diego's Ronald McDonald House, Rady Children's Hospital, Scripps Mercy Hospital Chula Vista, Kaiser Permanente San Diego and Zion Medical Centers, Alvarado Hospital Medical Center, Paradise Valley Hospital, UC San Diego Health, Palomar Health, Health Center Partners of Southern California, Naval Air Station North Island/Naval Medical Services, San Diego County Sheriff's Department and Marine Corps Air Station Miramar Fire Department. The partnership seeks to continually identify and develop relationships with health care entities, nonprofit organizations, law enforcement, military installations and other organizations that serve SDC and are located near partner health care facilities. Through networking, planning, and the sharing of resources, trainings and information, members of the partnership are better prepared for a coordinated response to an emergency or disaster affecting SDC.

Sharp supports safety efforts of the state and the city of San Diego through maintenance and storage of a county decontamination trailer at SGH to be used in response to a mass decontamination event. Additionally, all Sharp hospitals are prepared for an emergency with backup water supplies that last up to 96 hours in the event of an interruption to the system's normal water supply.

In September, Sharp hosted its sixth annual Disaster Preparedness Expo to educate San Diego residents on effective disaster preparedness and response in the event of an earthquake, fire, power outage or other emergency. Held at Liberty Station, the free event provided more than 700 community members with a variety of disaster exhibitors, demonstrations and displays as well as education on personal and family disaster planning.

In recent years, endemic events occurring across the globe have had the potential to impact public health in the local San Diego community. Sharp has continued to partner with community agencies, County of San Diego Public Health Services and first responders to develop protocols, provide joint trainings, and establish safe treatment methods and locations. This preparation has allowed for the continued delivery of uninterrupted care to the community in the face of public health threats.

Employee Wellness: Sharp Best Health¹

Sharp recognizes that improving the health of its team members benefits the health of the broader community. Since 2010, the Sharp Best Health employee wellness program has created wellness initiatives to improve the overall health, safety, happiness and productivity of Sharp's workforce. Each Sharp hospital, SRSMG and corporate location has a dedicated Best Health committee that works to motivate team members to incorporate healthy habits into their lifestyles and support them on their journey to attain their personal health goals. Team members are encouraged to participate in a variety of workplace health initiatives ranging from fitness challenges and weight management programs to health education and events. Sharp Best Health also offers an interactive web-based health portal where employees can create a wellness plan and track their progress.

Since 2013, Sharp Best Health has offered annual employee health screenings to raise individual awareness of important biometric health measures, educate team members on reducing the risk of related health issues, and encourage employees to track changes in their metrics over time. In FY 2017, nearly 10,000 employees received health screenings for blood pressure, cholesterol, body mass index, blood sugar and tobacco use. Post-screening resources and tools are available for Sharp employees and their family members, including free access to a health coach as well as classes on a variety of health topics, including smoking cessation, healthy food choices, physical activity, stress management, and managing the challenges of living with a chronic condition such as diabetes, high blood pressure, asthma or arthritis.

¹ Sharp Best Health programs are not financially valued in this community benefit report.

The AHA recommends walking 10,000 steps a day to help improve or maintain a healthy lifestyle. To align with this goal, Sharp Best Health encourages team members to use a Fitbit Zip™ wireless pedometer to track their steps, distance, calories burned, sleep patterns and more. By syncing these statistics to computers or smartphones, the Fitbit Zips™ can inspire team members to achieve their personal fitness goals one step at a time. Throughout the year, Sharp Best Health held both entity-specific and systemwide Fitbit Step Challenges to encourage team members to set personal goals and compete for prizes. During FY 2017, more than 700 participants across the Sharp system walked the equivalent of 57,080 miles. Since the Fitbit Zip™ program's inception in 2014, participating employees have increased their average total steps by 22 percent. Additionally, to promote safety along with increased physical activity, Sharp Best Health updated Sharp's acceptable footwear policy to permit walking shoes each day of the week at Sharp corporate offices.

Sharp Best Health hosted a variety of wellness programs and events for employees and their family and friends. This included systemwide walking and hiking clubs through which more than 500 participants completed more than 50 hikes during FY 2017. In addition, in February, Sharp's Best Health committees collaborated to host the third annual 5K the Sharp Way Walk/Run Event at Tidelands Park in Coronado, which engaged 300 employees and family members.

Sharp Best Health participated in community health events throughout the year, including the American Cancer Society Great American Smoke Out, National Nutrition Month, National Fresh Fruits & Vegetables Month, Stress Awareness Month and National Walking Day. Sharp Best Health also aligned its summer Fitbit challenges with the San Diego Heart & Stroke Walk by making a contribution to the AHA on behalf of each of the challenge winners. In addition, Sharp Best Health partnered with the AHA to promote walking meetings as a heart healthy alternative to standard meetings. At Sharp System Offices, Sharp Best Health partnered with the Humane Society to provide free "Walk a Dog, Boost Your Health Events" where employees were given the opportunity to relieve stress and get some exercise while providing highly valuable human interaction for sheltered dogs and puppies.

Sharp Best Health provided on-site health and fitness classes for employees throughout FY 2017. This included an educational session on the importance of taking micro-breaks, the health impact of extended periods of sitting, and simple stretches to incorporate into the workday. Workshops were also offered on managing chronic pain as well as on the MELT technique, which uses soft body rollers and hand and foot balls to self-treat joint pain and tension. Fitness offerings included yoga, Zumba and aquatics classes. Sharp Best Health also offered recipe demonstrations to encourage healthy meal preparation at home.

In FY 2017, Sharp Best Health went beyond nutrition and physical fitness to support the overall health and happiness of employees by working with the vendor Whil, to launch their digital mindfulness and yoga training platform designed to help employees manage stress and improve their well-being. Offering more than 1,200 mindfulness and yoga sessions of various lengths and skill levels, Whil gives employees the flexibility to move at their own pace and set their own goals. Whil has also been used throughout the system as a tool during staff meetings, department huddles and shift changes. Since Whil's launch, more than 2,100 employees have become active users. Sharp Best Health also collaborated with certified mindfulness facilitators to provide on-site mindfulness programming at six Sharp locations, including both series and drop-in classes.

New in 2017, Sharp Best Health introduced Wellness on Wheels, a monthly educational event offered to Sharp employees to address the challenge of accessing online health resources and programs during work hours. Wellness on Wheels involves "rounding" in staff lounges, hospital units, and nursing stations to promote a new and relevant subject each month. Each session includes an educational component, an interactive activity and a call to action. Wellness on Wheels brings wellness education to employees where they work, accommodating their unique schedules and dedication to patient care. Keeping the experience relevant and quick allows staff who were previously unable to receive wellness resources to access these benefits.

Sharp has established a systemwide Mindful healthy food initiative in partnership with Sodexo. As part of the Mindful program, Sharp's cafeteria menus were redesigned to include sustainable, nutritious and enticing food options that foster a healthy lifestyle among patients, visitors and staff. In 2017, Sharp partnered with Farm Fresh to You to make customizable boxes of organic, locally-grown produce available for purchase by employees. This CSA service offers a convenient method for employees and their families to incorporate more fruits and vegetables into their diet while supporting local farmers.

Weight Watchers® offers weight-loss services and products founded on a scientifically based approach to weight management that encourages healthy eating, increased physical activity and healthy weight management behaviors. Sharp Best Health continued its partnership with Weight Watchers® to offer Sharp team members a subsidized membership rate to any Weight Watchers® program. With program availability at work, in the community and online, this partnership has offered Sharp team members a variety of healthy-eating and physical-activity options that can be tailored to different lifestyles and schedules. At any given time during FY 2017, approximately 720 Sharp employees were actively using Weight Watchers®. Since the program was deployed in 2016, participating employees have lost an estimated 3,000 pounds.

In addition to providing Weight Watchers® at work, during FY 2017 Sharp Best Health partnered with the Sharp Rees-Stealy Center for Health Management to offer free in-

person and online nutrition classes to Sharp employees through the New Weigh program. New Weigh is an eight-week weight loss program that emphasizes nutrition education and healthy lifestyle development. Program participants create a semi-structured food plan, and have access to a skilled health coach or registered dietitian to ensure continued support and accountability. During FY 2017, 210 Sharp employees completed the New Weigh program.

Nearly one in six community members face the threat of hunger every day in SDC. Each month, the Food Bank distributes food to approximately 370,000 children and families, active duty military, and fixed income seniors living in poverty. For more than a decade, Sharp has supported the Food Bank's tremendous efforts through a holiday food drive. During the 2016 holiday season, Sharp Best Health and Sharp Community Benefit collaborated to take this effort a step further. In partnership with SuperFood Drive — a San Diego-based organization committed to educating the community about the health benefits of eating nutrient-dense superfoods and ensuring the accessibility of healthy food to all — Sharp transformed its traditional food drives to “superfood drives,” encouraging nonperishable food donations that are also nutritious, sustaining and essential for a healthy life. Through the six-week holiday superfood drive at locations throughout the Sharp system, Sharp doubled its number of food drive sites from earlier holiday seasons, and collected more than 3,000 pounds of nutritious food — an increase of 90 percent compared to previous years. In addition, Sharp team members donated nearly \$2,900 through a new Sharp Virtual Food Drive specifically benefiting the Food Bank. Combined, these donations and funds provided nearly 16,000 healthy meals for San Diegans in need of assistance with putting food on the table during the 2016 holiday season.



Addressing the Community's Needs

In fiscal year 2017, Sharp HealthCare provided community benefit programs and services, including medical care services; benefits for vulnerable populations and the broader community; and health research, education and training programs. The *Sharp HealthCare Community Benefit Plan and Report, Fiscal Year 2017*, addresses the following community needs: access to care and social support for vulnerable populations; education, screening and support programs for community members, including programs focused on special populations and health conditions; community flu vaccination clinics; support services for hospice patients, families and the community; support of community nonprofit organizations; education and training of health care professionals; student and intern supervision and support; and collaboration with local schools to promote interest in health care careers.

Section

2 Executive Summary

It's important to me that Sharp HealthCare promotes policies that improve access to health care, because we all deserve an opportunity to live the healthiest life we can.

— Sara Steinhoffer, Vice President of Government Relations, Sharp HealthCare

This Executive Summary provides an overview of community benefit planning at Sharp HealthCare (Sharp), a listing of community needs addressed in this Community Benefit Plan and Report, and a summary of community benefit programs and services provided by Sharp in Fiscal Year 2017 (FY 2017) (October 1, 2016, through September 30, 2017). In addition, the summary reports the economic value of community benefit provided by Sharp, according to the framework specifically identified in Senate Bill 697 (SB 697), for the following entities:

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

Community Benefit Planning at Sharp HealthCare

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

Listing of Community Needs Addressed in the *Sharp HealthCare Community Benefit Plan and Report, FY 2017*

The following community needs are addressed by one or more Sharp hospitals in this Community Benefit Report:

- Access to care for individuals without a medical provider and support for high-risk, underserved and underfunded patients
- Education and screening programs on health conditions, such as heart and vascular disease, stroke, cancer, diabetes, preterm delivery, unintentional injuries and behavioral health
- Health education, support and screening activities for seniors
- Welfare of seniors and disabled people
- Special support services for hospice patients and their loved ones, and for the community
- Support of community nonprofit health organizations
- Education and training of community health care professionals
- Student and intern supervision and support
- Collaboration with local schools to promote interest in health care careers
- Cancer education, patient navigation services and participation in clinical trials
- Women's and prenatal health services and education
- Meeting the needs of new mothers and their loved ones
- Mental health and substance abuse education and support for the community

Highlights of Community Benefit Provided by Sharp in FY 2017

The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2017.

- **Medical Care Services** included uncompensated care for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, Civilian Health and Medical Program of the United States of America Department of Veterans Affairs

(CHAMPVA), and TRICARE — the regionally managed health care program for active-duty, National Guard and Reserve members, retirees, their loved ones and survivors; and unreimbursed costs of workers' compensation programs.

- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; flu vaccinations and services for seniors; financial and other support to community clinics to assist in providing and improving access to health services; Project HELP; Meals on Wheels; contribution of time to Stand Down for Homeless Veterans, the San Diego Food Bank, and Feeding San Diego; financial and other support to the Sharp Humanitarian Service Program; and other assistance for vulnerable and high-risk community members.
- **Other Benefits for the Broader Community** included health education and information, and participation in community health fairs and events addressing the unique needs of the community as well as providing flu vaccinations, health screenings and support groups to the community. Sharp collaborated with local schools to promote interest in health care careers and made its facilities available for use by community groups at no charge. Sharp executive leadership and staff also actively participated in numerous community organizations, committees and coalitions to improve the health of the community. See **Appendix A** for a listing of Sharp's involvement in community organizations. In addition, the category included costs associated with planning and operating community benefit programs, such as CHNA development and administration.
- **Health Research, Education and Training Programs** included education and training programs for medical, nursing and other health care students and professionals, as well as supervision and support for students and interns. Time was also devoted to generalizable health-related research projects that were made available to the broader health care community.

Economic Value of Community Benefit Provided in FY 2017

In FY 2017, Sharp provided a total of **\$415,307,122** in community benefit programs and services that were unreimbursed. **Table 9** displays a summary of unreimbursed costs based on the categories specifically identified in SB 697. **Figure 3** presents the percentage distribution by each category. **Figure 4** presents the percentage distribution within the Medical Care Services category, and **Figure 5** presents the community benefit value by IRS Form 990 Schedule H Categories. These financial figures represent unreimbursed community benefit costs after the impact of the Medi-Cal Hospital Fee Program.

Table 9: Sharp HealthCare Total Community Benefit — FY 2017¹

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2017 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ²	\$140,198,987
	Shortfall in Medicare ²	222,539,275
	Shortfall in San Diego County Indigent Medical Services (CMS) ²	7,999,688
	Shortfall in CHAMPVA/TRICARE ²	6,179,147
	Shortfall in Workers' Compensation	53,553
	Charity Care ³	22,033,461
	Bad Debt ³	7,489,410
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy ⁴	2,803,035
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ⁴	1,680,320
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ⁴	4,330,246
TOTAL		\$415,307,122

¹ Economic value is based on unreimbursed costs.

² Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

³ Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

⁴ Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

Figure 3: Sharp HealthCare Community Benefit by SB 697 Category — FY 2017

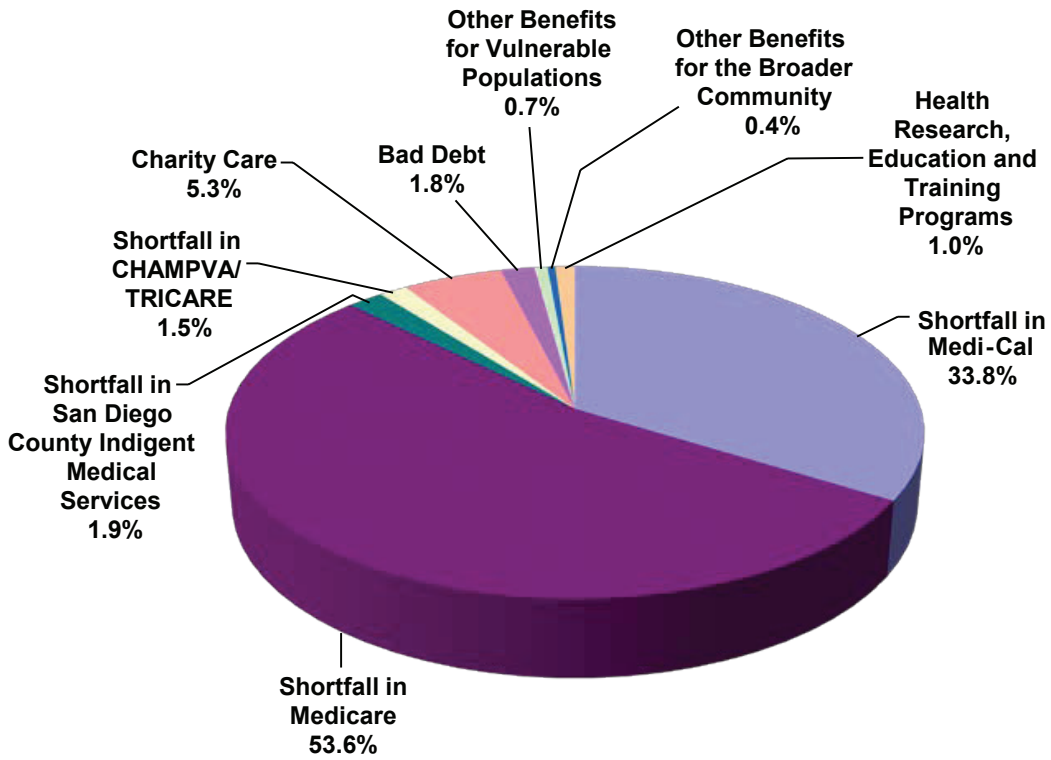


Figure 4: Sharp HealthCare Medical Care Services — FY 2017

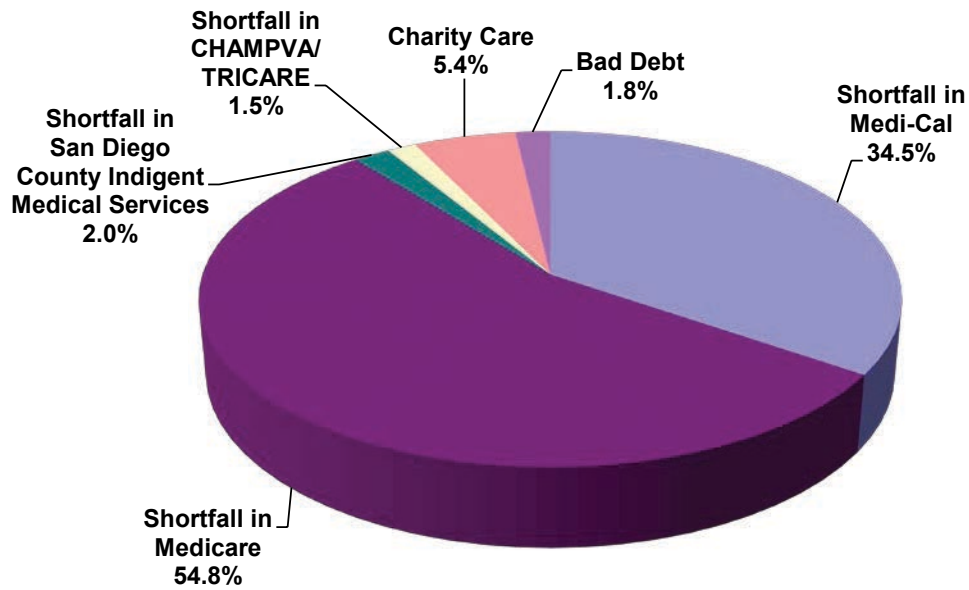
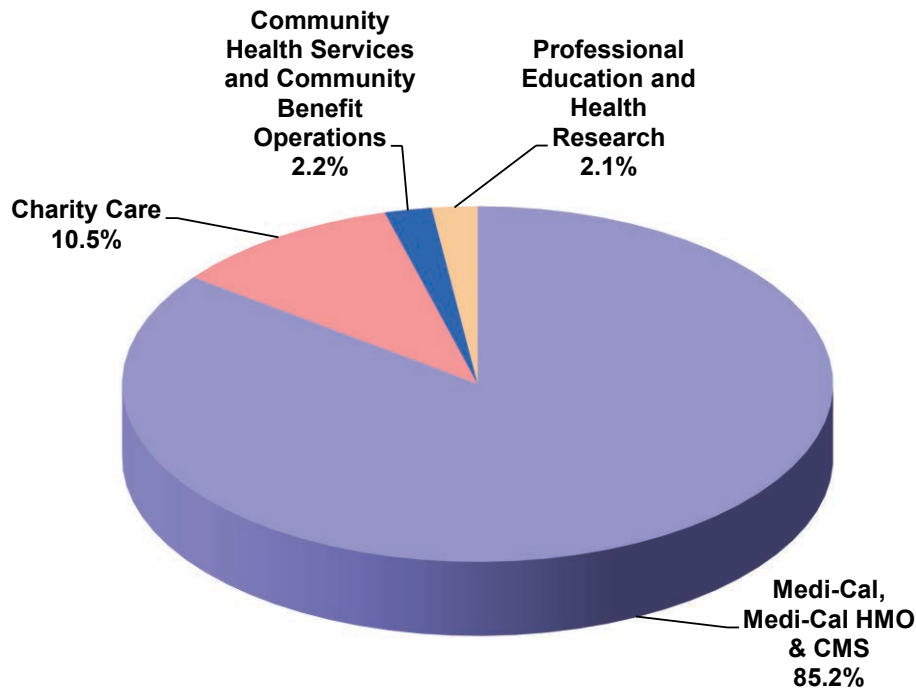


Figure 5: Sharp HealthCare Community Benefit by IRS Form 990 Schedule H Category — FY 2017



In FY 2015, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2014 through December 31, 2016. This resulted in an increased reimbursement of \$89.7 million and an assessment of a quality assurance fee and pledge totaling \$56.3 million in FY 2017. The net impact of the program totaling \$33.4 million reduced the amount of unreimbursed medical care service for the Medi-Cal population. This reimbursement helped offset prior years' unreimbursed medical care services, however the additional funds recorded in FY 2017 understate the true unreimbursed medical care services performed for the past fiscal year. **Table 10** and **Figure 6** illustrate the impact of the Medi-Cal Hospital Fee Program on Sharp's medical care services in FY 2017.

**Table 10: Sharp HealthCare Medical Care Services:
Medi-Cal Hospital Fee Program Impact — FY 2017**

Provider Fee Impact	Medicare & Medicare HMO	Medicare Cap	Medi-Cal, Medi-Cal HMO & CMS	CHAMPVA & Workers' Comp.	Bad Debt	Charity Care	Total
Medical Care Services Before Provider Fee	\$115,953,803	\$106,585,472	\$178,197,901	\$6,232,700	\$7,489,410	\$22,033,461	\$436,492,747
Provider Fee			\$(29,999,226)				\$(29,999,226)
Net Medical Care Services After Provider Fee	\$115,953,803	\$106,585,472	\$148,198,675	\$6,232,700	\$7,489,410	\$22,033,461	\$406,493,521

Figure 6: Sharp HealthCare Medical Care Services Before Medi-Cal Hospital Fee — FY 2017

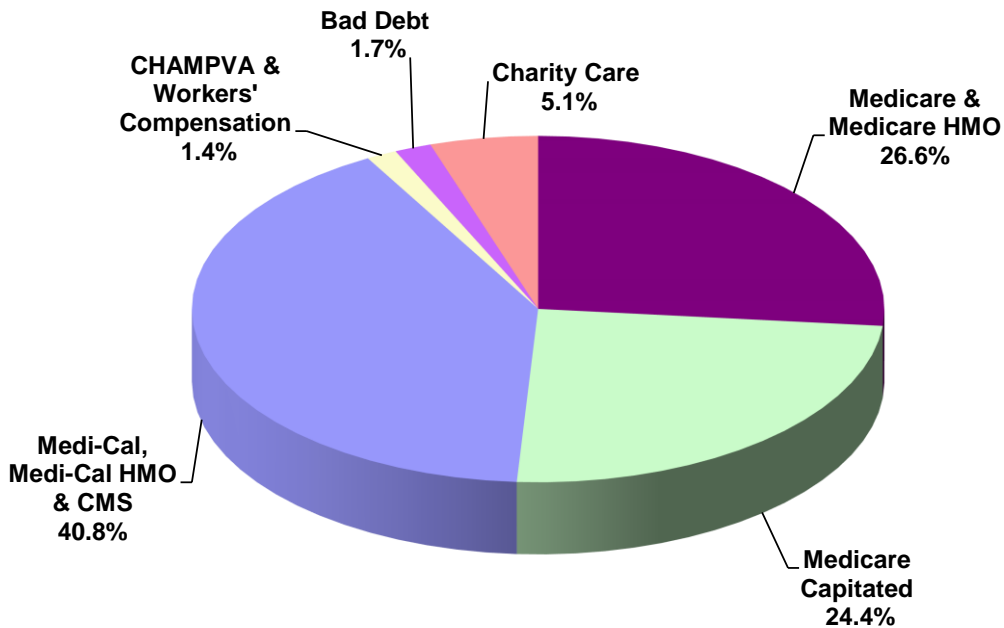
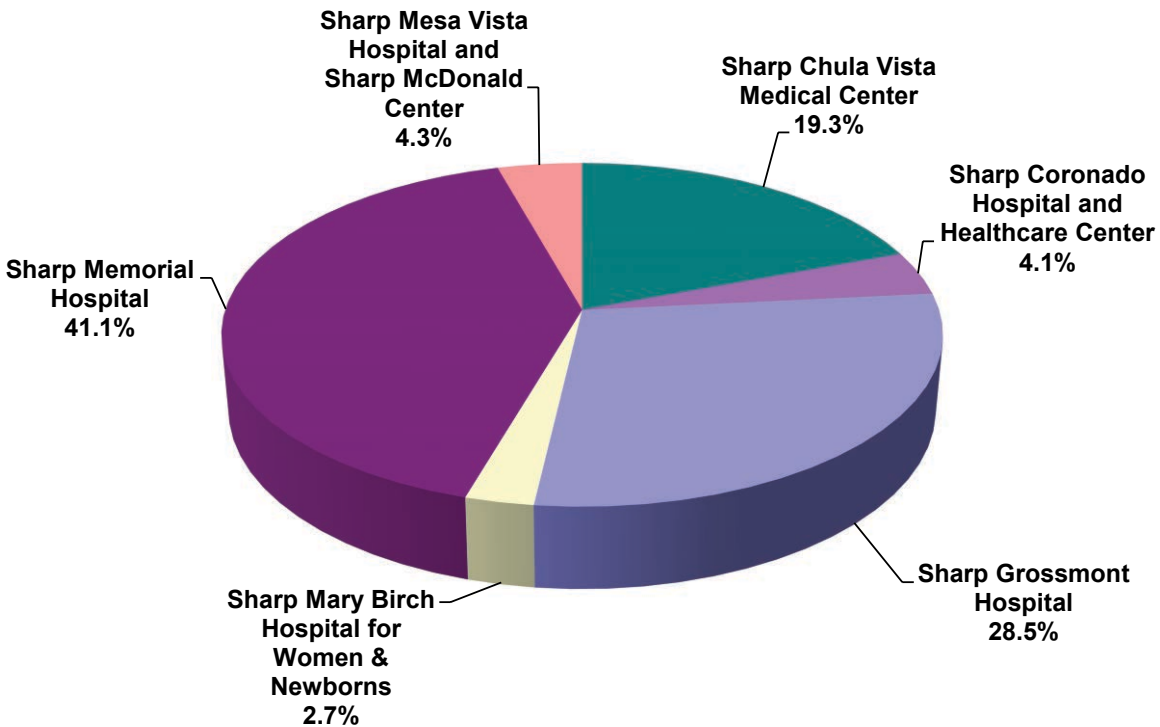


Table 11 lists community benefit costs provided by each Sharp entity and Figure 7 shows the percentage distribution by Sharp hospital entity.

**Table 11: Total Economic Value of Community Benefit Provided¹
By Sharp HealthCare Entities — FY 2017**

Sharp HealthCare Entity	Estimated FY 2017 Unreimbursed Costs
Sharp Chula Vista Medical Center	\$80,231,642
Sharp Coronado Hospital and Healthcare Center	17,045,590
Sharp Grossmont Hospital	118,063,679
Sharp Mary Birch Hospital for Women & Newborns	11,206,475
Sharp Memorial Hospital	170,666,302
Sharp Mesa Vista Hospital and Sharp McDonald Center	18,024,214
Sharp Health Plan	69,220
TOTAL FOR ALL ENTITIES	\$415,307,122

**Figure 7: Percentage of Community Benefit Provided by
Sharp HealthCare Hospital Entities — FY 2017**



¹ Economic value is based on unreimbursed costs.

Table 12 includes a summary of unreimbursed costs for each Sharp hospital entity based on the categories specifically identified in SB 697. For a detailed summary of unreimbursed costs of community benefit provided by each Sharp entity in FY 2017, see tables presented in **Sections 4** through **11**.

Table 12: Detailed Economic Value of SB 697 Categories¹ — FY 2017

Sharp HealthCare Entity	SB 697 CATEGORY				Estimated FY 2017 Unreimbursed Costs
	Medical Care Services	Other Benefits for Vulnerable Populations	Other Benefits for the Broader Community	Health Research, Education and Training Programs	
Sharp Chula Vista Medical Center	\$78,695,427	\$322,813	\$218,217	\$995,185	\$80,231,642
Sharp Coronado Hospital and Healthcare Center	16,678,892	37,305	55,596	273,797	17,045,590
Sharp Grossmont Hospital	115,474,253	834,124	551,723	1,203,579	118,063,679
Sharp Mary Birch Hospital for Women & Newborns	10,872,953	45,688	90,276	197,558	11,206,475
Sharp Memorial Hospital	167,900,539	1,018,661	443,956	1,303,146	170,666,302
Sharp Mesa Vista Hospital and Sharp McDonald Center	16,871,457	522,956	278,986	350,815	18,024,214
Sharp Health Plan	–	21,488	41,566	6,166	69,220
ALL ENTITIES	\$406,493,521	\$2,803,035	\$1,680,320	\$4,330,246	\$415,307,122

¹ Economic value is based on unreimbursed costs.



Designing the Community Benefit Strategy

For the past two decades, Sharp HealthCare has participated in a countywide collaborative with hospitals, health care organizations and community agencies to conduct a triennial community health needs assessment (CHNA) that identifies priority health needs for San Diego County. Since 2013, Sharp has developed CHNAs for each of its individually licensed hospitals in order to address the requirements for not-for-profit hospitals under the Patient Protection and Affordable Care Act. Findings from Sharp's CHNAs are used to provide a foundation for community benefit program planning and implementation specific to the communities served by each hospital.

For the *Sharp HealthCare Community Benefit Plan and Report*, Fiscal Year 2017, each Sharp hospital used the results of its individual 2016 CHNAs to help identify the needs of its communities; update its community benefit objectives in response to those identified needs; report and categorize the economic value of community benefit provided according to Senate Bill 697; and create a community benefit plan for the upcoming fiscal year.

Section

3 Community Benefit Planning Process

An exceptional community citizen is practical as well as visionary; a great leader. Someone who can collaborate at multiple levels during a difficult time for the greater good. — Stacey Hrountas, Chief Executive Officer, Sharp Rees-Stealy Medical Group

For more than 20 years, Sharp HealthCare (Sharp) has based its community benefit planning on findings from its triennial Community Health Needs Assessment (CHNA) process. CHNA findings are used in combination with the expertise in programs and services of each Sharp hospital, as well as knowledge of the populations and communities served by those hospitals, to provide a foundation for community benefit program planning and implementation.

Methodology to Conduct the 2016 Sharp HealthCare Community Health Needs Assessments

Sharp has been a longtime partner in the process of identifying and responding to the health needs of the San Diego community. Since 1995, Sharp has participated in a countywide collaborative that includes a broad range of hospitals, health care organizations and community agencies to conduct a triennial CHNA that identifies and prioritizes health needs for San Diego County (SDC). In addition, to address the requirements for not-for-profit hospitals under the Patient Protection and Affordable Care Act, Sharp has developed CHNAs for each of its individually licensed hospitals since 2013. This process gathers both salient hospital data and the perspectives of health leaders and residents in order to identify and prioritize health needs for community members across the county, with a special focus on vulnerable populations. Further, the process seeks to highlight health needs that hospitals could impact through programs, services and collaboration.

For the 2016 CHNA process, Sharp actively participated in a collaborative CHNA effort led by the Hospital Association of San Diego and Imperial Counties (HASD&IC) and in contract with the Institute for Public Health (IPH) at San Diego State University. The process and findings of the collaborative HASD&IC 2016 CHNA significantly informed the process and findings of Sharp's individual hospital CHNAs. The complete HASD&IC 2016 CHNA is available for public viewing and download at <http://www.hasdic.org>.

To develop its individual hospital CHNAs, Sharp analyzed hospital-specific data and contracted separately with IPH to conduct community engagement activities expressly for the patients and community members it serves. In accordance with federal regulations, the Sharp Memorial Hospital (SMH) 2016 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women & Newborns, as the two hospitals share a license, and report all utilization and financial

data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). As such, the SMH 2016 CHNA summarizes the processes and findings for communities served by both hospital entities.

The 2016 CHNAs for each Sharp hospital help inform current and future community benefit programs and services, especially for community members facing inequities. This section describes the general methodology employed for Sharp HealthCare's 2016 CHNAs.

CHNA Committee

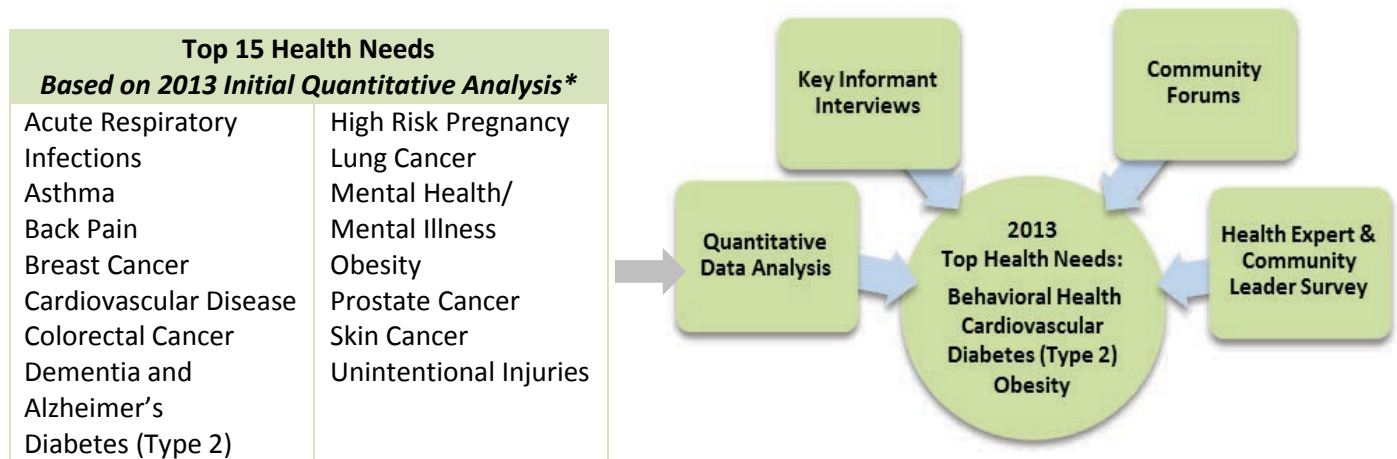
The HASD&IC Board of Directors convened a CHNA Committee to plan and implement the collaborative 2016 CHNA process. The CHNA Committee includes representatives from all seven participating hospitals and health care systems:

- Kaiser Foundation Hospitals — San Diego
- Palomar Health
- Rady Children's Hospital — San Diego
- Scripps Health (Chair)
- Sharp HealthCare (Vice Chair)
- Tri-City Medical Center
- University of California (UC), San Diego Health

CHNA Objectives

In response to community feedback on the 2013 CHNA process and findings, and in recognition of the challenges that health providers, community organizations and residents face in their efforts to prevent, diagnose and manage chronic conditions, the HASD&IC 2016 CHNA process focused on gaining deeper insight into the top health needs identified for SDC through the 2013 CHNA process. **Figure 8** presents the 2013 CHNA methodology and findings.

Figure 8: 2013 CHNA Methodology and Findings



Sharp's 2013 CHNA process and findings were significantly informed by the collaborative HASD&IC CHNA model. Consequently, Sharp's 2016 CHNA process sought to gain further insight into the needs identified across its different hospitals in 2013, including (in alphabetical order) behavioral health, cancer, cardiovascular disease, Type 2 diabetes, high-risk pregnancy, obesity and senior health.

Specific objectives of Sharp's 2016 CHNA process included:

- Gather in-depth feedback to aid in the understanding of the most significant health needs impacting community members in SDC, particularly Sharp patients.
- Connect the identified health needs with associated social determinants of health (SDOH) to further understand the challenges that community members and Sharp patients — particularly those in communities of high need — face in their attempts to access health care and maintain health and well-being.
- Identify currently available community resources that support identified health conditions and health challenges.
- Provide a foundation of information to begin discussions of opportunities for programs, services and collaborations that could further address the identified health needs and challenges for the community.

Study Area Defined

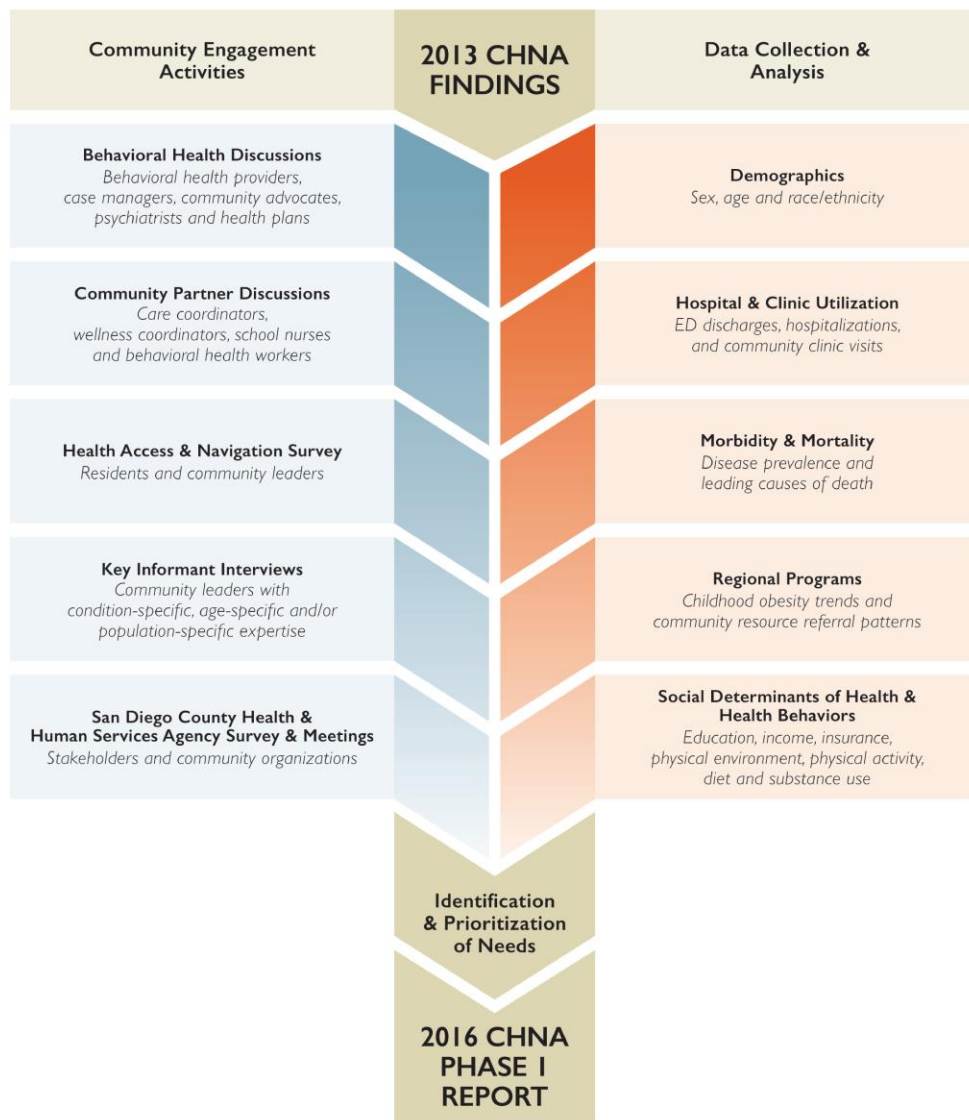
For the purposes of the collaborative HASD&IC 2016 CHNA, the study area is the entire County of San Diego due to a broad representation of hospitals in the area. With more than three million residents, SDC is socially and ethnically diverse. Information on key demographics, socioeconomic factors, access to care, health behaviors, and the physical environment can be found in the full HASD&IC 2016 CHNA report at: <http://hasdic.org>.

As the study area for both the collaborative HASD&IC 2016 and Sharp 2016 CHNAs cover SDC, the HASD&IC 2016 CHNA process and findings significantly informed

Sharp's CHNA process/findings, and as such, are described as applicable throughout Sharp's CHNAs. For complete details on the HASD&IC 2016 CHNA process, please visit the HASD&IC website or contact Lindsey Wade, Vice President, Public Policy at HASD&IC at lwade@hasdic.org.

For the collaborative HASD&IC 2016 CHNA process, the IPH employed a rigorous methodology using both community input and quantitative analysis to provide a deeper understanding of barriers to health improvement in SDC. **Figure 9** provides an overview of the process used to identify and prioritize the health needs for the HASD&IC 2016 CHNA.

Figure 9: HASD&IC 2016 CHNA Process Map



The 2016 CHNA process began with a comprehensive scan of recent community health statistics in order to validate the regional significance of the top four health needs identified in the HASD&IC 2013 CHNA. Quantitative data for both the HASD&IC 2016 CHNA and Sharp 2016 CHNAs included 2013 OSHPD demographic data for hospital inpatient, emergency department (ED), and ambulatory care encounters to understand the hospital patient population. Clinic data was also gathered from OSHPD and incorporated in order to provide a more holistic view of health care utilization in SDC. Additional variables analyzed in the 2016 CHNA processes are included in **Table 13**; variables were analyzed at the ZIP code level wherever possible.

Table 13: Data Variables in the HASD&IC and Sharp 2016 CHNAs

Secondary Data Variables
Hospital Utilization: Inpatient discharges, ED and ambulatory care encounters
Community Clinic Visits
Demographic Data (socioeconomic indicators)
Mortality and Morbidity Data
Regional Program Data (childhood obesity trends and community resource referral patterns)
Social Determinants of Health and Health Behaviors (education, income, insurance, physical environment, physical activity, diet and substance abuse)

Based on the results of the community health statistics scan and feedback from community partners received during the 2016 CHNA planning process, a number of community engagement activities were conducted across SDC, as well as specific to Sharp patients, in order to provide a more comprehensive understanding of identified health needs, including their associated SDOH and potential system and policy changes that may positively impact them. In addition, a detailed analysis of how the top health needs impact the health of San Diego residents was conducted. **Figure 10** outlines the number and type of community engagement activities conducted as part of the collaborative HASD&IC 2016 CHNA, including key informant interviews, facilitated discussions with care coordinators (community partner discussions), and community resident input through a Health Access and Navigation Survey.

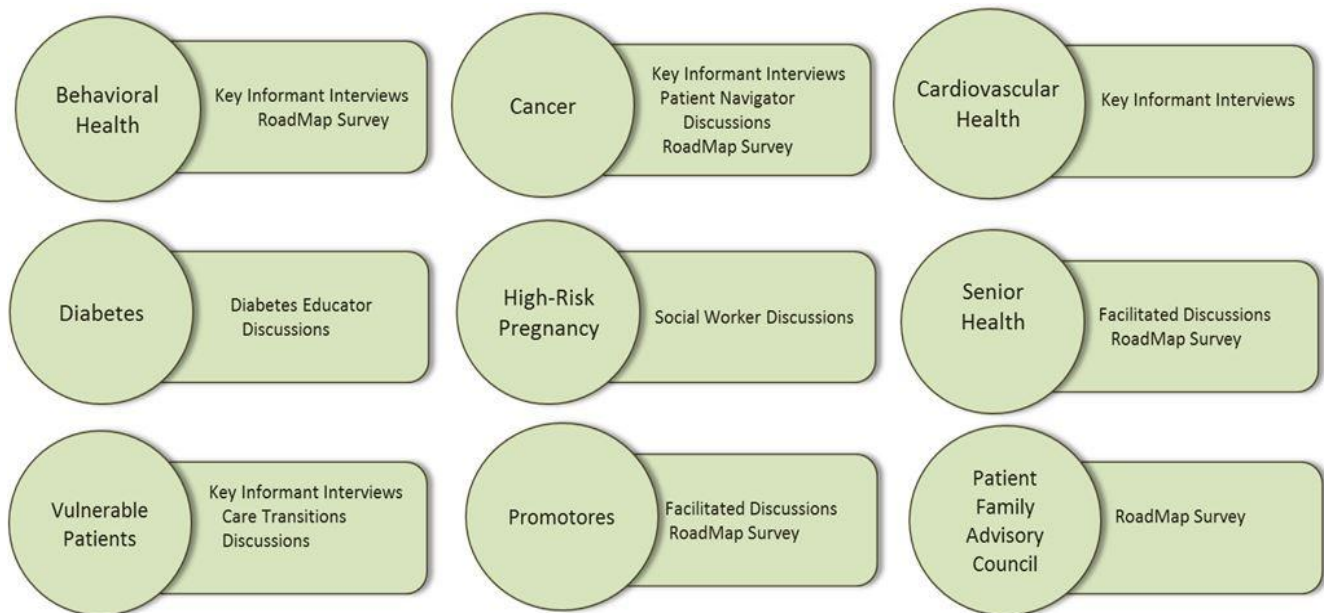
Figure 10: HASD&IC 2016 CHNA Community Engagement Activities



In addition, Sharp contracted with IPH to collect additional community input through three primary methods: facilitated discussions, key informant interviews, and the Health Access and Navigation Survey (the “Roadmap” in **Figure 11**) with patients and community members. This input focused on behavioral health, cancer, cardiovascular

health, diabetes, high-risk pregnancy, senior health and the needs of highly vulnerable patients and community members. In addition, Sharp conducted specific outreach to community promotores, and members of Sharp’s Patient Family Advisory Councils — community members who are also current or former Sharp patients. **Figure 11** outlines the engagement activities specific to Sharp’s 2016 CHNAs. More than 40 Sharp providers and nearly 150 Sharp patients or community members were reached through these engagement efforts.

Figure 11: Sharp 2016 CHNA Community Engagement Activities



Findings

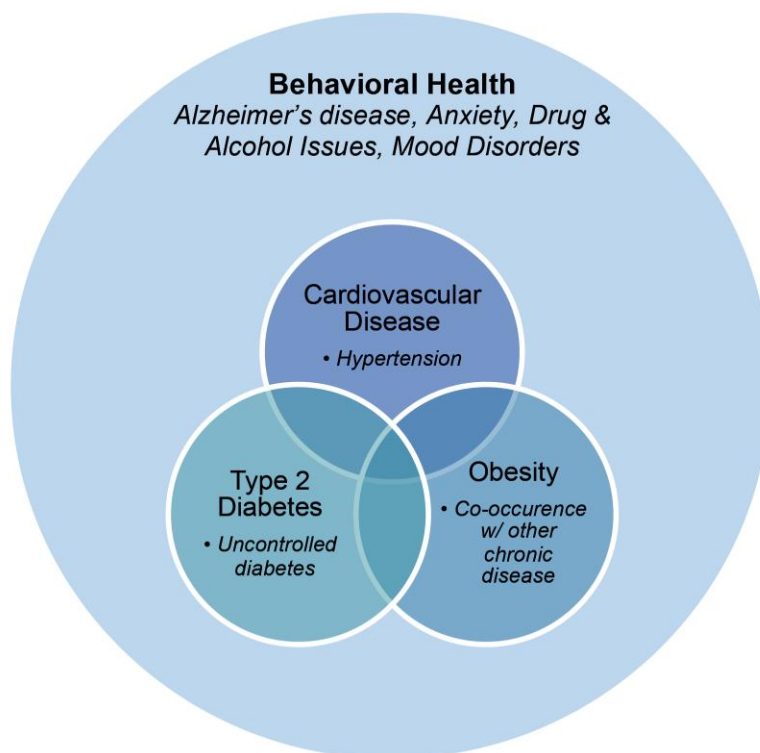
The collaborative HASD&IC 2016 CHNA prioritized the top health needs for SDC through application of the following five criteria:

1. Magnitude or Prevalence
2. Severity
3. Health Disparities
4. Trends
5. Community Concern

Using these criteria, IPH created a summary matrix for review by the CHNA Committee. As a result, the CHNA Committee identified behavioral health as the number one health need in SDC. In addition, cardiovascular disease, Type 2 diabetes and obesity were identified as having equal importance due to their interrelatedness. Health needs were

further broken down into priority areas due to the overwhelming agreement among all data sources and in recognition of the complexities within each health need. Please see **Figure 12**.

Figure 12: HASD&IC 2016 CHNA Top Health Needs



As the HASD&IC 2016 CHNA process included robust representation from the communities served by Sharp, the findings of the prioritization process applied to the same four priority health needs identified for Sharp (behavioral health, cardiovascular, Type 2 diabetes and obesity). In addition, findings from Sharp's 2016 CHNAs continued to prioritize cancer, high-risk pregnancy and senior health among the top health needs for its community.

In addition, analysis of feedback from the 2016 CHNA community engagement activities identified SDOH to be a key theme among community health needs. Ten SDOH were consistently referenced across the different community engagement activities conducted in both HASD&IC's and Sharp's CHNAs. The importance of these SDOH was also confirmed by quantitative data. Hospital programs and community collaborations have the potential to impact these SDOH, which **Figure 13** lists in order of priority.

Figure 13: 2016 CHNA Social Determinants of Health



The health needs and SDOH identified in the 2016 CHNA process will not be resolved with a quick fix. Rather, they will require time, persistence, collaboration and innovation. The entire Sharp system is committed to this journey, and remains steadfastly dedicated to the care and improvement of health and well-being for all San Diegans. Programs designed to address the needs identified in Sharp’s 2016 CHNA are detailed in Sharp’s FY 2017–FY 2020 implementation strategies, which are publicly available online at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

The findings of Sharp's 2016 CHNAs help inform the programs and services provided to improve the health of its community members and are a critical component of Sharp's community benefit report process, outlined below.

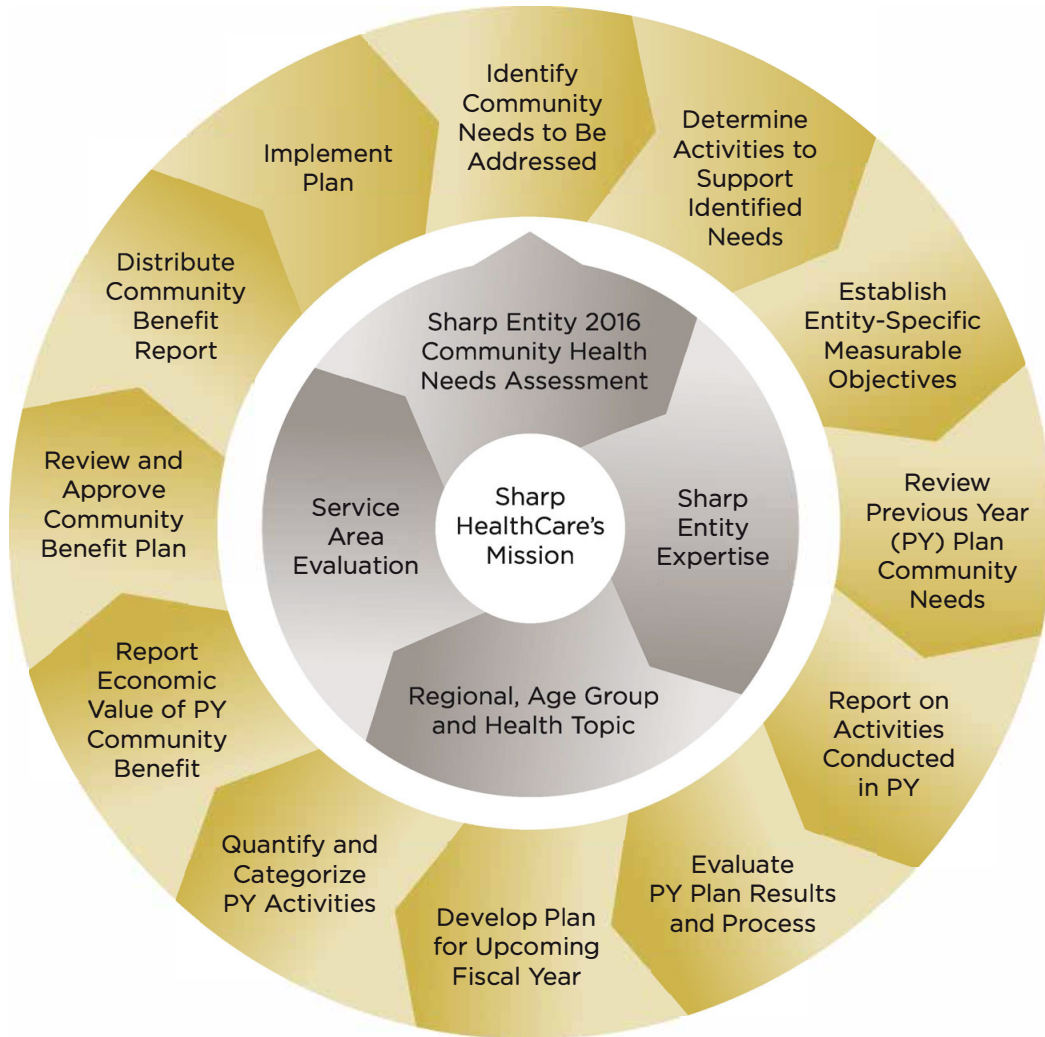
Steps Completed to Prepare Sharp's Community Benefit Report

On an annual basis, each Sharp hospital performs the following steps in the preparation of its Community Benefit Report:

- Establishes and/or reviews hospital-specific **objectives** taking into account results of the entity CHNA and evaluation of the entity's service area and expertise/services provided to the community
- Verifies the necessity for an ongoing focus on identified community needs and/or adds newly identified community needs
- Reports on activities conducted in the prior fiscal year — **FY 2017 Report of Activities**
- Develops a plan for the upcoming fiscal year, including specific steps to be undertaken — **Fiscal Year 2018 Plan**
- Reports and categorizes the **economic value of community benefit provided in FY 2017**, according to the framework specifically identified in Senate Bill 697
- Reviews and approves a Community Benefit Plan
- Distributes the *Community Benefit Plan and Report* to members of the Sharp Board of Directors and each of the Sharp hospital boards of directors, highlighting activities provided in the prior fiscal year as well as specific action steps to be undertaken in the upcoming fiscal year
- Implement community benefit activities identified for the upcoming fiscal year

Figure 14 outlines Sharp's community benefit process.

Figure 14: Sharp HealthCare Community Benefit Plan and Process



Ongoing Commitment to Collaboration

Underscoring Sharp’s ongoing commitment to collaboration in order to address community health priorities and improve the health of San Diegans, Sharp executive leadership, operational experts and other staff are actively engaged in the national American Hospital Association, Association for Community Health Improvement, statewide California Hospital Association, HASD&IC, and a variety of local collaboratives including but not limited to the San Diego Hunger Coalition, the San Diego Regional Chamber of Commerce and Community Health Improvement Partners.



Improving Women's Access to Cancer Screenings

Sharp Chula Vista Medical Center

According to the American Cancer Society, programs that increase access to proven cancer screenings help save lives. Sharp Chula Vista Medical Center is committed to preventing cancer among underserved women in the South Bay through ongoing cancer screenings.

In collaboration with Las Damas de San Diego Foundation, La Maestra Community Health Centers and other community partners, Sharp Chula Vista hosts free, quarterly breast and cervical cancer screening events supporting disadvantaged Spanish-speaking women in the South Bay. Attendees receive clinical breast exams, pelvic exams and mammograms with follow-up care as needed. Additional offerings include screenings for blood pressure, glucose and body composition, as well as preventive health lectures and resource tables to connect women to community programs and services that further support their individual health needs.

Section

4 Sharp Chula Vista Medical Center

Being able to impact our community is what I live for — through personal giving and sharing of my time, knowledge, and especially by showing others how they too can have a better life. My goals are to guide people to where they can seek help, share information with them that they might not have known where to look for, and provide a service that will improve their or their loved one's life.

— Mary Cruz, Program Manager of Community and Multicultural Relations, Sharp Chula Vista Medical Center

FY 2017 Community Benefit Program Highlights

Sharp Chula Vista Medical Center (SCVMC) provided a total of **\$80,231,642** in community benefit in Fiscal Year 2017 (FY 2017). See **Table 14** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697) and **Figure 15** for the distribution of SCVMC's community benefit among those categories.

**Table 14: Economic Value of Community Benefit Provided
Sharp Chula Vista Medical Center — FY 2017**

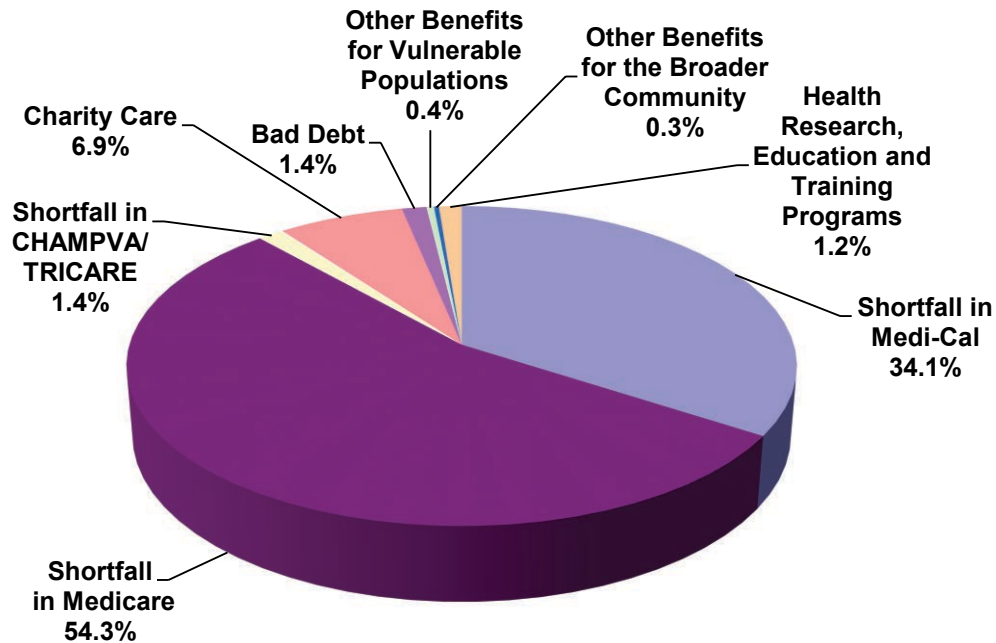
SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2017 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	27,337,196
	Shortfall in Medicare ¹	43,550,620
	Shortfall in San Diego County Indigent Medical Services ¹	17,597
	Shortfall in CHAMPVA/TRICARE ¹	1,145,051
	Shortfall in Workers' Compensation	53,335
	Charity Care ²	5,504,414
	Bad Debt ²	1,087,214
Other Benefits for Vulnerable Populations	Project HELP, patient transportation, and other assistance for the needy ³	322,813
Other Benefits for the Broader Community	Health education and information, health screenings, flu vaccinations, support groups, meeting room space and donations of time to community organizations ³	218,217
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	995,185
TOTAL		\$80,231,642

¹ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

² Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

³ Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

**Figure 15: Percentage of Community Benefit by SB 697 Category
Sharp Chula Vista Medical Center — FY 2017**



Key highlights:

- **Medical Care Services** included uncompensated care for patients who were unable to pay for services and unreimbursed costs of public programs, such as Medi-Cal, Medicare, San Diego County Indigent Medical Services and CHAMPVA/TRICARE. In FY 2015, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2014 through December 31, 2016. This resulted in an increased reimbursement of \$9.4 million to SCVMC. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2017 understate the true unreimbursed medical care services performed for the past fiscal year.
- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; Project HELP, which provides funding for specific needs (e.g., medications, etc.) to assist lower-income patients; programming to help establish medical homes for low-income, medically uninsured and underserved patients in the South Bay; contribution of time to Stand Down for Homeless Veterans, Ssubi is Hope, Feeding San Diego, Kitchens for Good, Mama's Kitchen, and the San Diego Food Bank (Food Bank); support of the Sharp Humanitarian Service Program; and other assistance for vulnerable and high-risk community members.

- **Other Benefits for the Broader Community** included health education and information on a variety of topics in English and Spanish; participation in community health fairs and events; English and Spanish language support groups; flu vaccinations and health screenings for blood glucose, blood pressure, cholesterol, stroke, bone density, hemoglobin, and breast and cervical cancer; community education and resources provided by the SCVMC Cancer Patient Navigator program; donation of meeting room space to community groups; and collaboration with local schools to promote interest in health care careers. In addition, hospital staff actively participated in community boards, committees and other civic organizations, including the American Cancer Society (ACS), American Heart Association (AHA), Las Damas de San Diego International Nonprofit Organization (Las Damas de San Diego Foundation), Rotary Club of Chula Vista, Chula Vista Community Collaborative, San Diego Human Dignity Foundation, South Bay Community Services, Las Primeras, American Lung Association, San Diego Immunization Coalition (SDIC), Kiwanis Club of Bonita, Family Health Centers of San Diego (FHCS) and Chula Vista Chamber of Commerce. See **Appendix A** for a listing of Sharp HealthCare's (Sharp's or SHC's) community involvement. The category also incorporated costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation.
- **Health Research, Education and Training Programs** included education and training of health care professionals; student and intern supervision; and time devoted to generalizable health-related research projects that were made available to the broader health care community.

Definition of Community

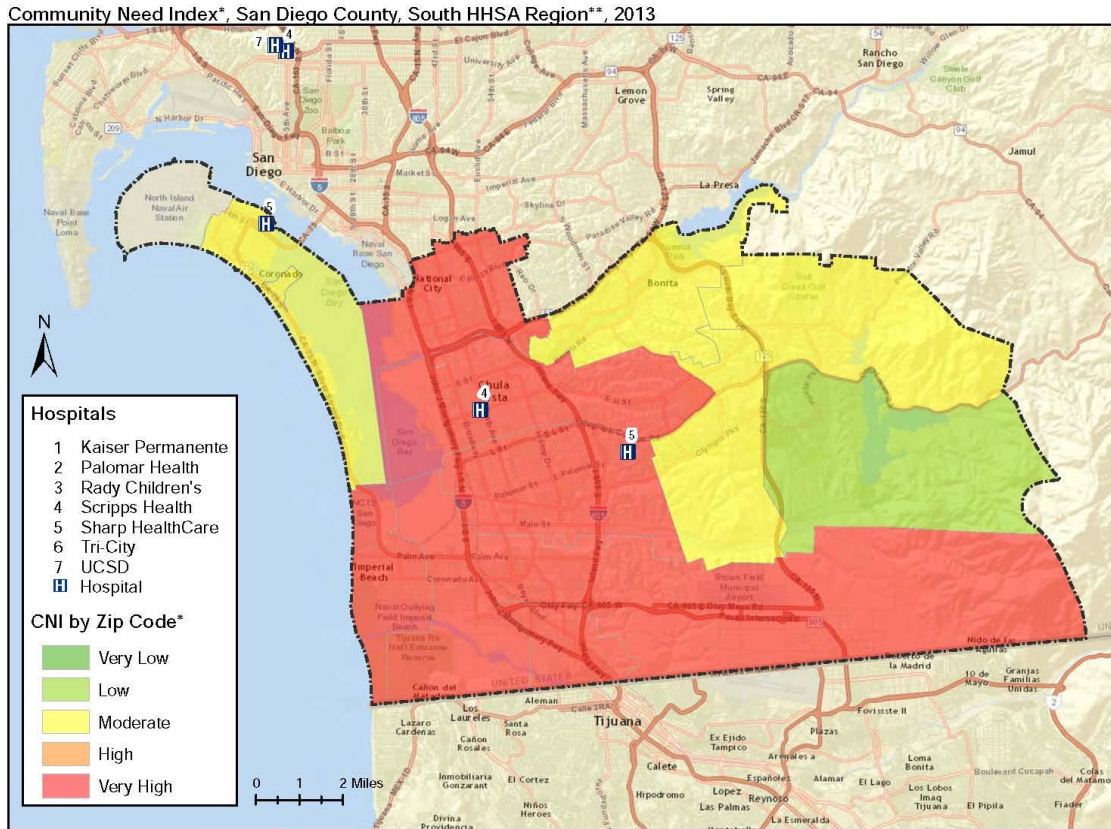
SCVMC is located at 751 Medical Center Court in Chula Vista, ZIP code 91911.

The community served by SCVMC encompasses the south region of San Diego County (SDC), including the subregional areas of Chula Vista, Imperial Beach, Otay Mesa, Bonita, Sweetwater, National City and Coronado. See **Appendix B** for a map of community and regional boundaries in SDC. Notably, most residents of Coronado utilize Sharp Coronado Hospital and Healthcare Center.

For SCVMC's 2016 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States of America (U.S.) based on specific barriers to health care access, including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care and preventable hospitalizations.

According to the CNI, communities served by SCVMC with especially high need include Imperial Beach, National City, and Southeast San Diego. **Figure 16** presents a map of the CNI scores across San Diego’s south region.

Figure 16: CNI Map — SDC’s South Region



Data Source: *Dignity Health; **SanGIS;
 Basemap: © 2015 OpenStreetMap contributors, and the GIS User Community.



SCVMC has been providing health care to the South Bay community for 40 years, and in the past decade, the population growth in this community has exceeded that of almost every other region in the nation. This trend is expected to continue — particularly for seniors in the South Bay — and to meet this increased need for care, SCVMC began construction on a new patient tower in 2016. The tower is scheduled to open in fall 2019, and will provide an additional 138 beds, advanced health care technology and programs, and services to expedite and improve care for community members in the South Bay.

Description of Community Health

In SDC's south region in 2016, 100 percent of the surveyed children ages zero to 11 had health insurance coverage, which meets the Healthy People 2020 (HP2020) national target¹ of 100 percent health insurance coverage for all individuals under age 65. 98.4 percent of surveyed children ages 12 to 17 and 88.9 percent of surveyed adults ages 18 to 64 had health insurance, which falls short of the HP2020 target.

In the south region in 2016, 17.8 percent of adults ages 18 to 64 did not have a usual source of care and 12.9 percent of these adults had health insurance. In addition, 43.5 percent of adults without a usual source of care reported fair or poor health outcomes. See **Table 15** for a summary of key indicators of access to care and **Table 16** for data regarding eligibility for Medi-Cal.

In 2015, the unemployment rate in SDC's south region was 13.1 percent, which was higher than the rate for SDC overall (10.3 percent).² During 2015–2016, 23.9 percent of south region adults ages 18 to 64 reported living below the federal poverty level (FPL). Among south region adults with a household income below 200 percent FPL, 45.2 percent of those surveyed in 2015–2016 reported experiencing food insecurity (lack of access to healthy food).

In addition, 21.9 percent of south region adults with a household income below 300 percent FPL reported participation in CalFresh, the Supplemental Nutrition Assistance Program in California. South region figures for food insecurity and CalFresh participation during 2015–2016 were higher than the rates for the county overall (42.4 percent and 17.5 percent, respectively). Further, 7.1 percent of south region adults with a household income below 300 percent FPL received Supplemental Security Income, lower than SDC overall (8.6 percent).³

¹ The U.S. Department of Health and Human Services' HP2020 initiative represents the nation's prevention agenda for the second decade of the 21st century. HP2020 has four overarching goals: to attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and improve the health of all groups; to create social and physical environments that promote good health for all, and to promote quality of life, healthy development, and healthy behaviors across all life stages.

² County of San Diego Health and Human Services. Community Health Statistics Unit. 2015.

³ This information is sourced from the 2016 California Health Interview Survey (CHIS) Health Profile for SDC, provided by the University of California Los Angeles (UCLA) Center for Health Policy Research. Starting in 2012, CHIS moved to a continuous survey model. CHIS Health Profiles, available annually, include key health statistics for California state, counties, regions, Service Planning Areas, and more. Customized and detailed health statistics are available through AskCHIS biennially, with the most recently available information from 2016.

Table 15: Health Care Access in SDC's South Region, 2016

Description	Rate	HP2020 Target
Current Health Insurance Coverage		
Children 0 to 11 Years	100%	100%
Children 12 to 17 Years	98.4%	100%
Adults 18 to 64 Years	88.9%	100%
Regular Source of Medical Care		
Children 0 to 11 Years	95.1%	100%
Children 12 to 17 Years	90.3%	100%
Adults 18 to 64 Years	82.2%	89.4%
Not Currently Insured		
Adults 18 to 64 Years	11.1%	

Source: 2016 California Health Interview Survey (CHIS)

Table 16: Medi-Cal (Medicaid) Eligibility Among Uninsured in SDC's South Region (Adults Ages 18 to 64 Years), 2016¹

Description	Rate
Medi-Cal Eligible	23.5%
Not Eligible	76.5%

Source: 2016 CHIS

Cancer and coronary heart disease were the top two leading causes of death in SDC's south region in 2015. See **Table 17** for a summary of leading causes of death in the south region. For additional demographic and health data for communities served by SCVMC, please refer to the SCVMC 2016 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>

¹ This information is sourced from the 2016 CHIS Health Profile for SDC, provided by the UCLA Center for Health Policy Research. Starting in 2013, the California state budget required children enrolled in the Healthy Families Program to transition enrollment into Medi-Cal. Formerly, this table included Healthy Family eligibility in San Diego County using pre-ACA data. The Affordable Care Act now determines financial eligibility for Medi-Cal using Modified-Adjusted Gross Income, based on income and number of persons in the household.

Table 17: Leading Causes of Death in SDC’s South Region, 2015

Cause of Death	Number of Deaths	Percent of Total Deaths
Overall Cancer	687	23.9%
Coronary Heart Disease	468	16.3%
Alzheimer’s Disease and Related Dementias	296	10.3%
Stroke	155	5.4%
Diabetes	150	5.2%
Chronic Obstructive Pulmonary Disease (COPD)/Chronic Lower Respiratory Diseases	140	4.9%
Unintentional Injuries	137	4.8%
Overall Hypertensive Diseases	95	3.3%
Pneumonia	47	1.6%
Falls	39	1.4%
All Other Causes	663	23.0%
Total Deaths	2,877	100.0%

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Epidemiology & Immunization Services Branch

Community Benefit Planning Process

In addition to the steps outlined in **Section 3: Community Benefit Planning Process** regarding community benefit planning, SCVMC:

- Incorporates community priorities and community relations into its strategic plan
- Estimates an annual budget for community programs and services based on community needs, previous years’ experience and current funding levels
- Hosts a monthly Community Relations Committee composed of representatives from a variety of hospital departments to discuss, plan and implement community outreach activities

Priority Community Needs Addressed in Community Benefit Report — SCVMC 2016 CHNA

SCVMC completed its most recent CHNA in September 2016. SCVMC's 2016 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2016 CHNA process and findings. Details on those processes are available in **Section 3: Community Benefit Planning Process** of this report.

In addition, this year SCVMC completed its most current implementation strategy — a description of SCVMC programs designed to address the priority health needs identified in the 2016 CHNA. The most recent CHNA and implementation strategy for SCVMC are available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

Through the SCVMC 2016 CHNA, the following priority health needs were identified for the communities served by SCVMC:

- Behavioral Health (Mental Health)
- Cancer
- Cardiovascular Disease
- Diabetes, Type 2
- Obesity
- Senior Health

The following pages detail SCVMC programs, activities and services that specifically address cardiovascular disease (as part of education and screening programs), cancer, diabetes and senior health (as part of education and screening and support activities).

Through its social services staff, SCVMC provides comprehensive behavioral health services to safety net patients. Individuals who present in the emergency department (ED) with severe mental illness receive a Psychiatric Evaluation Team (PET) assessment and are provided mental health placement and given information and resources as needed. SCVMC's social services also provide ongoing counseling, crisis intervention and debriefing for patients. Staff is placed as needed throughout the hospital and at Birch Patrick Convalescent Center, a skilled nursing facility (SNF). SCVMC provides around-the-clock social services both on-site and on-call.

Beyond these clinical services, SCVMC lacks the resources to comprehensively address community education and support in behavioral health. Consequently, these issues are addressed through the programs and services provided through Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC), which are the major providers of behavioral health and chemical dependency services in SDC.

SCVMC provides general nutrition and exercise education for obesity, as well as programs that address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other issues influenced by healthy weight and exercise. In addition, Sharp

Rees-Stealy Medical Group clinics throughout SDC — including the South Bay — provide structured weight management and health education programs to community members, such as smoking cessation and stress management; long-term support for weight management and fat loss; and personalized weight-loss programs. For additional details on SCVMC programs that specifically address the needs identified in the 2016 CHNA, please refer to SCVMC’s implementation strategy available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

Through further analysis of SCVMC’s community programs and consultation with SCVMC service line leaders and community relations team members, this section also addresses the following priority health needs for community members served by SCVMC:

- General community health education and screening activities
- Collaboration with local schools to promote interest in health care careers and provide health professions training
- Access to primary care and behavioral health services for low-income, medically uninsured and underserved patients

For each priority community need identified above, subsequent pages include a summary of the rationale for and importance of the need, objective(s), FY 2017 Report of Activities conducted in support of the objective(s), and Fiscal Year 2018 (FY 2018) Plan.

Identified Community Need: Cancer Education and Patient Navigator Services

Rationale references the findings of the SCVMC 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SCVMC 2016 CHNA continued to identify cancer as one of six top priority health issues for community members served by SCVMC.
- The HASD&IC 2016 CHNA continued to identify various types of cancer among the top priority health conditions seen in SDC hospitals.
- Sharp cancer navigator discussions conducted as part of the SCVMC 2016 CHNA process identified the following chief concerns for cancer patients in SDC (including patients in the south region): cultural differences and language barriers between patient and provider; health literacy; financial issues; knowing where to go for care; availability of reliable transportation; difficulty with end-of-life conversations; and lack of advance care directives among cancer patients.
- According to 2016 Sharp oncology data, 86 (20 percent) of the 432 SCVMC cancer patients who received the cancer psychosocial distress screening scored at a range

of moderate to severe distress, and were referred to internal or external resources such as social workers or community cancer resources.

- The most frequently observed cancers at SCVMC in 2016 were (in rank order): breast cancer, lung cancer, colorectal cancer, prostate cancer, and female (gynecology) genitourinary cancers. In total, there were 1,039 new cases of cancer at SCVMC in 2016.
- The cancer key informant interview conducted as part of the SCVMC 2016 CHNA process identified access to insurance, access to appropriate care, and language barriers for non-English speakers as major challenges facing oncology patients. Additional issues include financial, legal, and survivorship issues; emotional, sexual and body image issues; lack of a social network leading to increased need for transportation, in-home support and other treatment-related resources; and end-of-life or palliative care issues.
- The cancer key informant interview recommended the following strategies to address barriers of care for those with cancer: the provision of lay navigators, including integration of navigators into the care process; community coordinators with knowledge of hospital needs and community resources; greater hospital and community partnerships; resources to educate providers on end-of-life and palliative care issues; personnel within the health care system to identify resources and answer questions; financial assistance for co-pays, prescriptions, child care and other bills; and survivorship clinics.
- As part of the SCVMC 2016 CHNA process, cancer support group patients participating in the Health Access and Navigation Survey suggested the following areas for improvement in cancer care: more time with doctors; more comprehensive educational groups; a navigator staff member or case manager for all oncology patients, not just newly diagnosed; help navigating health insurance options to identify the best coverage for individual needs; and tours specifically for patients who have a serious illness requiring multiple treatments.
- In 2015, cancer was the leading cause of death in SDC's south region and was responsible for 23.9 percent of all deaths.
- There were 687 deaths due to cancer (all types) in SDC's south region in 2015. The region's age-adjusted death rate due to cancer was 145.6 deaths per 100,000 population, slightly lower than the overall SDC age-adjusted rate of 148.3 deaths per 100,000 population.
- In 2015, 18 percent of all cancer deaths in SDC's south region were due to lung cancer, 10 percent to colorectal cancer, 7 percent to pancreatic cancer, 6 percent to prostate cancer, 6 percent to female breast cancer, and 6 percent to female reproductive cancer (Live Well San Diego (LWSD), 2015).
- In 2015, the age-adjusted death rates for colorectal, female reproductive, kidney, liver, and non-Hodgkin's lymphoma were higher in the south region than the age-adjusted death rates for these cancers in SDC overall.
- By 2018, total cancer cases in SDC are expected to grow by 11.7 percent (California Cancer Registry 2013; Truven Health Analytics Market Discovery Planning).
- According to the ACS Cancer Statistics Center, in 2017 there will be an estimated 27,980 new cases of breast cancer and 4,400 breast cancer deaths for females in California.

- In 2015, the age-adjusted mortality rate of breast cancer in the south region was 14.7 per 100,000 population, which was lower than the rate for SDC overall. This falls below the HP2020 target of 20.7 breast cancer deaths per 100,000 women.
- According to the *2015 Susan G. Komen for the Cure® San Diego Affiliate Community Profile*, in SDC there were 46.1 late-stage cases of breast cancer per 100,000 women, which exceeds the HP2020 target of 42.1 cases per 100,000 women. The report projects that SDC will meet the HP2020 target within five years.
- The *2015 Susan G. Komen for the Cure® San Diego Affiliate Community Profile* also reported that, in 2013, breast cancer mortality rates in SDC were highest among African American women, at 27.7 deaths per 100,000 women. This exceeded the mortality rate for Caucasian (23.9), Latina (17.3), and Asian/Pacific Islander (13.2).
- According to the ACS 2017 *California Cancer Facts & Figures* report, 72.4 percent of breast cancer cases among non-Hispanic white women in SDC were diagnosed at an early stage, compared with 69.3 percent of African American cases, 68.1 percent of Hispanic cases and 70.4 percent of Asian/Pacific Islander breast cancer cases. Data suggests that early detection resources are needed in minority communities.
- According to 2015–2016 CHIS data, 82.7 percent of women in SDC's south region ages 50 to 74 reported having a mammogram in the past two years. This exceeds the HP2020 target of 81.1 percent for breast cancer screenings. Approximately 3.6 percent of SDC south region women in this age range reported that they have never had a mammogram.
- According to the findings of the ACS 2017 *California Cancer Facts & Figures* report, screening offers the ability for secondary prevention by detecting cancer early. Regular screenings that allow for the early detection and removal of precancerous growths are known to reduce mortality for cancers of the cervix, colon and rectum. Five-year relative survival rates for common cancers are 93 to 100 percent if they are discovered before having spread beyond the organ where the cancer began.
- Study findings from the *2015 Susan G. Komen for the Cure® San Diego Affiliate Community Profile* indicate a critical need for culturally competent outreach, especially for Hispanic, Middle Eastern, and African American women (Susan G. Komen, 2015).
- The American Society of Clinical Oncology (ASCO) emphasizes the importance of patient navigators as part of a multidisciplinary oncology team with the goal of reducing mortality among underserved patients. Some of the tasks a patient navigator may assist with include: psychosocial support; assistance with treatment decisions; assistance with insurance issues; arrangement of transportation; coordination of additional services (i.e., fertility preservation); and tracking of interventions and outcomes. The navigator works with the patient across the care continuum, ensuring coordination and efficiency of care, and removal of barriers to care (ASCO, 2016).

Objectives

- Provide cancer screenings and education to community members in SDC's south region
- Provide cancer support services, including health care navigation, to community members in SDC's south region

FY 2017 Report of Activities

The Douglas & Nancy Barnhart Cancer Center at SCVMC is accredited by the National Accreditation Program for Breast Centers, indicating the highest standard of care for patients with diseases of the breast. Sharp (including Sharp Memorial Hospital (SMH), Sharp Grossmont Hospital (SGH), and SCVMC) is also accredited by the American College of Surgeons Commission on Cancer as an Integrated Network Cancer Program, demonstrating its commitment to meeting rigorous standards and improving the quality of care for patients with cancer.

In FY 2017, the Douglas & Nancy Barnhart Cancer Center hosted more than 30 free cancer-related seminars and classes, where more than 600 community members received education and resources for awareness and prevention of various cancers, including colorectal, lung, cervical and breast as well as education on smoking cessation. Seminar topics included talking to the doctor about cancer; talking to children about cancer; the impact of cancer on intimacy and sexuality; advance directives; and cancer-related anxiety and depression. A breast model demonstration was also provided during the seminars to educate community members on how to perform breast self-examinations to help detect changes in the breasts. In addition, monthly classes were offered on nutrition and healthy eating both during and after treatment for breast cancer as well as for managing the side effects of cancer treatment.

The Douglas & Nancy Barnhart Cancer Center also provided three Meet the Pathologist presentations for individuals newly diagnosed with breast cancer. During this 90-minute presentation, an SCVMC pathologist provided detailed, personalized information about the attendee's diagnosis by reviewing their pathology report and explaining it in layman's terms, as well as provided an overview of the anatomy and pathology of the breast. Further, SCVMC joined SGH and SMH's cancer teams to host a free event to educate members of the community about reducing their risk for breast cancer. During the event, approximately 60 community members heard from expert speakers on how adopting healthy lifestyle habits can reduce the risk and recurrence of the disease as well as received community breast cancer resources.

In addition, the hospital collaborated with Las Damas de San Diego Foundation, Clinica Medica de la Mora and La Maestra Community Health Centers to provide quarterly breast and cervical cancer screening events to more than 230 community members. Attendees were primarily low-income, Hispanic women residing in the South Bay who were registered in Every Woman Counts, a state program that pays for cancer

screenings and care for uninsured and underinsured women. The events offered a variety of free services, including: genetic testing; blood pressure, glucose, and bone density screenings; weight and body fat measurements; preventive health lectures on nutrition, oral health and the importance of breast self-examinations; cancer education and resources; and mammograms and clinical breast exams. In FY 2017, these screening events provided more than 115 cervical cancer exams or mammograms. SCVMC continues to strengthen its partnership with Las Damas de San Diego Foundation by offering patients and community members access to medical care, resources, education, financial assistance and prevention and screening programs.

Throughout the year, the Douglas & Nancy Barnhart Cancer Center served more than 1,200 individuals at community events through the provision of breast model demonstrations; education on the importance of getting a clinical breast exam and annual mammogram, and checking for breast lumps on a monthly basis; as well as other cancer education and resources, including genetic testing, nutrition information and patient navigator services. Events included the Sharp Women's Health Conference, the Chula Vista Chamber of Commerce Mixer and Trade Show events, and Celebrando Latinas 2017 — the largest conference of its kind for Latinas in the country. SCVMC also supported the San Diego Making Strides Against Breast Cancer Walk, sponsored by the ACS, and the Susan G. Komen San Diego Race for the Cure®.

In FY 2017, the Douglas & Nancy Barnhart Cancer Center reached nearly 600 individuals through a variety of cancer support groups provided in response to community needs. This included a twice-weekly women's cancer survivor support group in English and Spanish; a twice-monthly men's cancer support group; a monthly support group for caregivers and family members of individuals battling any type of cancer; and a twice-monthly support group for individuals newly diagnosed with cancer, offered in English and Spanish. Further, in collaboration with Las Damas de San Diego Foundation, a Las Damas support group met twice a month at the Douglas & Nancy Barnhart Cancer Center to provide psychosocial support for women undergoing treatment for breast or cervical cancer. Upon request, the Douglas & Nancy Barnhart Cancer Center provided additional education to support group attendees on topics such as hormonal replacement therapy, complementary herbal medicine therapies, managing treatment-related fatigue and advance directives. Lastly, the Douglas & Nancy Barnhart Cancer Center continued to give patients and their families the opportunity to attend The Seany Foundation's Seany's Camp Reach for the Sky, a free summer camp for children of cancer patients.

SCVMC continued to provide meeting space for Look Good Feel Better workshops for women undergoing cancer treatment. Led by the ACS, this free program is offered in both English and Spanish to teach women beauty techniques to help manage the side effects related to their treatment (e.g., hair loss, etc.). Six Look Good Feel Better classes were held in FY 2017, serving more than 30 community members.

The Douglas & Nancy Barnhart Cancer Center also continued to offer a wig and prosthesis bank. In FY 2017, two trained wig fitters provided nearly 100 cancer patients

with approximately 120 donated wigs, prosthetic devices, bras, scarves, hats and other items at no cost. The banks were provided through the hospital's partnership with ACS as well as with grant funding from the National Breast Cancer Foundation. In 2017, SCVMC offered monthly group fitting events where women helped each other select a wig, shared their stories and supported one another. Approximately five to 10 women attended the group fitting events each month. In addition, the Douglas & Nancy Barnhart Cancer Center provided 10 "necessity bags" and 18 "chemo bags" to help comfort patients going into surgery or who recently completed surgery. The bags included a variety of items such as toiletries and other comfort items (e.g., books, blankets, etc.). The funds for these bags were provided by necessitybag.com and Las Primeras, an all-volunteer group of women dedicated to compassionate giving.

The Douglas & Nancy Barnhart Cancer Center offers a cancer patient navigator program through which trained and certified navigators provide personalized education, support and guidance to patients and their loved ones from early detection through diagnosis and treatment. In FY 2017, cancer patient navigators assisted more than 600 patients. Further support was provided to the program by 20 volunteers (including one cancer survivor) who helped patients apply their wigs and prosthetics, offered healing touch, Reiki, music therapy, hand massage, aromatherapy, and pet therapy, and provided other assistance as needed during the patients' course of treatment. The Douglas & Nancy Barnhart Cancer Center team also includes a licensed clinical social worker, two genetics counselors, a speech pathologist, a lymphedema therapist, and a palliative care specialist, as well as a certified dietitian who identifies patients at risk of nutritional problems and provides group education classes and referrals to meal delivery services.

The Douglas & Nancy Barnhart Cancer Center helped raise community awareness of cancer through a variety of media outlets in FY 2017. In honor of National Mammography Day in October, the Douglas & Nancy Barnhart Cancer Center held the Sharp Chula Vista Goes Pink event to increase awareness of the lifesaving importance of mammograms. The event highlighted a cancer survivor and employees of her salon who dyed the hair of Sharp physicians, staff and Chula Vista police officers. The Douglas & Nancy Barnhart Cancer Center also held a Cancer Survivors Celebration, designed to celebrate cancer survivorship and promote early detection of the disease, in June for nearly 100 patients, their friends, family and caregivers at Veterans Park. These efforts were featured by numerous outlets, including *The Star-News*, FOX 5 San Diego, CW6 San Diego, CBS News 8 – San Diego, Televisa Tijuana Oficial, *El Latino Newspaper* and *The San Diego Union-Tribune*. Throughout FY 2017, Sharp cancer specialists appeared in local English and Spanish television, print and radio news to educate community members about cancer. Topics included a discussion with 10News – ABC San Diego regarding the availability of computed tomography (CT) lung cancer screenings for quick identification and diagnosis of the disease; a discussion and demonstration with CW6 San Diego about techniques to support cancer patients, including music and mindfulness; and an interview with FOX 5 San Diego on how early detection, advances in treatment, and emotional support are the best defenses against breast cancer.

In FY 2017, the Douglas & Nancy Barnhart Cancer Center participated and partnered with community organizations focused on cancer, including Las Damas de San Diego Foundation, Chula Vista Community Collaborative and ACS.

FY 2018 Plan

The Douglas & Nancy Barnhart Cancer Center at SCVMC will do the following:

- Continue to work with Las Damas de San Diego Foundation to provide Latina women in the community with health education and access to breast and cervical cancer screenings
- Continue to offer Meet the Pathologist presentations for individuals newly diagnosed with breast cancer
- Offer cancer support groups for patients, community members, caregivers and their loved ones, including groups in English and Spanish
- Continue to offer complementary therapy in the form of healing touch and Reiki as well as music, aroma, hand and pet therapies
- Continue to offer wigs, prosthetics, bras, hats, and scarves for cancer patients
- Offer educational classes on nutrition for cancer prevention and nutrition during cancer treatment
- Continue to provide meeting space for six Look Good Feel Better classes in partnership with the ACS
- Provide a free seminar to educate community members about lifestyle choices for reducing breast cancer risk

Identified Community Need: Diabetes Education, Prevention and Support

Rationale references the findings of the SCVMC 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SCVMC 2016 CHNA continued to identify Type 2 diabetes as one of six priority health issues affecting members of the communities served by SCVMC.
- The HASD&IC 2016 CHNA continued to identify Type 2 diabetes as one of the top four priority health issues affecting community members in SDC.
- Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to diabetes in more vulnerable communities within SDC's south region, such as National City, Imperial Beach and San Ysidro (Dignity Health, San Diego Geographic Information Source (SanGIS), Office of Statewide Health Planning and Development (OSHPD) & SpeedTrack Inc., 2015).
- Sharp diabetes educator discussions conducted as part of the SCVMC 2016 CHNA process identified several challenges to health improvement among their diabetes

patients, including: accessing a physician; finding support programs; getting outpatient needs met (i.e., appointments with psychologists or endocrinologists); and a lack of diabetes education coverage under Medi-Cal.

- The Sharp diabetes educator discussions also identified the following barriers to adopting healthy behaviors among diabetes patients: affordability of glucose testing strips; unmet behavioral health needs; food insecurity; and knowledge of benefits.
- According to data presented in the SCVMC 2016 CHNA, diabetes is a major cause of heart disease and stroke. The Centers for Disease Control and Prevention (CDC) also identify diabetes as the leading cause of kidney failure, non-traumatic lower-limb amputations and new cases of blindness among adults in the U.S. (CDC, 2014).
- According to diabetes data analyzed in the SCVMC 2016 CHNA process, among SDC patients with a primary diagnosis of a diabetes-related ICD-9 code in 2013, 'Diabetes...Uncontrolled' was the top inpatient primary diagnosis related to Type 2 diabetes for individuals ages 15 to 24 and ages 45 and older. Among individuals ages 25 to 44, the top inpatient primary diagnosis was 'Abnormal Glucose Tolerance of Mother with Delivery', followed by 'Diabetes...Uncontrolled.'
- In 2015, diabetes was the fifth leading cause of death in SDC's south region.
- In 2015, there were 150 deaths due to diabetes in SDC's south region. The region's age-adjusted death rate due to diabetes was 32.0 per 100,000 population, higher than the overall SDC age-adjusted diabetes death rate (21.0 deaths per 100,000 population).
- In 2015, there were 811 hospitalizations due to diabetes in SDC's south region. The age-adjusted rate of hospitalization was 167.1 per 100,000 population. This rate was the third highest among all SDC regions and was higher than the age-adjusted rate of hospitalization for SDC overall (123.1 per 100,000 population).
- In 2015, there were 863 diabetes-related ED discharges in SDC's south region. The age-adjusted rate of diabetes-related ED discharges was 178.3 per 100,000 population. This was the third highest rate among all SDC regions and was higher than the rate for SDC overall (143.5 per 100,000 population).
- According to the 2016 CHIS, 12.1 percent of adults living in SDC's south region indicated that they had been diagnosed with diabetes, which was higher than SDC overall (7.8 percent) and the state of California (9.1 percent). Diabetes rates among seniors were particularly high, with 24.3 percent of south region adults over 65 reporting that they had been diagnosed with diabetes.
- According to 2016 CHIS data, 12.4 percent of residents in the south region had been told by their doctor that they had pre- or borderline diabetes, compared to 11.7 percent of residents in SDC overall.
- According to the 2012 report from the HHS titled *Critical Pathways: The Disease Continuum*, the most common behavioral and social risk factors associated with Type 2 diabetes include substance use, physical inactivity, poor nutrition, poor medical care and irregular health checks (e.g., A1C, dental, eye and foot).
- According to the CDC's 2017 *National Diabetes Statistics Report*, 87.5 percent of adults diagnosed with diabetes were overweight or obese. To prevent or delay the onset of diabetes, the CDC recommends lifestyle changes such as losing weight, eating healthier, and getting regular physical activity.

- A study by the University of California, Los Angeles (UCLA) Center for Health Policy Research found that 13 million adults in California (46 percent) are estimated to have prediabetes or undiagnosed diabetes, while another 2.5 million (9 percent) have already been diagnosed with diabetes (UCLA Center for Health Policy Research, 2016).
- The CDC estimates that 30.2 million people in the U.S. have diabetes. Of those individuals, 23 million have been diagnosed while 7.2 million are undiagnosed (*National Diabetes Statistics Report*, 2017).
- According to the CDC, prevention efforts, such as the Diabetes Prevention Program can cut the risk of developing diabetes by more than half. However California has been slow to devote state money to such programs. A report by the California State Auditor found that in 2012–2013, California’s per capita funding for diabetes prevention was the lowest in the nation at just three cents per person (California State Auditor, 2015).
- According to the American Diabetes Association (ADA), diabetes treatment costs California approximately \$27.6 billion per year, with Medi-Cal and Medicare bearing the majority of the state’s burden (ADA, 2015).

Objectives

- Provide diabetes education, prevention and support in the south region of SDC
- Collaborate with community organizations and projects to provide diabetes education to SDC’s vulnerable populations
- Participate in local and national professional conferences to share best practices in diabetes treatment and control with the broader health care community

FY 2017 Report of Activities

The SCVMC Diabetes Education Program is recognized by the ADA for meeting national standards for excellence and quality in diabetes education. The program provides individuals and their support systems with the skills needed to successfully self-manage their diabetes. Small group and one-on-one education options are offered in English and Spanish.

In FY 2017, the SCVMC Diabetes Education Program provided blood glucose screenings to approximately 40 community members at the Chula Vista Chamber of Commerce Mixer Health Fair. Five individuals with elevated blood glucose levels were identified and referred to follow-up resources. Of these individuals, two did not have a preexisting case of diabetes.

At the Sharp Women’s Health Conference, the SHC Diabetes Education Program provided diabetes risk assessments using the ADA’s Diabetes Risk Test questionnaire as well as offered resources on prediabetes, diabetes management, and nutrition to approximately 1,000 attendees. In addition, a diabetes educator presented on how to control blood sugar levels, diabetes risk factors, behaviors that can reduce the risk of

complications, and the long-term investments needed for successful management. The SHC Diabetes Education Program also provided fundraising and team participation for the ADA's Step Out Walk to Stop Diabetes held at the Embarcadero Marina Park South in October.

The SHC Diabetes Education Program provided education to various community groups in FY 2017. This included education on diabetes and prevention to approximately 15 community members at St. Paul's Plaza in Otay Ranch as well as a lecture on diabetes risk factors, prevention and care to approximately 10 community members at the Community Congregational Church of Chula Vista.

In addition, the SHC Diabetes Education Program continued to collaborate with Family Health Centers of San Diego (FHCS D) to provide education to diabetic patients at multiple FHCS D sites throughout SDC, including those in the South Bay, through the organization's Diabetes Management Care Coordination Project (DMCCP). DMCCP provides FHCS D diabetes patients with weekly group health and nutrition education, healthy cooking demonstrations, physical activity classes, and one-on-one support from a nurse practitioner. In addition, project "graduates" offer peer support and education to current project enrollees in both English and Spanish. The project monitors enrollees' physical activity as well as their A1C and blood glucose levels, which it has proven to successfully maintain and lower. At FHCS D's Chula Vista site, SHC diabetes educators provided 11 lectures in English and Spanish to nearly 100 community members in FY 2017. Topics included creating an active lifestyle, nutrition, diabetes self-management, goal setting, and diabetes risk factors, symptoms and treatment. In 2017, participants with more severe cases of diabetes (i.e., higher blood glucose levels) compared to the overall group experienced a decrease of 37 percent in blood glucose levels.

The SHC Diabetes Education Program is an affiliate of the California Diabetes and Pregnancy Program's Sweet Success Program, which provides comprehensive technical support and education to medical personnel and community liaisons to promote improved outcomes for high-risk pregnant women with diabetes. As an affiliate, the SHC Diabetes Education Program educates underserved pregnant women and breastfeeding mothers with Type 1, Type 2 or gestational diabetes (diabetes developed during pregnancy) on how to manage their blood sugar levels. In collaboration with community clinics, in FY 2017 the team provided these patients with a variety of education and resources, including gestational diabetes statistics; new diagnostic criteria; treatment and management of blood glucose levels; goals for blood sugar levels before and after a meal; insulin requirements; self-care practices; nutrition and meal planning; exercise and weight management; monitoring fetal movement; and the risks and complications of uncontrolled diabetes. Clinic patients also received logbooks to track and manage their blood sugar levels. In addition, the SHC Diabetes Education Program evaluated patients' management of their blood sugar levels and collaborated with community clinics' obstetrician/gynecologists to prevent complications. At SCVMC, the SHC Diabetes Education Program provided services and education to more than 330 underserved pregnant women with diabetes.

Throughout the year, the SHC Diabetes Education Program continued to provide services and resources to meet the needs of diverse populations within SDC. Educational resources included: How to Live Healthy With Diabetes; What You Need to Know About Diabetes; All About Blood Glucose for People With Type 2 Diabetes; All About Carbohydrate Counting; Getting the Very Best Care for Your Diabetes; All About Insulin Resistance; All About Physical Activity With Diabetes; Gestational Diabetes Mellitus Seven-Day Menu Plan; and Food Groups. Handouts were provided in Arabic, Somali, Tagalog, Vietnamese and Spanish, and live interpreter services were available in more than 200 languages via the Stratus Video Interpreting iPad application. The team also distributed food diaries and logbooks for blood sugar level tracking to these community members. Further, Sharp team members received education regarding the different cultural needs of these diverse communities.

In FY 2017, the SHC Diabetes Education Program supported the professional health care community through participation in the ADA's 77th Scientific Sessions conference at the San Diego Convention Center. The conference theme was Experience New Horizons in Diabetes, which taught more than 13,000 international attendees about the most significant advances in diabetes care and research. During the conference, the SHC Diabetes Education Program shared an abstract titled Clinical Dashboard to Evaluate and Monitor Institutional Quality and Effectiveness of Diabetes Crisis Management. The abstract was designed to help frontline caregivers decrease variations in care and measure the effectiveness of improving the application of the diabetes crisis algorithm in order to better treat serious metabolic complications of diabetes. The SHC Diabetes Education Program improved the dashboard by adding variables such as the time spent in the emergency room, the time to start insulin infusion, and the transfer time from the intensive care unit. Further, in FY 2017 the SHC Diabetes Education program provided diabetes education to nurse practitioner students at San Diego State University (SDSU), while the SCVMC Diabetes Education Program mentored a dietitian intern from the San Diego Women, Infants and Children program.

FY 2018 Plan

The SCVMC and SHC Diabetes Education Program will do the following:

- Provide community members with information related to prediabetes and diabetes at various community venues in SDC's south region
- Partner with the Imperial Beach Healthy Grocery Initiative to provide diabetes nutrition education to low-income, food insecure residents in Imperial Beach
- Explore additional collaborations to assist and educate food insecure community members
- Participate in Sharp's partnership with the City of San Diego to provide diabetes education and resources to employees and residents in the city's nine districts
- Continue to foster relationships and collaborate with FHCS D to provide education and resources to their diabetic patients
- Continue to provide gestational services and resources to underserved pregnant women, both at the hospital and in collaboration with community clinics

- Participate in Tour de Cure — the ADA’s signature fundraising event to fight diabetes and its burdens
- Maintain up-to-date resources to support community members with diabetes treatment and prevention, particularly foreign language and culturally appropriate resources for diverse populations
- Continue to participate in local and national professional conferences — including those held by the ADA, American Association of Diabetes Educators and the San Diego Association of Diabetes Educators — to share best practices in diabetes treatment and control with the broader health care community
- Conduct educational outpatient and inpatient symposiums for health care professionals

Identified Community Need: Health Education and Screening Activities

Rationale references the findings of the SCVMC 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SCVMC 2016 CHNA identified behavioral health, cardiovascular disease, Type 2 diabetes, obesity, cancer and senior health as the priority health issues affecting members of the communities served by SCVMC.
- The HASD&IC 2016 CHNA process continued to identify the following among the top priority health conditions in SDC hospitals: diabetes, obesity, cardiovascular disease and stroke, mental health and mental disorders, unintentional injury, high-risk pregnancy, asthma, cancer, back pain, infectious disease and respiratory diseases.
- The HASD&IC and SCVMC 2016 CHNA community engagement activities emphasized 10 social determinants of health as having serious impact on the four priority health issues in SDC (cardiovascular disease, Type 2 diabetes, behavioral health and obesity). These 10 social determinants are: food insecurity and access to healthy food; access to care or services; homeless/housing issues; physical activity; education/knowledge; cultural competency; transportation; insurance issues; stigma; and poverty.
- As part of the SCVMC 2016 CHNA process, a discussion held with community health workers, or promotores, primarily serving SDC’s south region identified several strategies to help meet their clients’ needs, including but not limited to: health events with resources and education for the community; collaboration with hospitals to conduct health fairs; help/support groups; motivation; therapies (face-to-face and one-on-one); and using translators.
- Key informant interviews conducted as part of the HASD&IC 2016 CHNA suggested several health improvement strategies to address the four priority health issues identified for SDC. These strategies include: behavioral health prevention and stigma reduction; education on disease management and food insecurity; integrating physical and mental health care; better coordination of care; greater cultural

competence and diversity; and engagement of patient navigators and case managers in the community.

- Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to cardiovascular disease, Type 2 diabetes and behavioral health in more vulnerable communities within SDC's south region, such as San Ysidro and National City (Dignity Health, SanGIS, OSHPD & SpeedTrack Inc., 2015).
- According to data presented in the SCVMC 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. According to the CDC, about half of all Americans (47 percent) have at least one of these three risk factors. Additional risk factors include alcohol use, obesity, physical inactivity, poor diet, diabetes and genetic factors (CDC, 2015).
- HHSA's LWSD 3-4-50 initiative identified three behaviors (poor diet, physical inactivity and tobacco use) contributing to four chronic conditions (cancer, heart disease/stroke, Type 2 diabetes and pulmonary diseases), which result in more than 50 percent of deaths worldwide. In 2015, 57 percent of all deaths in the south region were attributed to 3-4-50 conditions, which was higher than SDC overall (54 percent of deaths).
- In 2015, heart disease was the second leading cause of death for SDC's south region.
- According to 2016 CHIS data, 30.6 percent of residents in SDC's south region had ever been diagnosed with high blood pressure, which is higher than the SDC overall rate of 26.4 percent. In the south region, 55.9 percent of those diagnosed with high blood pressure were taking medication for their condition, which is lower than SDC overall (64.8 percent).
- In 2015, SDC's south region experienced 155 deaths, 1,003 hospitalizations and 327 ED discharges attributed to stroke.
- According to 2016 CHIS data, the obesity rate (based on self-reported height/weight) for adults in SDC's south region was 28.5 percent, which was higher than the self-reported obesity rate of 25.3 percent for SDC overall.
- In 2016, 20.4 percent of adults ages 18 and older in SDC's south region self-reported eating at fast-food restaurants four or more times each week, which was higher than the rate for SDC overall of 16.3 percent (CHIS, 2016).
- Obesity increases the risk of many health conditions, including: coronary heart disease, stroke, Type 2 diabetes and various cancers. Obesity is also linked to environmental factors, such as accessibility and affordability of fresh foods, park availability, social cohesion and neighborhood safety (UCLA Center for Health Policy Research, 2015).
- According to the CDC, some of the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes, and certain types of cancer. In 2015–2016, 39.8 percent of Americans were obese (CDC, 2017).
- According to the CDC, planning for the end of life is increasingly being viewed as a public health issue, given its potential to prevent unnecessary suffering and to support an individual's decisions and preferences related to the end of life. In addition, the CDC recognizes the public health opportunity to educate Americans,

and especially older adults, about advance care planning (ACP) and to improve their quality of care at the end of life (CDC, 2012).

- In 2015, seniors in SDC's south region experienced higher rates of hospitalization and ED visits for unintentional injuries, falls, cancer, coronary heart disease, stroke, diabetes, overall hypertensive diseases, influenza, pneumonia, chronic obstructive pulmonary disease/chronic lower respiratory disease, and asthma when compared to SDC overall. Additionally, south region seniors experienced higher rates of hospitalization for Alzheimer's and Parkinson's disease than SDC overall.
- According to the National Institutes of Health (NIH), more than 53 million people in the U.S. either already have osteoporosis or are at high risk due to low bone mass. Along with the financial costs, osteoporosis can reduce quality of life for many people who suffer fractures. It can also affect the lives of family members and friends who serve as caregivers (NIH, 2016-2017).
- In 2013, there were 527 low birth weight (LBW) births in SDC's south region, accounting for 6.8 percent of the region's total births. In the same year, there were 90 very low birth weight (VLBW) births in the south region, or 1.2 percent of total births. In SDC overall, LBW births accounted for 6.5 percent of births in 2013, and VLBW births accounted for 1.1 percent of all births.
- There were 1,157 hospitalizations due to maternal complications in SDC's south region in 2015. The region's age-adjusted rate was 467.8 per 100,000 population, which is higher than the age-adjusted rate for SDC overall (370.02 per 100,000 population).

Objectives

- Provide health education classes, support groups and screening activities for the community, with a focus on health issues identified through the SCVMC 2016 CHNA
- Participate in community-sponsored events and support nonprofit health organizations

FY 2017 Report of Activities

In FY 2017, SCVMC participated in numerous community health fairs and events serving more than 1,100 community members. Events included Cycle EastLake & EastLake Half Marathon, Bonita's Rootin' Tootin' Chili Cook-Off and Fair at the Bonita Village Shopping Center, San Diego Recovery Ride, AHA Heart & Stroke Walk and the Susan G. Komen San Diego Race for the Cure®. SCVMC provided a variety of health services during these events, including first aid booths and blood pressure screenings. In addition, SCVMC conducted four blood drives where more than 80 SCVMC team members donated blood.

SCVMC provided more than 170 flu vaccinations to South Bay community members at several events throughout the year. This included the Chula Vista Chamber of Commerce Mixer in November and the Trade Show in August, where, in addition to flu vaccinations, team members offered blood pressure, hemoglobin, cholesterol and

flu vaccinations to approximately 150 community members and seniors at the Cuidando al Cuidador (Caring for the Caregiver) event at St. Paul's Plaza retirement community and at the Salvation Army's Silvercrest Residence in Chula Vista. Further, SCVMC offered flu vaccinations to seniors and caregivers at the Sharp HospiceCare and South County Action Network's Live Stronger Longer event at the Bonita-Sunnyside Branch Library in September.

Throughout FY 2017, SCVMC offered community health education classes on a variety of topics. SCVMC's free weekly Homeward Bound classes provided more than 20 caregivers with advice, information and resources to ensure a successful recovery for their loved ones upon returning home from the hospital. Key topics included care options following hospital discharge, fall reduction strategies, proper nutrition and medications. SCVMC also provided more than 30 community members with education on blood pressure and understanding an emergency room bill as well as offered a Meet the Pharmacist presentation at the Community Congregational Church of Chula Vista, where a Sharp-affiliated pharmacist reviewed community members' prescriptions, over-the-counter medications and vitamins. In addition, SCVMC provided a healthy cooking demonstration and education on healthy eating to nearly 20 City of Chula Vista employees as part of the City of Chula Vista's Healthy Chula Vista initiative, as well as education on shoulder pain prevention and treatment to more than 30 community members at St. Paul's Plaza retirement community. Further, SCVMC educated nearly 70 community members at Corpus Christi Catholic Church's Parish Hall and the Rotary Club of Chula Vista on end-of-life care and the End of Life Option Act, a California law that permits terminally ill adult patients to request and receive doctor-prescribed medication to end life. Recognizing the critical issues in advanced care facing South Bay community members, SCVMC collaborated with Sharp HospiceCare to educate nearly 25 community members on ACP and advance directives at SCVMC.

In FY 2017, SCVMC clinicians and staff collaborated with the California Highway Patrol to provide events for juniors and seniors at Patrick Henry and Del Norte High Schools to raise awareness of the dangers of driving under the influence. The program, called Every 15 Minutes, challenged students to think about drinking, driving, personal safety, the responsibility of making mature decisions and how those decisions impact family, friends and their community. The events included filming in one of SCVMC's patient rooms with SCVMC staff and hospital equipment, as well as an in-depth simulation of a car accident to serve as a reminder of the negative consequences associated with driving under the influence. In addition, an SCVMC staff member spoke in opposition of drinking and driving to approximately 600 students attending the events.

In August 2017, SCVMC received its first advanced certification by the Joint Commission as a Primary Stroke Center. The program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate. In addition, SCVMC is a recipient of the AHA/American Stroke Association's (ASA) Get With The Guidelines[®] (GWTG) — Stroke Gold Plus Quality Achievement Award for excellence in stroke care as well as the Target: Stroke Elite Honor Roll designation. The AHA/ASA's GWTG is a national effort focused on ensuring

the use of evidence-based therapies to improve outcomes for stroke patients. The AHA/ASA's Target: Stroke Elite Honor Roll designation focuses on improving the timeliness of intravenous tissue plasminogen activator (IV t-PA) administration to eligible patients.

Throughout the year, SCVMC provided a variety of stroke education and screening opportunities for community members in the South Bay. At the Stroke Is a Brain Attack event in February, a neurologist provided stroke education including emergency treatment for stroke as well as ways to prevent a stroke to 20 community members at the Community Congregational Church of Chula Vista. In May, SCVMC provided stroke education and resources to approximately 20 community members at the Eastlake High School Community Health Fair. In September, SCVMC provided education on brain health to nearly 30 community members at St. Charles Nutrition Center. Topics included the basic anatomy of the brain, the definition and types of strokes, stroke risks, diagnostic tests, treatment, rehabilitation, nursing interventions, prevention and how to respond using FAST (Face, Arms, Speech, Time) — an easy way to remember the sudden signs of stroke.

SCVMC also provided stroke education to community health professionals. In January, the stroke team provided a presentation titled Care of the Patient/Resident with a Cerebrovascular Incident and Post-Stroke Dementia to approximately 35 nurses and other health care professionals at the Veterans Home of California, Chula Vista. Topics included: how to provide care to stroke patients including assessments, brain anatomy, risks factors, emergency management treatments, patient education, and rehabilitation. In addition, the team discussed dementia, including the most common types of the disease, care, and treatments such as support groups and other services.

In September, Sharp's systemwide stroke program participated in Strike Out Stroke Night at the Padres, an annual event to promote stroke awareness and celebrate survivors of stroke during the baseball game. Held at Petco Park, the event was organized by the County of San Diego Stroke Consortium, the HHSA, the San Diego Padres and other key partners. During the event, Sharp provided stroke and blood pressure screenings and education about stroke warning signs and how to respond using FAST to more than 39,000 attendees. SCVMC also continued to collaborate with the County of San Diego Emergency Medical Services to provide data for the SDC stroke registry, as well as participated in the San Diego County Stroke Consortium with other San Diego hospitals.

SCVMC also provided education and resources on orthopedics and bone health during FY 2017. At the Sharp Women's Health Conference in April, the SHC orthopedic service line, including staff from SCVMC, provided osteoporosis heel screenings, orthopedic education and materials on calcium and vitamin D requirements, and exercise tips for osteoporosis treatment and prevention to more than 100 attendees.

To address heart health in the South Bay, SCVMC provided its two annual Heart Health Expos in FY 2017, in both English and Spanish. These half-day events provided

education on heart disease prevention, diagnosis and treatment, as well as resource booths for nutrition and ACP to more than 70 community members. The events also included presentations from cardiologists on common heart health issues affecting the community, including congestive heart failure, atrial fibrillation, stroke, and heart valve disease. Community members attending these events were also offered blood pressure, cholesterol and glucose screenings.

Throughout the year, SCVMC Women's Health Services hosted and participated in a variety of activities to support mothers in the community. Free breastfeeding support groups led by the hospital's certified perinatal educators were held three times a week to accommodate working mothers. Offered in both English and Spanish, the groups provided education, support and guidance to nearly 730 breastfeeding mothers in FY 2017. In October, SCVMC Women's Health Services held its 16th annual Newborn Halloween Costume Parade for more than 30 mothers from the hospital's breastfeeding support groups. Mothers had the opportunity to dress their infants and children in costumes, and celebrate with one another as their tiny tick-or-treaters paraded around several floors of the hospital. In addition, SCVMC Women's Health Services collaborated with Babies "R" Us in Chula Vista to provide hour-long seminars in English and Spanish twice a month at the store. In FY 2017, these classes provided education on breastfeeding and baby care basics to approximately 230 mothers, fathers and grandparents in the community. Also in FY 2017, SCVMC Women's Health Services was actively involved in the San Diego County Breastfeeding Coalition, Association of Women's Health, Obstetric and Neonatal Nurses and the Regional Perinatal System.

SCVMC continued to raise awareness of and foster collaboration around behavioral health needs in SDC's south region. In May, SCVMC hosted its second annual Changing Minds — Minds Matter South County Behavioral Health Resource Fair at Chula Vista High School, a free event to educate community members about behavioral health challenges and raise awareness of available behavioral health services in the South Bay. In collaboration with SMV and SMC, the event included Check Your Mood screenings — a brief questionnaire aimed at assessing risk for depression — as well as educational workshops on caregiving, suicide prevention, substance use, and adult, child and adolescent behavioral health. The event brought together more than 40 community partners for a day of learning intended to reduce stigma, inspire recovery and empower more than 120 community members.

Throughout FY 2017, SCVMC helped raise community awareness of important health issues through a variety of media outlets. In February, a cardiac nurse discussed the importance of a healthy diet for heart health with CW6 San Diego. Also in February, a Sharp-affiliated ear, nose and throat physician joined FOX 5 San Diego to discuss health issues related to a new e-cigarette trend, in which teens use the device for "dripping," an alternative smoking technique that can expose individuals to high amounts of formaldehyde and other carcinogens. A Sharp-affiliated pediatrician also spoke to FOX 5 San Diego in February about signs of autism in high-risk infants. In March, a Sharp-affiliated pediatrician provided FOX 5 San Diego with insight and advice to help prevent future cases of the Zika virus. In June, a Sharp-affiliated cardiologist

provided KUSI News with information about coconut oil, including how it affects heart health, as well as alternative cooking oils. In an interview with 10News – ABC San Diego in July, a Sharp-affiliated pediatrician addressed a recent report that found lead in baby food as well as offered tips on how parents can lead a healthy, balanced lifestyle. Further, through interviews with Televisa Tijuana Oficial in August, a Sharp-affiliated pediatrician discussed the dangers of video games in childhood, while a registered dietitian offered tips to help diabetics manage their blood sugar levels during the summer.

Throughout the year, SCVMC provided coordination, support and related fundraising activities for various nonprofit organizations in the community, including FHCSO, San Diego Association of Directors of Volunteer Services, Las Primeras, American Lung Association, South Bay Community Services, Altrusa International Club of San Diego, San Diego Immunization Coalition (SDIC), San Diego Human Dignity Foundation, Rotary Club of Chula Vista, Chula Vista Chamber of Commerce, Kiwanis Club of Bonita, AHA, Chula Vista Police Foundation, and THE UNBATTLE PROJECT, which provides free counseling services to military members. SCVMC also collaborated with the City of Chula Vista on the Healthy Chula Vista Action Plan to promote community wellness.

FY 2018 Plan

SCVMC will do the following:

- Provide a variety of educational resources, first aid and blood pressure screenings at community health fairs and events
- In collaboration with community partners, provide an off-campus, behavioral health resource and education event for the South Bay community
- Provide stroke education, screening and outreach for the South Bay community
- Continue to participate with other SDC hospitals in the San Diego County Stroke Consortium
- Continue to provide data to the SDC stroke registry
- Continue to participate in Strike Out Stroke Night at the Padres
- Provide stroke risk factor education to community health professionals at the Veterans Home of California, Chula Vista
- Participate in Sharp's partnership with the City of San Diego to provide stroke education and resources to employees and residents in the city's nine districts
- Conduct two half-day heart health seminars with health screenings in English and Spanish
- Conduct six blood drives
- Continue to provide education and community resources on a variety of health issues to underserved communities
- Continue to assist community nonprofit organizations through coordination, support and fundraising activities

Identified Community Need: Health Professions Education and Training, and Collaboration with Local Schools to Promote Interest in Health Care Careers

Rationale references the findings of the SCVMC 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- According to the 2017 San Diego Workforce Partnership (SDWP) *Health Care Priority Sector* report, the health care industry in SDC experienced a 44 percent increase in employment growth between 2006 and 2016, higher than the 38 percent growth rate seen by the state of California (SDWP, 2017).
- The same report indicated that the six fastest-growing health care occupations in SDC between 2013 and 2016 were physician’s assistants (22 percent), medical assistants (18 percent), health care social workers (15 percent), home health aides (13 percent), licensed vocational nurses (12 percent), and medical and clinical lab technicians (11 percent). Registered nurses (RNs) accounted for 1,366 added jobs during this period, which was the largest increase in total jobs among all health care occupations (SDWP, 2017).
- The *Health Care Priority Sector* report also found that health care employers identified RNs, physicians and surgeons, and health technicians as the most difficult positions to fill. The most frequently cited reason for hiring difficulties were lack of experience, small applicant pools and insufficient non-technical skills (SDWP, 2017).
- A 2014 SDWP labor market analysis indicated an increase in the number of health care training providers in SDC, but a shortage of clinical training facilities where applicants can gain necessary experience. The scarcity of clinical facilities offering prerequisite training has made it increasingly difficult for employers to find qualified workers.
- The 2017 *SDWP Nonprofit Sector Employment Trends and Career Opportunities* report recommends that nonprofit sector health care training and education programs in SDC emphasize soft skills such as being a team player, interpersonal and communication skills, big-picture thinking with the ability to plan and forecast, problem solving, and the ability to adapt to a variety of situations. It also recommends incorporating more training on data management and technology into curriculums in order for graduates to meet the needs of this increasingly data-driven sector.
- In its *Employment Projections — 2016–2026* report, the U.S. Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/ technical occupations will contribute about one-fifth of all new jobs and account for almost half of the 30 fastest-growing occupations. There are several factors leading to the increased demand for these professions, including: projected population growth in the next decade; aging of the U.S. population; greater numbers of people living with chronic conditions, such as diabetes or obesity; improvements in medicine and technology; and federal health insurance reform, which has

increased the total number of Americans with health insurance coverage (BLS, 2016).

- Total employment in California is projected to increase by 6.5 percent, or 9.8 million, from 2014 to 2024. The health care and social assistance sector is expected to be the fastest-growing service industry, increasing its employment share from 12 percent in 2014 to 13.6 percent in 2024. Occupations and industries related to health care are projected to add the most new jobs, with an increase of 2.3 million jobs (BLS, 2015).
- As of 2015, SDC was one of 26 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (OSHPD *Healthcare Atlas*, 2017).
- As of 2015, the California Health Care Almanac reported that 44 percent of the employed RN workforce was over the age of 50. As this age group moves away from patient care and approaches retirement, it will be critical to have younger RNs trained and in place to handle the turnover (California Health Care Foundation, 2017).
- The BLS projects employment of more than 300,000 RNs in California in 2024, which would be an increase of 17 percent from 2014. Compared to other health care practitioners and technical health care operators, RNs are projected to have the most opportunity for employment in 2020 (BLS, 2014).
- The BLS projects that the demand for home health aides in California will grow 39 percent from 2014 to 2024. Older individuals often have health problems and need help with daily activities. Thus, as the U.S. population ages, the demand for home health aides will continue to increase (BLS, 2014).
- According to forecasts performed by the Healthforce Center at University of California, San Francisco (UCSF), the demand for primary care clinicians in California will increase 12 to 17 percent by 2030. These forecasts predict that the southern border region will experience some of the highest levels of clinician shortages in the state (UCSF, 2017).
- A 2014 report from the California Hospital Association (CHA) titled *Critical Roles: California's Allied Health Workforce Follow-Up Report* emphasizes the importance of local hospitals providing clinical training for nurses and allied health professionals, as well as programs to support mentoring and hospital work experience for interns and high school students. In the coming decades, such programs will have a tremendous impact on the lives of individuals, families and the San Diego community at large.

Objective

- In collaboration with local schools, colleges, and universities, offer opportunities for students to explore a vast array of health care professions

FY 2017 Report of Activities

Through affiliations with American Sentinel University, Azusa Pacific University, California College San Diego, California State University Dominguez Hills, California State University San Marcos, Columbia University, Concorde Career College, Grand Canyon University, Grossmont College, Grossmont Health Occupations, Independence University, Kaplan University, Keck Graduate Institute, Mira Costa College, Modern Technology School, National University, Pima Medical Institute, Point Loma Nazarene University, San Diego City College, San Diego Mesa College, SDSU, Simmons College, Southwestern College (SWC), Touro University, University of California, San Diego, University of Phoenix, University of San Diego (USD), University of San Francisco, University of South Alabama, Walden University, Washburn University, Western Governors University and Western University, SCVMC provided nearly 135,900 hours of training and supervision for more than 800 nursing and other health care students in FY 2017. This included nearly 680 nursing students who dedicated more than 95,600 hours to clinical rotations and individual preceptor training. Nursing programs ranged from associate degrees to master of science degrees in Nursing.

SCVMC provided more than 900 hours of supervision, lectures and support to pharmacy students and more than 240 hours to pharmacy tech students in FY 2017. The hospital hosted 8 first-year postgraduate pharmacy residents and 30 pharmacy students in advanced pharmacy practice experience rotations. The hospital also provided more than 240 hours of supervision, lectures and support to 8 pharmacy tech students. SCVMC provided professional education lectures on pharmacy administration for 20 pharmacy students and residency candidates as well as provided a pharmacy tour to more than 60 pharmacy technician students at Grossmont Health Occupations Center and Pima Medical Institute – Chula Vista Campus. SCVMC also conducted 36 interviews for pharmacy residency candidates. In addition, SCVMC provided several lectures on quality, safety and change management to approximately 30 USD students as well as delivered a lecture to 10 SWC nursing students on identifying malnutrition in hospital patients.

In FY 2017, SCVMC provided lectures to 12 community health care professionals at USD on topics including quality, ethics, geriatrics and leadership. Further, Sharp Multicultural Services offered an educational session on vaccinations as part of the Conviva y Aprende (Share and Learn) educational series to nearly 30 promotores in the South Bay. Sharp Multicultural Services also offered two open enrollment Medicare presentations in Spanish.

SCVMC continued to partner with SWC to train nursing students enrolled in the Integrative Therapies Collaborative, an innovative externship program developed between the two organizations and offered as an elective by SWC. Through the program, students receive training for relaxing therapies including Healing Touch and Reiki, hand massage, aromatherapy and music therapy. Students visit each nursing unit, or go room to room, nurturing and interacting with patients, families and visitors to create a relaxing space in patient rooms, hospital waiting areas and the cancer care

center. SCVMC trained approximately 30 students through the Integrative Therapies Collaborative in FY 2017.

At the 2016 Planetree International Conference on Patient-Centered Care in Chicago, SCVMC provided three presentations to the professional and lay communities. For the first presentation, titled Cracking the Code: Deciphering Workplace Stress for RNs, SCVMC discussed a research study on occupational stress among RNs and concepts for future interventions, which demonstrated how organizations can objectively analyze stress in the workplace. SCVMC also discussed how to create research partnerships between health care organizations and university partners to measure, assess, and implement studies in the health care setting. The second presentation, titled Getting Everyone to Yes: Open Medical Record for Patient Engagement, demonstrated how an effective process for reviewing medical information with patients can lead them to become more engaged in their plan of care. The presentation included tools, measurements and organizational decisions that support an effective Open Medical Record process. Finally, SCVMC gave a presentation titled Open Medical Records: Improving Patient Empowerment and Satisfaction, which highlighted challenges facing the development of the private health care record as well as the results of a recent study on open medical records.

In addition, SCVMC presented on the hospital's integrative therapies program to approximately 20 attendees — including volunteer program managers and leaders, community partners and hospital inter-professional peers — at CHA's California Hospital Volunteer Leadership Conference in February. Held at the Hyatt Mission Bay Spa and Marina, the conference theme was Navigating Volunteers through the Future of Healthcare, which included education on the principles of volunteer administration in a health care institution, volunteer recruitment, social determinants of health, volunteer programs and service, the effects of health care service delivery system redesign on the volunteer sector and retail operations.

Throughout FY 2017, SCVMC continued its participation in the Health Sciences High and Middle College (HSHMC) program. This partnership provides students with early professional development and promotes interest in health care careers through hospital internships. In FY 2017, approximately 85 9th through 12th grade students explored a variety of hospital specialties based on their interests, including pharmacy, radiation oncology, pathology, nursing, bloodless medicine, medical/surgical, Sodexo/food and nutrition services, engineering and physical rehabilitation. HSHMC students spent more than 5,700 hours at SCVMC during FY 2017.

SCVMC also continued to foster student interest in health care careers through the provision of hospital tours. In FY 2017, 2 tours were provided to 29 high school students from San Ysidro Adult School.

FY 2018 Plan

SCVMC will do the following:

- Continue to provide intern and professional development opportunities to health profession students throughout SDC
- In collaboration with high schools, colleges and other organizations, provide hospital tours to promote student interest in health care careers
- Continue participation in the HSHMC program to provide job shadowing and mentorship for high school students
- Continue to provide education to health professionals in the community

Identified Community Need: Access to Primary Care and Behavioral Health Services for Low-Income, Medically Uninsured and Underserved Patients

Rationale references the findings of the SCVMC 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- As part of the SCVMC 2016 CHNA process, discussions with Sharp's Community-based Care Transitions Program/Care Transitions Intervention (CTI) staff identified the following strategies for improving the health of SDC's vulnerable, high-risk, or medically underserved patients: coaching; educating patients about their disease and the health care system; providing education tailored to specific cultural and linguistic groups; providing transportation, support, hope, and love; and providing a personal health record with resources and information about their medications.
- A key informant interview conducted as part of the SCVMC 2016 CHNA process identified the home environment, transportation and medication management as challenges for vulnerable patients. Recommendations included connecting patients to community resources as part of their transition from hospital to home, expediting services for discharged patients with immediate needs, and developing methods to finance hospital/community partnerships for expedited services.
- The HASD&IC 2016 CHNA identified 10 social determinants of health that impact the four priority health needs in SDC (behavioral health, cardiovascular disease, obesity and Type 2 diabetes). These social determinants are: food insecurity and access to healthy food; access to care or services; homeless/housing issues; physical activity; education/knowledge; cultural competency; transportation; insurance issues; stigma; and poverty.
- Behavioral health key informant interviews conducted as part of the SCVMC 2016 CHNA process indicated a need for psychologists in EDs to provide screening, brief interventions, and referrals for ED patients with issues related to substance use.
- Key informant interviews conducted as part of the HASD&IC 2016 CHNA suggested the following strategies for improving health and removing barriers to care: behavioral health prevention and stigma reduction; education on disease management and food insecurity; improving diversity and cultural competency; coordinating services across the continuum; integrating physical and mental health;

and engaging case managers and patient navigators in the community and incorporating them as a routine part of the continuum of care.

- Participants in the HASD&IC 2016 CHNA community-partner discussions recommended strengths-based case management, greater availability of multicultural providers and translators, and better coordination of discharge procedures as strategies for improving and maintaining health in SDC.
- Community members participating in the Health Access and Navigation Survey as part of the HASD&IC 2016 CHNA identified the following top barriers to care: understanding health insurance; getting health insurance; using health insurance; knowing where to go for care; and follow-up care or appointments.
- In 2016, 19.4 percent of adults visited the emergency room in SDC's south region. Further, 2.2 percent of south region adults said they rely on the emergency room/urgent care as their usual source of care, while 16.6 percent claimed to have no usual source of care (CHIS, 2016).
- The Regional Task Force for the Homeless' 2017 WeAllCount report estimated that there were 9,116 homeless individuals in SDC, roughly 62 percent of whom are unsheltered. The most commonly cited cause of homelessness was loss of a job (26 percent), followed by "other" (21 percent), money issues (15 percent), and kicked out/ran away (10 percent).
- A 2016 report by the HHS titled *Identifying Health Disparities to Achieve Health Equity in San Diego County: Socioeconomic Status* found that the lowest income communities in the county are disproportionately affected by numerous health issues, including injury, chronic and communicable diseases, poor maternal and child health outcomes, and behavioral health outcomes. Two of the lowest income communities, Chula Vista and National City, are located in SDC's south region.
- A 2012 policy brief from the University of Southern California indicated that between 2001 and 2010 there was an 8 percent decline in the overall supply of SNF beds in California, despite a 22 percent increase in the elderly population. The decline in available SNF beds has been greater in low-income neighborhoods and this shift may raise concerns about access for some populations.
- According to OSHPD, the number of primary care clinics in California rose steadily between 2011 and 2015. During this period, the number of patients utilizing these clinics increased by 20.7 percent while the total number of primary care clinic encounters increased by 23.3 percent (OSHPD, 2017).

Objectives

- Establish a medical home for the safety net patient population of SDC's south region
- Provide assessment and early intervention for behavioral health issues among safety net patients presenting in the ED
- Assist economically disadvantaged individuals through transportation, community clinic referrals and pharmaceutical assistance

FY 2017 Report of Activities

In FY 2017, SCVMC continued to provide specialized programming to help establish medical homes for low-income, medically uninsured and underserved patients in SDC's south region whose care is managed by SCVMC hospitalists. The program provided access and timely referrals to primary care and behavioral health services for safety net patients. The program also facilitated the establishment of medical homes for these patients at community clinics, including Chula Vista Family Health Center.

SCVMC provided care and community resources to support safety net patients who suffered from chronic conditions so they could better manage their pain, diseases and overall health care. Resources included affordable medications through low-cost generic prescriptions available at Costco and Walmart. Additional pharmaceutical assistance was provided through discount cards for select medications, as well as referrals to Sharp's pharmacy assistance program for enrollment in discount programs through pharmaceutical companies and other resources.

In addition, SCVMC provided comprehensive behavioral health services to safety net patients through SCVMC social services staff. Individuals who presented in the ED with severe mental illness received a PET assessment and were provided mental health placement, information and community resources and referrals as needed. In FY 2017, 23,250 social service interventions, including behavioral health interventions, were conducted throughout the hospital, including the ED and Birch Patrick Convalescent Center. Through these interventions, the hospital conducted nearly 400 family conferences, nearly 2,380 psychosocial assessments and more than 4,700 staff consultations. In addition, more than 1,200 patients were seen for counseling and more than 260 patients were evaluated for substance abuse. Individuals were also assessed for suicidal or homicidal ideation, and provided with outpatient resources or mental health treatment and placement as needed. SCVMC also continued programming that establishes outpatient treatment plans collaboratively with safety net patients who frequent the ED. In addition, 112 patients were treated strictly for issues related to homelessness, and other homeless patients were treated for drug and alcohol abuse. SCVMC's specialized programming established a higher standard of care delivery for nurses and doctors who handle exceptionally vulnerable patients. Utilization of the ED as a source of primary care by such vulnerable populations has decreased dramatically due to the increased establishment of medical homes and, thus, has improved access to and quality of care for these community members.

To assist economically disadvantaged individuals, SCVMC provided more than \$17,700 in free medications, transportation and financial assistance through its Project HELP funds. Additionally, during FY 2017, SCVMC provided financial assistance for a variety of post-acute care services, such as housing for homeless patients at the San Diego Rescue Mission's Recuperative Care Unit as well as durable medical equipment necessary for the safe discharge of unfunded patients.

FY 2018 Plan

SCVMC will do the following:

- Continue to collaborate with local community clinics to provide referrals and establish appointments for low-income, underserved and uninsured individuals in the South Bay; continue inclusion of SCVMC case management
- Continue to provide safety net patients with opportunities for education on the proper use of the ED as well as help them establish medical homes
- Continue to explore new funding opportunities for programs that assist safety net patients with establishing a medical home and connect them to community resources
- Continue to provide assistance to those in need through Project HELP

SCVMC Program and Service Highlights

- 24-hour emergency services
- Acute inpatient medical care
- Bariatric surgery
- Birch Patrick Convalescent Center, a SNF
- Bloodless Medicine and Surgery Center
- Clinical trials relating to cancer treatment, orthopedics, and cardiovascular health
- Douglas & Nancy Barnhart Cancer Center; offerings include outpatient infusion therapy and radiation therapy
- Endoscopy services
- Endovascular care
- Cardiovascular care, including cardiac catheterization lab, surgery, and cardiac rehabilitation
- Home health¹
- Hospice²
- Integrative and complementary medicine, including Healing Touch and aromatherapy
- Intensive Care Unit
- Laboratory services
- Orthopedics, including total joint replacement
- Outpatient diabetes services, recognized by ADA
- Outpatient Imaging Center, including X-ray, CT scan, DEXA, magnetic resonance imaging, nuclear medicine, mammography and ultrasound
- Outpatient nutrition counseling
- Pharmacy (inpatient and outpatient), including residency program
- Outpatient Surgery Center
- Pulmonary care
- Rehabilitation and sports medicine, including physical, occupational, speech and lymphedema therapies, and balance and vestibular rehabilitation
- Surgical Intensive Care Unit
- Surgical services, including da Vinci robotic and other minimally invasive surgery, and open-heart surgery
- Services for women and infants, including labor and delivery, a nine-bed neonatal intensive care unit, classes and support groups in English and Spanish, and a full range of women's gynecologic procedures

¹ Provided through Sharp Memorial Hospital Home Health Agency

² Provided through Sharp HospiceCare



Committing to Being Green

Sharp Coronado Hospital and Healthcare Center

Sharp Coronado Hospital and Healthcare Center recognizes the impact of a healthy environment on individual health and well-being. Through ongoing eco-friendly initiatives, the hospital strives to reduce its carbon footprint for a greener community.

In fiscal year 2017, Sharp Coronado diverted nearly 300,000 pounds of waste from the local landfill through multiple strategies, including enhanced recycling efforts and repurposing unused medical supplies. The hospital received its sixth Energy Star Award this year, in recognition of efforts to reduce energy use while maintaining optimal levels of operation. Vast infrastructure changes — such as hardscaping and building retrofits — show the hospital's continued commitment to conserving water.

In addition, Sharp Coronado participates in a variety of sustainable food initiatives. The hospital is committed to purchasing sustainable protein, hormone-free dairy, cage-free eggs and locally sourced organic produce. The hospital also operates one of the first hospital-based, county-approved organic gardens.

Section

5 Sharp Coronado Hospital and Healthcare Center

Every day community partnerships work diligently to solve problems. Whether it is working to establish a homeless shelter, providing free medical care, cleaning up neighborhood beaches and parks, or growing food in a community garden, we cannot survive without one another. We were designed to flourish in community. — Susan Stone, Chief Executive Officer, Sharp Coronado Hospital and Healthcare Center

FY 2017 Community Benefit Program Highlights

Sharp Coronado Hospital and Healthcare Center (SCHHC) provided a total of **\$17,045,590** in community benefit in Fiscal Year 2017 (FY 2017). See **Table 18** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697), and **Figure 17** for the distribution of SCHHC’s community benefit among those categories.

**Table 18: Economic Value of Community Benefit Provided
Sharp Coronado Hospital and Healthcare Center — FY 2017**

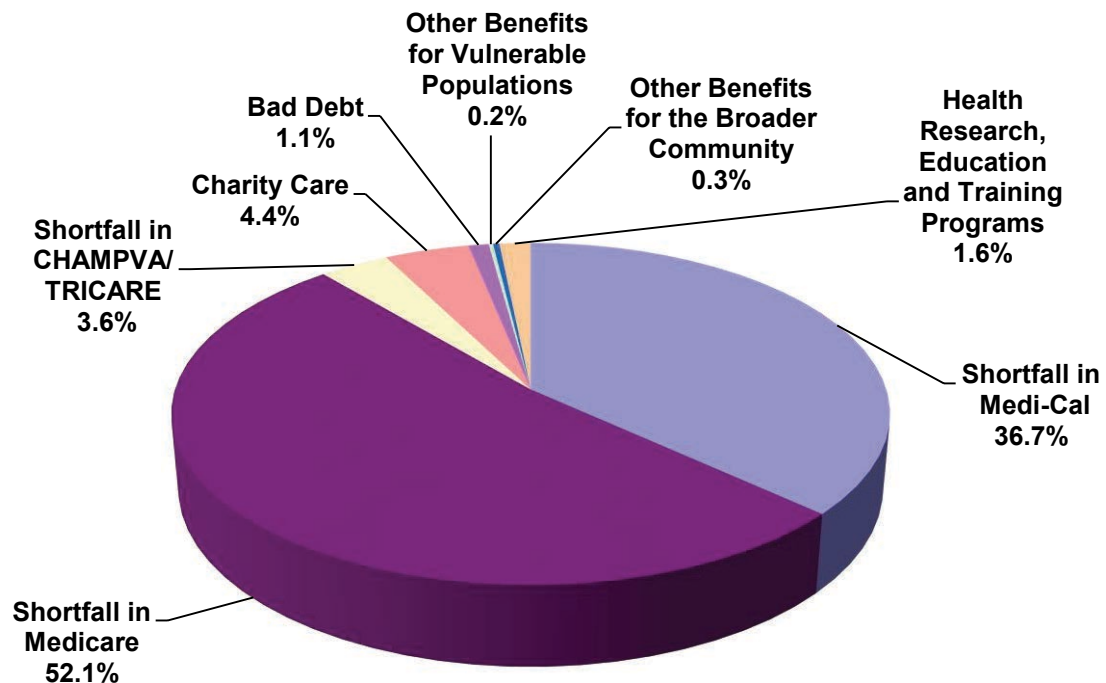
SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2017 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$6,260,462
	Shortfall in Medicare ¹	8,877,971
	Shortfall in CHAMPVA/TRICARE ¹	615,722
	Charity Care ²	745,471
	Bad Debt ²	179,266
Other Benefits for Vulnerable Populations	Project HELP, patient transportation, and other assistance for the needy ³	37,305
Other Benefits for the Broader Community	Health education and information, health screenings, flu vaccinations, support groups, meeting room space and donations of time to community organizations ³	55,596
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	273,797
TOTAL		\$17,045,590

¹ Methodology for calculating shortfalls in public programs is based on Sharp’s payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

² Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

³ Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

**Figure 17: Percentage of Community Benefit by SB 697 Category
Sharp Coronado Hospital and Healthcare Center — FY 2017**



Key highlights:

- **Medical Care Services** included uncompensated care for patients who were unable to pay for services and unreimbursed costs of public programs, such as Medi-Cal, Medicare and CHAMPVA/TRICARE. In FY 2015, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2014 through December 31, 2016. This resulted in an increased reimbursement of \$2.0 million to SCHHC. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2017 understate the true unreimbursed medical care services performed for the past fiscal year.
- **Other Benefits for Vulnerable Populations** included Project HELP, contribution of time to Ssubi is Hope, Stand Down for Homeless Veterans, Mama's Kitchen, Habitat for Humanity, San Diego Food Bank (Food Bank), the Sharp Humanitarian Service Program, Meals on Wheels San Diego County, and other assistance for vulnerable and high-risk community members.

- **Other Benefits for the Broader Community** included education and information on a variety of health topics, participation in community health fairs and events, flu vaccinations, collaboration with local schools to promote student interest in health care careers, and donation of meeting room space to community groups. In addition, SCHHC staff actively participated in community boards, committees and other civic organizations, including the Rotary Club of Coronado, Coronado Senior Center Planning Committee, Emergency Medical Care Committee (EMCC), San Diego Eye Bank Nurses' Advisory Board, Grossmont College Respiratory Advisory Committee, California Department of Public Health (CDPH) Healthcare Associated Infection (HAI) Advisory Committee, and the Planetree Board of Directors. See **Appendix A** for a listing of Sharp HealthCare's (Sharp's or SHC's) involvement in community organizations in FY 2017. This category also included costs associated with planning and operating community benefit programs, such as community health needs assessment (CHNA) development and participation.
- **Health Research, Education and Training Programs** included time devoted to education and training for health care professionals, student and intern supervision and health-related research projects that were generalizable and made available to the broader health care community.

Definition of Community

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

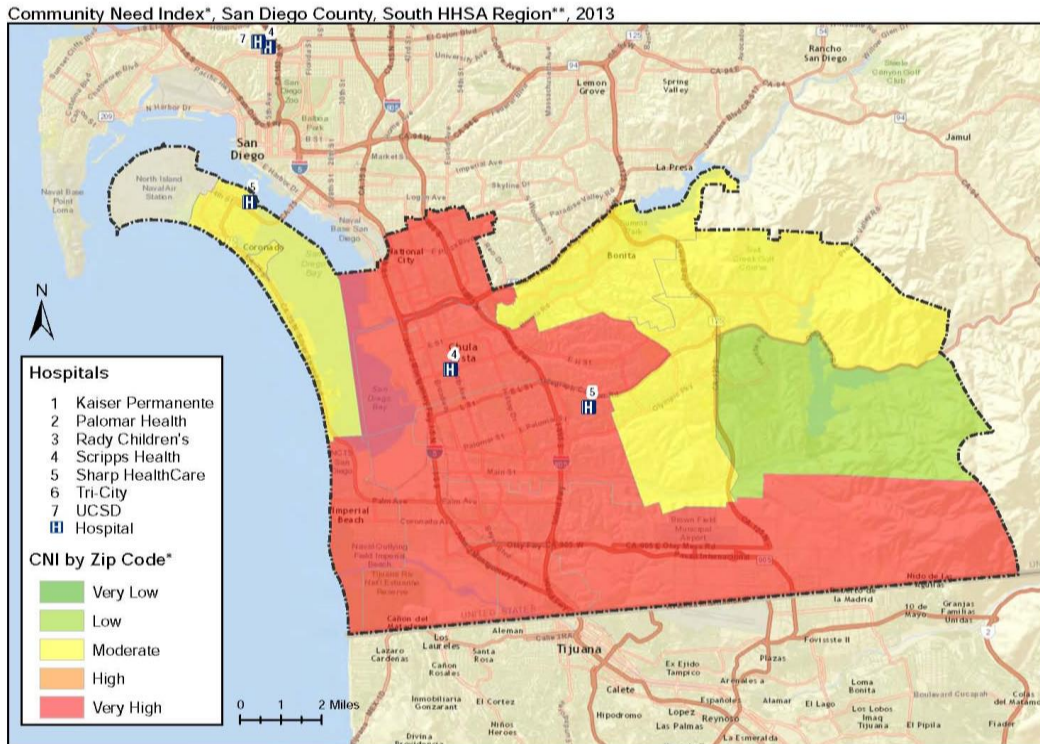
The communities served by SCHHC include the City of Coronado, Downtown San Diego and Imperial Beach, an incorporated city. Notably, most Coronado residents use SCHHC. Coronado is connected to central San Diego by a bridge to the east and an isthmus known as the Silver Strand to the south. SCHHC is geographically isolated and located in the central area of Coronado, which includes hotels, shops, single-family homes, condominiums and apartments. Coronado also includes Coronado Cays, a marina community located on the isthmus.

In addition to these communities, there are six military sites in Coronado, including one of the largest Naval Commands with housing located both on- and off-base. Downtown San Diego and Imperial Beach are in close proximity to Coronado. Certain secondary data sources are not available at this level of specificity, and in these cases broader summaries of San Diego County's (SDC's) south region, which includes Coronado and many of the primary communities served by SCHHC, are provided. See **Appendix B** for a map of community and region boundaries in SDC.

For SCHHC's 2016 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States of America (U.S.) based on specific barriers to health care access, including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care and preventable hospitalizations.

According to the CNI, communities served by SCHHC with especially high need include Imperial Beach, National City and Southeast San Diego. **Figure 18** below presents a map of the CNI scores across SDC’s south region.

Figure 18: CNI Map — SDC’s South Region



Data Source: *Dignity Health; **SanGIS;
Basemap: © 2015 OpenStreetMap contributors, and the GIS User Community.

HOSPITAL ASSOCIATION
of San Diego & Imperial Counties

iph
INSTITUTE OF PUBLIC HEALTH

Description of Community Health

In SDC’s south region in 2016, 100 percent of surveyed children ages zero to 11 had health insurance coverage, which meets the Healthy People 2020 (HP2020) national target¹ of 100 percent health insurance coverage for all individuals under age 65. 98.4 percent of surveyed children ages 12 to 17 and 88.9 percent of surveyed adults ages 18 to 64 had health insurance, which fall short of the HP2020 target.

In the south region in 2016, 17.8 percent of adults ages 18 to 64 did not have a usual source of care and 12.9 percent of these adults had health insurance. In addition, 43.5

¹ The U.S. Department of Health and Human Services’ HP2020 initiative represents the nation’s prevention agenda for the second decade of the 21st century. HP2020 has four overarching goals: to attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and improve the health of all groups; to create social and physical environments that promote good health for all, and to promote quality of life, healthy development, and healthy behaviors across all life stages.

percent of adults without a usual source of care reported fair or poor health outcomes. See **Table 19** for a summary of key indicators of access to care and **Table 20** for data regarding eligibility for Medi-Cal.

In 2015, the unemployment rate in SDC’s south region was 13.1 percent, which was higher than the rate for SDC overall (10.3 percent).¹ During 2015–2016, 23.9 percent of south region adults ages 18 to 64 reported living below the federal poverty level (FPL). Among south region adults with a household income below 200 percent FPL, 45.2 percent of those surveyed in 2015–2016 reported experiencing food insecurity (lack of access to healthy food).

In addition, 21.9 percent of south region adults with a household income below 300 percent FPL reported participation in CalFresh, the Supplemental Nutrition Assistance Program in California. South region figures for food insecurity and CalFresh participation during 2015–2016 were higher than the rates for the county overall (42.4 percent and 17.5 percent, respectively). Further, 7.1 percent of south region adults with a household income below 300 percent FPL received Supplemental Security Income, lower than SDC overall (8.6 percent).²

Table 19: Health Care Access in SDC’s South Region, 2016

Description	Rate	HP2020 Target
Current Health Insurance Coverage		
Children 0 to 11 Years	100%	100%
Children 12 to 17 Years	98.4%	100%
Adults 18 to 64 Years	88.9%	100%
Regular Source of Medical Care		
Children 0 to 11 Years	95.1%	100%
Children 12 to 17 Years	90.3%	100%
Adults 18 to 64 Years	82.2%	89.4%
Not Currently Insured		
Adults 18 to 64 Years	11.1%	

Source: 2016 California Health Interview Survey (CHIS)

¹ County of San Diego Health and Human Services. Community Health Statistics Unit. 2015.

² This information is sourced from the 2016 California Health Interview Survey (CHIS) Health Profile for SDC, provided by the University of California Los Angeles (UCLA) Center for Health Policy Research. Starting in 2012, CHIS moved to a continuous survey model. CHIS Health Profiles, available annually, include key health statistics for California state, counties, regions, Service Planning Areas, and more. Customized and detailed health statistics are available through AskCHIS biennially, with the most recently available information from 2016.

Table 20: Medi-Cal (Medicaid) Eligibility Among Uninsured in SDC’s South Region (Adults Ages 18 to 64 Years), 2016¹

Description	Rate
Medi-Cal Eligible	23.5%
Not Eligible	76.5%

Source: 2016 CHIS

Cancer and coronary heart disease were the top two leading causes of death in SDC’s south region in 2015. See **Table 21** for a summary of leading causes of death in the south region. For additional demographic and health data for communities served by SCHHC, please refer to the SCHHC 2016 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

Table 21: Leading Causes of Death in SDC’s South Region, 2015

Cause of Death	Number of Deaths	Percent of Total Deaths
Overall Cancer	687	23.9%
Coronary Heart Disease	468	16.3%
Alzheimer’s Disease and Related Dementias	296	10.3%
Stroke	155	5.4%
Diabetes	150	5.2%
Chronic Obstructive Pulmonary Disease/Chronic Lower Respiratory Diseases	140	4.9%
Unintentional Injuries	137	4.8%
Overall Hypertensive Diseases	95	3.3%
Pneumonia	47	1.6%
Falls	39	1.4%
All Other Causes	663	23.0%
Total Deaths	2,877	100.0%

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Epidemiology & Immunization Services Branch

¹ This information is sourced from the 2016 CHIS Health Profile for SDC, provided by the UCLA Center for Health Policy Research. Starting in 2013, the California state budget required children enrolled in the Healthy Families Program to transition enrollment into Medi-Cal. Formerly, this table included Healthy Family eligibility in San Diego County using pre-ACA data. The Affordable Care Act now determines financial eligibility for Medi-Cal using Modified-Adjusted Gross Income, based on income and number of persons in the household.

Community Benefit Planning Process

In addition to the steps outlined in **Section 3: Community Benefit Planning Process** regarding community benefit planning, SCHHC:

- Incorporates priority community health needs into its strategic plan and goal development
- Estimates an annual budget for community programs and services based on community needs, previous years' experience and current funding levels
- Prepares and distributes a monthly report of community activities to its board of directors, describing community benefit programs and services provided, such as education and screening activities

Priority Community Needs Addressed in Community Benefit Report — SCHHC 2016 CHNA

SCHHC completed its most recent CHNA in September 2016. SCHHC's 2016 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2016 CHNA process and findings, and details on those processes are available in **Section 3: Community Benefit Planning Process** of this report.

In addition, this year SCHHC completed its most current implementation strategy — a description of SCHHC programs designed to address the priority health needs identified in the 2016 CHNA. The most recent CHNA and implementation strategy for SCHHC are available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

SCHHC's 2016 CHNA identified the following priority health needs for communities served by the hospital:

- Behavioral Health (Mental Health)
- Cardiovascular Disease
- Diabetes, Type 2
- Obesity
- Senior Health

The following pages detail a variety of educational programs provided at SCHHC that address the needs identified for its community members, with a particular focus on senior health.

Individuals ages 65 or older make up 16.7 percent of Coronado Island's population, while adults ages 45 to 64 make up 20.5 percent. Between 2016 and 2021, the senior

population is projected to grow by 18.7 percent on Coronado Island and by 28.0 percent in SDC's south region. Given the unique geography and demographic composition of SCHHC, many of the hospital's services address the health needs of older adults.

SCHHC also provides education and screening programs that address a healthy lifestyle and are an important factor in care for obesity, cardiovascular disease and Type 2 diabetes. However, it does not have the capacity to comprehensively address these health needs, nor does SCHHC have the resources to meet the need for community education and support in behavioral health. Community education and support elements of behavioral health are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC. For additional details on SCHHC programs that specifically address the needs identified in the 2016 CHNA, please refer to SCHHC's implementation strategy available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

Through further analysis of SCHHC's community programs and consultation with SCHHC's service line leaders, executives and community relations team members, this section also addresses:

- Health professions education and training, and collaboration with local schools to promote interest in health care careers
- Support for low-income, un/underinsured and other community members facing inequities

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2017 Report of Activities conducted in support of the objective(s) and Fiscal Year 2018 (FY 2018) Plan.

Identified Community Need: Health Education, Screening and Support Activities

Rationale references the findings of the SCHHC 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SCHHC 2016 CHNA identified behavioral health, cardiovascular disease, Type 2 diabetes, obesity and senior health as the priority health issues affecting members of the communities served by SCHHC.
- The HASD&IC 2016 CHNA process continued to identify the following among the top priority health conditions in SDC hospitals: diabetes, obesity, cardiovascular disease and stroke, mental health and mental disorders, unintentional injury, high-risk pregnancy, asthma, cancer, back pain, infectious disease and respiratory diseases.

- The HASD&IC and SCHHC 2016 CHNA community engagement activities emphasized 10 social determinants of health as having serious impact on the four priority health issues in SDC (cardiovascular disease, Type 2 diabetes, behavioral health and obesity). These social determinants are: food insecurity and access to healthy food; access to care or services; homeless/housing issues; physical activity; education/knowledge; cultural competency; transportation; insurance issues; stigma; and poverty.
- Senior health discussion participants from the SCHHC 2016 CHNA process recommended the following strategies to address senior health needs: community education from health providers at senior centers; ensuring social needs are met in addition to medical needs; developing working relationships with a network of specialists for referrals to services (i.e., housing, psychotherapy or food assistance); coordination with social services case management to provide support outside of appointments; exposure of seniors to healthy food and group exercise opportunities through community centers; and better assistance for seniors with transportation needs.
- Participants in the SCHHC 2016 CHNA Senior Health Access and Navigation Survey identified the following barriers to accessing care: understanding health insurance; knowing where to go for care; using health insurance; getting health insurance; and follow-up care and/or appointments.
- Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to cardiovascular disease, Type 2 diabetes and behavioral health in more vulnerable communities within SDC's south region, such as Imperial Beach and San Ysidro (Dignity Health, San Diego Geographic Information Source (SanGIS), Office of Statewide Health Planning and Development (OSHPD) & SpeedTrack Inc., 2015).
- According to data presented in the SCHHC 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. According to the CDC, about half of all Americans (47 percent) have at least one of these three risk factors. Additional risk factors include alcohol use, obesity, physical inactivity, poor diet, diabetes and genetic factors (CDC, 2015).
- HHS's Live Well San Diego 3-4-50 initiative identified three behaviors (poor diet, physical inactivity and tobacco use) contributing to four chronic conditions (cancer, heart disease/stroke, Type 2 diabetes and pulmonary diseases), which result in more than 50 percent of deaths worldwide. In 2015, 57 percent of all deaths in SDC's south region were attributed to 3-4-50 conditions, which was higher than SDC overall (54 percent of deaths).
- In 2015, cancer was the leading cause of death and heart disease was the second leading cause of death for SDC's south region.
- In 2015, seniors in SDC's south region experienced higher rates of hospitalization and ED visits for unintentional injuries, falls, cancer, coronary heart disease, stroke, diabetes, overall hypertensive diseases, influenza, pneumonia, chronic obstructive pulmonary disease (COPD)/chronic lower respiratory disease, and asthma when compared to SDC overall. Additionally, south region seniors experienced higher rates of hospitalization for Alzheimer's and Parkinson's disease than SDC overall.
- In 2015, the 10 leading causes of death among adults ages 65 years and older in SDC's south region were cancer, heart disease, Alzheimer's disease, COPD/chronic

lower respiratory diseases, stroke, diabetes, overall hypertensive diseases, unintentional injuries, pneumonia, and Parkinson's disease.

- In 2015, the number of arthritis-related hospitalizations in SDC totaled 9,170 — an age-adjusted rate of 266.1 per 100,000 population. Of these, 975 occurred in SDC's south region at a rate of 202.7 per 100,000 population. Adults ages 65 years and older represented the highest hospitalization rate for arthritis when compared to all other age groups, with a rate of 1,302.1 per 100,000 population.

Objectives

- Provide health education and screenings at community health fairs and events
- Host health education and screening opportunities for the community
- Provide free flu vaccinations to community members
- Assist economically disadvantaged individuals through meal delivery, and financial assistance for transportation and pharmaceuticals

FY 2017 Report of Activities

In FY 2017, SCHHC actively supported hundreds of San Diego and Coronado community members through participation in community health fairs and events. In April, team members provided education and screenings for body composition, balance/fall prevention and osteoporosis at Sharp's annual Women's Health Conference. In May, SCHHC participated in the Coronado High School health fair and, in April, provided education on hand hygiene and illness prevention at the Imperial Beach Let's Connect Expo — a free event hosted by the HHS South Region to connect families to valuable resources and enrichment opportunities. SCHHC also provided hand hygiene and illness prevention education at the City of Coronado's Fire Department and Police Department Annual Public Safety Open House in October. In September, team members provided stroke education materials at Sharp's annual Disaster Expo as well as at the Coronado Hospital Foundation Annual Golf Tournament. Finally, SCHHC provided fundraising support throughout the year for the annual American Heart Association (AHA) Heart & Stroke Walk.

In October, SCHHC hosted Live Stronger Longer, a free event for community seniors and caregivers, in collaboration with Sharp HospiceCare and other community partners. The event provided approximately 100 attendees with free flu shots and information on community resources as well as education from community professionals on healthy eating, exercise, fraud awareness, dementia, depression, and advance directives. SCHHC also offered three physician-led community seminars focused on orthopedic surgeries in FY 2017.

SCHHC provided free seasonal flu vaccinations to approximately 200 community members in FY 2017, including residents of the Coronado Retirement Village, members of the Coronado police and fire departments, community members at the Coronado Public Library, and attendees of the hospital's annual community flu clinics and Live Stronger Longer event.

SCHHC continued to offer numerous exercise and wellness classes for individuals of all ages and fitness levels at the Sewall Healthy Living Center and Sandermann Education Center. A free, weekly Mini Guided Meditation class taught techniques to reduce stress, headaches and heart rate, as well as offered coping skills for chronic physical or emotional pain and tips to improve focus and sense of well-being. Weekly yoga classes included healing yoga, simple yoga, restorative yoga, vinyasa yoga and yoga sculpt. A biweekly Gentle Fitness class helped improve muscular strength, range of motion and activities of daily living for older adults and those with physical limitations, while a biweekly Balance, Strength and Flexibility class helped strengthen participants' muscles and reflexes to reduce the risk of falling. SCHHC also offered biweekly cardio circuit group exercise, Qigong and Tai Chi.

SCHHC helped improve the health of the community with a variety of sustainable food and food waste initiatives throughout the year. Through free community classes, SCHHC's on-site, certified organic fruit, vegetable and herb garden served as an educational tool to teach community members how to start their own organic garden and inspire healthy eating. Produce from the garden was also used in SCHHC's Mindful Café, serving Sharp employees, patients and their loved ones. In addition, SCHHC saved an average of 45 pounds of food each week through a program that turns previously unused vegetable scraps into soup stock. SCHHC also purchased 20 percent of its produce from local sustainable farms (with a goal of 50 percent of purchases) to help eliminate deliveries more than 250 miles away from SDC, and has committed to purchasing sustainable protein, hormone-free dairy and cage-free eggs.

For more than 30 years, SCHHC has offered its Meals on Wheels program to deliver daily meals for at-risk community seniors, including those who are homebound or living alone. Beginning in FY 2016, SCHHC partnered with Meals on Wheels San Diego County to create the new Sharp Coronado Hospital Auxiliary Meals on Wheels Adopt-a-Route in order to provide more extensive services to the community, including enhanced nutritional quality of meals, free pet food and in-home safety assessments. Through the partnership, SCHHC auxiliary members and volunteers provided approximately 5,800 meals to 26 community members in FY 2017.

SCHHC continued to assist economically disadvantaged individuals through its Project HELP financial assistance program, providing approximately \$11,770 in free medications and transportation in FY 2017. SCHHC also provided more than \$98,000 in free valet services to improve participant access to select community events. In addition, SCHHC keeps the community regularly informed of upcoming health classes and events through the internet, radio broadcast, local journals and newspapers, posters in the hospital lobby, and fliers within physician offices and other community organizations.

In FY 2017, SCHHC leadership and other team members contributed their time to several organizations, including Rotary Club of Coronado, Coronado Senior Center Planning Committee, EMCC, San Diego Eye Bank Nurses' Advisory Board, Grossmont

College Respiratory Advisory Committee, CDPH HAI Advisory Committee, and the Planetree Board of Directors.

FY 2018 Plan

SCHHC will do the following:

- Provide free health information and screenings through participation in community health fairs and events
- Host a free, on-site community wellness fair to include a variety of health education and screening opportunities
- Continue to provide free flu vaccinations for community members at a variety of community sites
- Provide a skin cancer screening opportunity for community members
- Provide health education classes for community seniors utilizing easy-to-read materials from the Institute for Healthcare Advancement
- Continue to administer Project HELP funds to those in need
- In partnership with Meals on Wheels San Diego County, continue to administer the Sharp Coronado Hospital Auxiliary Meals on Wheels Adopt-a-Route to provide daily meals and safety assessments for seniors in their homes
- Serve as a food donation site for Sharp's annual holiday food drive to support the Food Bank
- Explore opportunities to collaborate with the Imperial Beach Healthy Grocery Initiative and provide health education/resources to Imperial Beach residents

Identified Community Need: Health Professions Education and Training, and Collaboration with Local Schools to Promote Interest in Health Care Careers

Rationale references the findings of the SCHHC 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- According to the 2017 San Diego Workforce Partnership (SDWP) *Health Care Priority Sector* report, the health care industry in SDC experienced a 44 percent increase in employment growth between 2006 and 2016, higher than the 38 percent growth rate seen by the state of California (SDWP, 2017).
- The same report indicated that the six fastest-growing health care occupations in SDC between 2013 and 2016 were physician's assistants (22 percent), medical assistants (18 percent), health care social workers (15 percent), home health aides (13 percent), licensed vocational nurses (12 percent), and medical and clinical lab technicians (11 percent). Registered nurses (RNs) accounted for 1,366 added jobs during this period, which was the largest increase in total jobs among all health care occupations (SDWP, 2017).

- The *Health Care Priority Sector* report also found that health care employers identified RNs, physicians and surgeons, and health technicians as the most difficult positions to fill. The most frequently cited reason for hiring difficulties were lack of experience, small applicant pools, and insufficient non-technical skills (SDWP, 2017).
- A 2014 SDWP labor market analysis indicated an increase in the number of health care training providers in SDC, but a shortage of clinical training facilities where applicants can gain necessary experience. The scarcity of clinical facilities offering prerequisite training has made it increasingly difficult for employers to find qualified workers.
- The 2017 SDWP *Nonprofit Sector Employment Trends and Career Opportunities* report recommends that nonprofit sector health care training and education programs in SDC emphasize soft skills such as being a team player, interpersonal and communication skills, big-picture thinking with the ability to plan and forecast, problem solving, and the ability to adapt to a variety of situations. It also recommends incorporating more training on data management and technology into curriculums in order for graduates to meet the needs of this increasingly data-driven sector.
- In its *Employment Projections — 2016–2026* report, the U.S. Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/ technical occupations will contribute about one-fifth of all new jobs and account for almost half of the 30 fastest-growing occupations. There are several factors leading to the increased demand for these professions, including: projected population growth in the next decade; aging of the U.S. population; greater numbers of people living with chronic conditions, such as diabetes or obesity; improvements in medicine and technology; and federal health insurance reform, which has increased the total number of Americans with health insurance coverage (BLS, 2016).
- Total employment in California is projected to increase by 6.5 percent, or 9.8 million, from 2014 to 2024. The health care and social assistance sector is expected to be the fastest-growing service industry, increasing its employment share from 12 percent in 2014 to 13.6 percent in 2024. Occupations and industries related to health care are projected to add the most new jobs, with an increase of 2.3 million jobs (BLS, 2015).
- As of 2015, SDC was one of 26 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (OSHPD *Healthcare Atlas*, 2017).
- As of 2015, the California Health Care Almanac reported that 44 percent of the employed RN workforce was over the age of 50. As this age group moves away from patient care and approaches retirement, it will be critical to have younger RNs trained and in place to handle the turnover (California Health Care Foundation, 2017).
- The BLS projects employment of more than 300,000 RNs in California in 2024, which would be an increase of 17 percent from 2014. Compared to other health care practitioners and technical health care operators, RNs are projected to have the most opportunity for employment in 2020 (BLS, 2014).

- The BLS projects that the demand for home health aides in California will grow 39 percent from 2014 to 2024. Older individuals often have health problems and need help with daily activities. Thus, as the U.S. population ages, the demand for home health aides will continue to increase (BLS, 2014).
- According to forecasts performed by the Healthforce Center at University of California, San Francisco (UCSF), the demand for primary care clinicians in California will increase 12 to 17 percent by 2030. These forecasts predict that the southern border region will experience some of the highest levels of clinician shortages in the state (UCSF, 2017).
- A 2014 report from the California Hospital Association titled *Critical Roles: California's Allied Health Workforce Follow-Up Report* emphasizes the importance of local hospitals providing clinical training for nurses and allied health professionals, as well as programs to support mentoring and hospital work experience for interns and high school students. In the coming decades, such programs will have a tremendous impact on the lives of individuals, families and the San Diego community at large.

Objectives

- In collaboration with local schools, colleges and universities, offer opportunities for students to explore and train for a variety of health care professions
- Provide education and training for local and national health care professionals
- Disseminate best practices in clinical research findings to the health care community

FY 2017 Report of Activities

In FY 2017, SCHHC provided training opportunities for more than 600 nursing students as well as 45 ancillary students. Together, these students dedicated approximately 104,700 hours on the SCHHC campus. Internships were completed by students from a variety of schools, including American Sentinel University, Azusa Pacific University, Brightwood College, California College San Diego, Concorde Career College, Creighton University, California State University San Marcos, Grand Canyon University, Grossmont College, National University, Pima Medical Institute, Point Loma Nazarene University, San Diego Mesa College, San Diego State University, South University, Southwestern College, Touro University, University of San Diego, University of the Pacific and Western University. In addition, SCHHC continued to partner with Midwestern University at Glendale, Arizona to provide physician-led mentorship opportunities for medical students, serving 12 students in FY 2017.

SCHHC continued to provide professional development opportunities for Health Sciences High and Middle College (HSHMC) students in ninth and 10th grade. Through the program, HSHMC students visit SCHHC once a week where they shadow staff in a range of hospital departments and observe health care in a real world setting. During the 2017 school year, this included rotations in the physical therapy, clinical nutrition, emergency, laboratory, radiology, respiratory, cardiovascular, pharmacy, medical/surgical and long-term care departments. Students also learned about the

Planetree philosophy of patient-centered care at SCHHC as well as received instruction on career ladder development and job requirements for a career in health care. In 2017, 48 HSHMC students dedicated more than 1,700 hours of learning on the SCHHC campus.

With funding from a state health science grant, SCHHC continued the Coronado High School – Sharp Coronado Hospital Internship Partnership. In FY 2017, 13 students in grades 10 through 12 from Coronado High School’s Advanced Sports Medicine program spent 400 hours at the hospital where they rotated through various hospital departments including laboratory, emergency, infection prevention, physical therapy, radiology, medical/surgical, clinical nutrition, pharmacy and long-term care. This unique learning experience allowed students to observe real world application of the skills they learned in the classroom and explore the range of potential career paths available in health care.

The Planetree philosophy of care upholds that care should be organized first and foremost around the needs of the patient. In 2007, SCHHC became California’s first Planetree designated hospital and since then is one of only two hospitals worldwide to maintain this designation consecutively. Each year, SCHHC shares its expertise on the Planetree philosophy of care with other industry professionals. In FY 2017, team members provided the following presentations at the annual Planetree International Conference on Patient-Centered Care: Delivering More Than Care With Handmade Quilts From the Heart; Becoming a Total Leader Through Authenticity, Integrity, and Innovation; and The Coronado Get-Away (improving health and well-being at the Sewall Healthy Living Center).

SCHHC continued to share innovative knowledge to support community health care professionals in assessing and treating infections for hospital and long-term care patients. This included providing lectures on antimicrobial stewardship in long-term care facilities at the Fall and Winter IDAC (Infectious Disease Association of California) symposiums as well as during a podcast lecture through the CDPH Antimicrobial Stewardship Program (ASP). In addition, SCHHC continued to participate in the CDPH HAI/ASP subcommittee to provide guidance on long-term care antibiotic stewardship program requirements that took effect in January 2017. Since the implementation of these requirements, the committee has focused on creating a toolkit to aid long-term care facilities in the formation of an ASP. SCHHC also shares resources about its ASP on the CDPH website.

FY 2018 Plan

- Continue to collaborate with colleges and universities on internships, externships and other professional training opportunities for students
- Continue to participate in the HSHMC program by offering learning experiences for 12 high school students
- Continue to collaborate with Coronado High School by offering learning experiences for 12 students in grades 10 through 12
- Provide hospital tours and presentations to educate community health care professionals about the Planetree philosophy of patient-centered care
- Continue to share best practices from clinical research studies with the larger health care community
- Conduct clinical trials to improve patient care and outcomes

SCHHC Program and Service Highlights

- 24-hour emergency services
- Acute care
- Advanced liver care and Hepatology, including clinical trials, joint liver transplantation program, molecular absorbent recirculating system and endoscopic ultrasound
- Endoscopy, including endoscopic ultrasound
- Heart and lung services, including electrocardiogram
- Home health¹
- Hospice²
- Imaging services, including computed tomography scan, magnetic resonance imaging and ultrasound
- Inpatient hospice unit
- Integrative therapies, including acupuncture, clinical aromatherapy and massage therapy
- Intensive Care Unit
- Laboratory services
- Long-term care at Villa Coronado Skilled Nursing Facility
- Nutrition counseling
- Orthopedics, including total joint replacement surgery and Radiosteriometric Analysis
- Pathology services
- Pharmacy
- Rehabilitation services, including sports medicine, and occupational, physical, and speech therapies
- Sharp Coronado Hospital Auxiliary Meals on Wheels Adopt-a-Route
- Senior services
- Sewall Healthy Living Center, providing integrative therapies, rehabilitation and fitness programs
- Stroke care — recognized by the AHA — including Telestroke program
- Subacute services
- Surgical services
- Vision-saving laser treatment for glaucoma using endoscopic cyclophotocoagulation
- Women's services, including a dedicated women's imaging suite for mammography, ultrasound and dexascan
- Wound care

¹ Provided through Sharp Memorial Hospital Home Health Agency

² Provided through Sharp HospiceCare



Building a Heart-Healthy Community

Sharp Grossmont Hospital

Heart disease is the country's leading cause of death, killing more than one person in the United States every minute. As East County's leading provider of heart and vascular care, Sharp Grossmont Hospital is dedicated to helping San Diego residents live longer, heart-healthier lives.

Sharp Grossmont's annual Heart Health Expo raises community awareness of heart-related conditions and strategies for disease prevention and treatment. The free event provides community members with screenings for blood pressure, cholesterol and glucose. Cardiovascular experts educate attendees on appropriate treatment options for heart-related conditions, and special Q&A sessions encourage individuals to ask questions about their own heart health. In addition, community organizations — including the American Heart Association, Mended Hearts, San Diego Oasis and the John A. Davis Family YMCA — provide connections to valuable health resources.

Section

6 Sharp Grossmont Hospital

Community is really about vibrant connections between people; the people that live near us, the people we serve on a daily basis, and the people that provide our services all working together to shape life moments for each person. — Scott Evans, Chief Executive Officer, Sharp Grossmont Hospital

FY 2017 Community Benefit Program Highlights

Sharp Grossmont Hospital (SGH) provided **\$118,063,679** in community benefit in Fiscal Year 2017 (FY 2017). See **Table 22** for a summary of unreimbursed costs based on the categories identified in Senate Bill (SB 697), and **Figure 19** for the distribution of SGH's community benefit among those categories.

**Table 22: Economic Value of Community Benefit Provided
Sharp Grossmont Hospital — FY 2017**

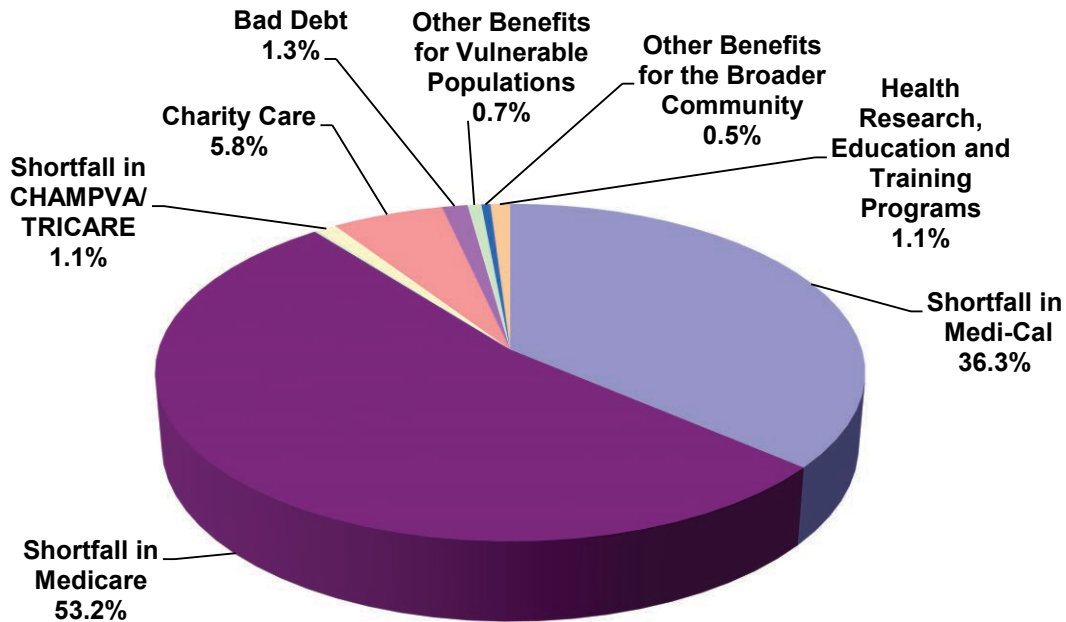
SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2017 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibility forms ¹	\$42,806,043
	Shortfall in Medicare ¹	62,806,884
	Shortfall in San Diego County Indigent Medical Services ¹	162,019
	Shortfall in CHAMPVA/TRICARE ¹	1,249,303
	Charity Care ²	6,873,840
	Bad Debt ²	1,576,164
Other Benefits for Vulnerable Populations	Patient transportation, Project HELP and other assistance for the needy ³	834,124
Other Benefits for the Broader Community	Health education and information, health screenings, health fairs, flu vaccinations, support groups, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	551,723
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	1,203,579
TOTAL		\$118,063,679

¹ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received.

² Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

³ Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

**Figure 19: Percentage of Community Benefit by SB 697 Category
Sharp Grossmont Hospital — FY 2017**



Key highlights:

- **Medical Care Services** included uncompensated care for patients who were unable to pay for services and the unreimbursed costs of public programs such as Medi-Cal, Medicare and CHAMPVA/TRICARE. In FY 2015, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2014 through December 31, 2016. This resulted in an increased reimbursement of \$9.7 million to SGH. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2017 understate the true unreimbursed medical care services performed for the past fiscal year.
- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; comprehensive prenatal clinical and social services to low-income, low-literacy women with Medi-Cal benefits; financial and other support to Neighborhood Healthcare; Project HELP, which provides funding for specific needs (e.g., medications, etc.) to assist lower-income patients; flu vaccination clinics for high-risk adults, including seniors; contribution of time to Stand Down for Homeless Veterans, Doors of Change, Kitchens for Good, Mama's Kitchen, Feeding San Diego (FSD), Ssubi is Hope and the San Diego Food Bank (Food Bank); the Sharp Humanitarian Service Program; support for Meals on Wheels San Diego County; the provision of durable medical equipment (DME); support services for discharged homeless patients in partnership with San Diego Rescue Mission (SDRM); the Care Transitions Intervention program; and other assistance for vulnerable and high-risk community members.

- **Other Benefits for the Broader Community** included health education and information on a variety of topics; support groups; participation in community health fairs and events; health screenings for stroke, blood pressure, diabetes, fall prevention, hand, lung function and carotid artery disease; community education and resources provided by the SGH cancer patient navigator program; and specialized education and flu vaccinations offered through the SGH Senior Resource Center. SGH also collaborated with local schools to promote interest in health care careers and donated meeting room space to community groups. SGH staff actively participated in community boards, committees, and civic organizations, including but not limited to the County of San Diego Aging and Independence Services (AIS), Association of California Nurse Leaders (ACNL), Neighborhood Healthcare, Meals on Wheels San Diego County East County Advisory Board, Caregiver Coalition of San Diego (the Caregiver Education Committee), Partnership for Smoke-Free Families, San Diego County Breastfeeding Coalition Advisory Board, the Beacon Council's Patient Safety Collaborative, East County Action Network (ECAN), East County Senior Service Providers (ECSSP), Hospital Association of San Diego and Imperial Counties (HASD&IC), the local chapter of Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), California Association of Hospitals and Health Systems (CAHHS) Committee on Volunteer Services and Directors' Coordinating Council, San Diego Association of Directors of Volunteer Services, Emergency Nurses Association, California Society for Clinical Social Work Professionals, Santee-Lakeside Rotary Club, Grossmont Healthcare District Community Grants and Sponsorships Committee, John A. Davis Family YMCA Board of Management, Santee Chamber of Commerce, Angels Foster Family Network, La Mesa Parks and Recreation, and Lantern Crest Senior Living Advisory Board. See **Appendix A** for a listing of Sharp HealthCare's (Sharp's or SHC's) community involvement. The category also incorporated costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation.
- **Health Research, Education and Training Programs** included time devoted to education and training for health care professionals, student and intern supervision and time devoted to generalizable, health-related research projects that were made available to the broader health care community.

Definition of Community

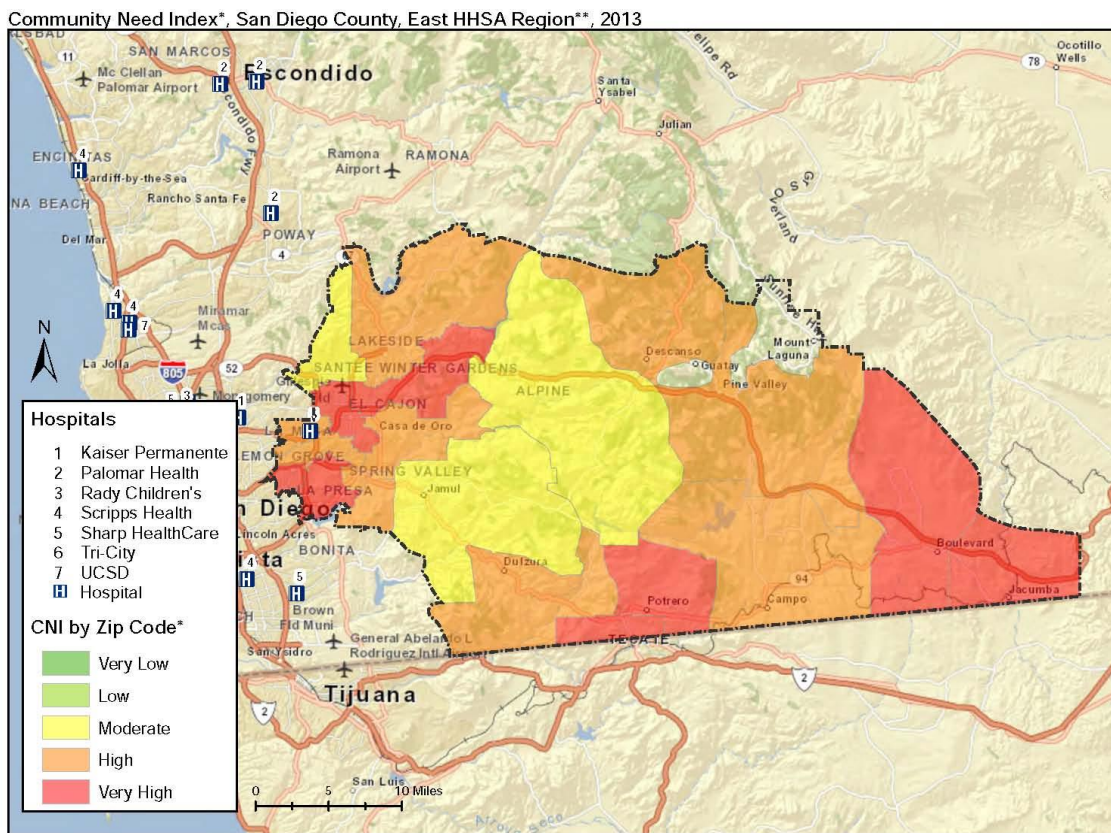
SGH is located at 5555 Grossmont Center Drive in La Mesa, ZIP code 91942.

The community served by SGH includes the entire east region of San Diego County (SDC), including the subregional areas of Jamul, Spring Valley, Lemon Grove, La Mesa, El Cajon, Santee, Lakeside, Harbison Canyon, Crest, Alpine, Laguna-Pine Valley and Mountain Empire. Approximately five percent of the population lives in remote or rural areas of this region. See **Appendix B** for a map of community and region boundaries in SDC.

For SGH's 2016 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States of America (U.S.) based on specific barriers to health care access including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care and preventable hospitalizations.

According to the CNI, communities served by SGH with especially high need include, but are not limited to, Lemon Grove, Spring Valley and El Cajon. **Figure 20** below presents a map of the CNI scores across SDC's east region.

Figure 20: CNI Map — SDC's East Region



Data Source: *Dignity Health; **SanGIS;
 Basemap: © 2015 OpenStreetMap contributors, and the GIS User Community.



Description of Community Health

In SDC's east region in 2016, 100 percent of surveyed children ages zero to 11 and 100 percent of surveyed children ages 12 to 17 had health insurance coverage, which meet the Healthy People 2020 (HP2020) national target¹ of 100 percent health insurance coverage for all individuals under age 65. 96.5 percent of surveyed adults ages 18 to 64 had health insurance, which falls short of the HP2020 target.

In the east region in 2016, 11.3 percent of adults ages 18 to 64 did not have a usual source of care and 8.9 percent of these adults had health insurance. In addition, 8.7 percent of adults without a usual source of care reported fair health outcomes. See **Table 23** for a summary of key indicators of access to care, and **Table 24** for data regarding eligibility for Medi-Cal.

In 2015, the unemployment rate in SDC's east region was 11.3 percent, which was higher than the rate for SDC overall (10.3 percent).² During 2015-2016, 16.9 percent of adults ages 18 to 64 in SDC's east region reported living below the federal poverty level (FPL). Among east region adults with a household income below 200 percent FPL, 44.8 percent of those surveyed in in 2015–2016 reported experiencing food insecurity (lack of access to healthy food).

In addition, 17.8 percent of east region adults with a household income below 300 percent FPL reported participation in CalFresh, the Supplemental Nutrition Assistance Program in California. East region figures for food insecurity and CalFresh participation during in 2015–2016 were higher than the rates for the county overall (42.4 percent and 17.5 percent, respectively). Further, 10.5 percent of east region adults with a household income below 300 percent FPL received Supplemental Security Income, higher than SDC overall (8.6 percent).

In 2015, there were 63,901 residents ages 65 and older in SDC's east region, representing 14.4 percent of the total regional population and a higher proportion than any other region in the county. Between 2015 and 2020, it is anticipated that the east region's senior population will grow by 20.7 percent, slower than the growth rate for seniors in SDC overall (22 percent).³

¹ The U.S. Department of Health and Human Services' HP2020 initiative represents the nation's prevention agenda for the second decade of the 21st century. HP2020 has four overarching goals: to attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and improve the health of all groups; to create social and physical environments that promote good health for all, and to promote quality of life, healthy development, and healthy behaviors across all life stages.

² County of San Diego Health and Human Services. Community Health Statistics Unit. 2015.

³This information is sourced from the 2016 California Health Interview Survey (CHIS) Health Profile for SDC, provided by the University of California Los Angeles (UCLA) Center for Health Policy Research. Starting in 2012, CHIS moved to a continuous survey model. CHIS Health Profiles, available annually, include key health statistics for California state, counties, regions, Service Planning Areas, and more. Customized and detailed health statistics are available through *AskCHIS* biennially, with the most recently available information from 2016.

Table 23: Health Care Access in SDC's East Region, 2016

Description	Rate	HP2020 Target
Current Health Insurance Coverage		
Children 0 to 11 Years	100%	100%
Children 12 to 17 Years	100%	100%
Adults 18 to 64 Years	96.5%	100%
Regular Source of Medical Care		
Children 0 to 11 Years	100%	100%
Children 12 to 17 Years	24.6%	100%
Adults 18 to 64 Years	88.7%	89.4%
Not Currently Insured		
Adults 18 to 64 Years	3.5%	

Source: 2016 California Health Interview Survey (CHIS)

Table 24: Medi-Cal (Medicaid) Eligibility Among Uninsured in SDC's East Region (Adults Ages 18 to 64 Years), 2016¹

Description	Rate
Medi-Cal Eligible	4.9%
Not Eligible	95.1%

Source: 2016 CHIS

In 2015, cancer and coronary heart disease (CHD) were the top two leading causes of death in SDC's east region. See **Table 25** for a summary of leading causes of death in the east region. For additional demographic and health data for communities served by SGH, please refer to the SGH 2016 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

¹This information is sourced from the 2016 CHIS Health Profile for SDC, provided by the UCLA Center for Health Policy Research. Starting in 2013, the California state budget required children enrolled in the Healthy Families Program to transition enrollment into Medi-Cal. Formerly, this table included Healthy Family eligibility in San Diego County using pre-ACA data. The Affordable Care Act now determines financial eligibility for Medi-Cal using Modified-Adjusted Gross Income, based on income and number of persons in the household.

Table 25: Leading Causes of Death in SDC's East Region, 2015

Cause of Death	Number of Deaths	Percent of Total Deaths
Overall Cancer	921	24.1%
Coronary Heart Disease	534	13.9%
Alzheimer's Disease and Related Dementias	432	11.3%
Chronic Obstructive Pulmonary Disease/Chronic Lower Respiratory Diseases	217	5.7%
Unintentional Injuries	204	5.3%
Stroke	196	5.1%
Overall Hypertensive Diseases	153	4.0%
Diabetes	135	3.5%
Overdose/Poisoning	70	1.8%
Suicide	55	1.4%
All Other Causes	912	23.8%
Total Deaths	3,829	100.0%

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Epidemiology & Immunization Services Branch

Community Benefit Planning Process

In addition to the steps outlined in **Section 3: Community Benefit Planning Process** regarding community benefit planning, SGH:

- Incorporates community priorities and community input into its strategic plan and develops service line-specific goals
- Estimates an annual budget for community programs and services based on community needs, previous years' experience and current funding levels
- Prepares and distributes a monthly report of community activities to its board of directors, describing community benefit programs provided, such as education, screenings and flu vaccinations
- Prepares and distributes information on community benefit programs and services through its foundation and community newsletters
- Consults with representatives from a variety of departments to discuss, plan and implement community activities

Priority Community Needs Addressed in Community Benefit Report — SGH 2016 CHNA

SGH completed its most recent CHNA in September 2016. SGH's 2016 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2016 CHNA process and findings, and details on those processes are available in **Section 3: Community Benefit Planning Process** of this report.

In addition, this year SGH completed its most current implementation strategy — a description of SGH programs designed to address the priority health needs identified in the 2016 CHNA. The most recent CHNA and implementation strategy for SGH are available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

Through the SGH 2016 CHNA, the following priority health needs were identified for the communities served by SGH:

- Behavioral Health (Mental Health)
- Cancer
- Cardiovascular Disease
- Diabetes, Type 2
- Obesity
- Senior Health

In alignment with these identified needs, the following pages detail programs that specifically address cardiovascular disease, diabetes and senior health.

SGH provides behavioral health services to SDC's east region through clinical programs for adults and older adults, including individuals living with psychosis, depression, grief, anxiety, traumatic stress and other disorders. SGH also provides a dedicated psychiatric assessment team in the emergency department (ED) and acute care as well as hospital-based outpatient programs that serve individuals dealing with a variety of behavioral health issues.

Beyond these clinical services, SGH lacks the resources to comprehensively meet the need for community education and support in behavioral health. Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC.

Obesity is addressed through general nutrition and exercise education and resources provided at SGH. There are also programs that address a healthy lifestyle as part of care for heart disease, diabetes and other health issues influenced by healthy weight and exercise. In addition, Sharp Rees-Stealy Medical Group (SRSMG) clinics throughout SDC — including SDC's east region — provide structured weight

management and health education programs to community members, such as smoking cessation and stress management; long-term support for weight management and fat loss; and personalized weight-loss programs. For additional details on SGH programs that specifically address the needs identified in the 2016 CHNA, please refer to SGH's implementation strategy available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

Through further analysis of SGH's community programs and in consultation with SGH service line leaders and community relations team members, this section also addresses the following priority health needs for community members served by SGH:

- General community health education and wellness
- Women's and prenatal health services and education
- Prevention of unintentional injuries
- Support during the transition of care process for high-risk, underserved and underfunded patients
- Collaboration with local schools to promote interest in health care careers

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2017 Report of Activities conducted in support of the objective(s), and Fiscal Year 2018 (FY 2018) Plan.

Identified Community Need: Education, Support and Screening for Stroke

Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SGH 2016 CHNA continued to identify cardiovascular disease (including cerebrovascular disease/stroke) as one of six priority health issues affecting members of the communities served by SGH.
- The HASD&IC 2016 CHNA continued to identify cardiovascular disease (including cerebrovascular disease/stroke) as one of the top four priority health issues for community members in SDC.
- According to data presented in the SGH 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. About half of all Americans (47 percent) have at least one of these three risk factors. Additional risk factors include alcohol use, obesity, physical inactivity, poor diet, diabetes and genetic factors (Centers for Disease Control and Prevention (CDC), 2015).

- In 2015, stroke was the sixth leading cause of death for SDC's east region.
- In 2015, there were 196 deaths due to stroke in SDC's east region. The region's age-adjusted death rate due to stroke was 35.3 per 100,000 population. This rate was the second highest among all SDC regions and was higher than the overall SDC age-adjusted death rate of 33.3 per 100,000 population as well as the HP2020 target of 34.8 deaths per 100,000 population.
- In 2015, there were 1,095 hospitalizations due to stroke in SDC's east region. The region's age-adjusted rate of hospitalizations for stroke was 200.6 per 100,000 population, which is the third highest among all SDC regions as well as higher than the age-adjusted rate for SDC overall (178.1 per 100,000 population).
- In 2015, there were 285 stroke-related ED discharges in SDC's east region. The age-adjusted rate of discharge was 52.0 per 100,000 population, which was lower than the rate in 2014 (59.7 per 100,000 population).
- According to the 2012 HHSA report titled *Critical Pathways: The Disease Continuum*, the most common risk factors associated with stroke include physical inactivity, tobacco use, alcohol or drug use, poor nutrition, poor medical care, stress, depression, high cholesterol and diabetes.
- According to 2016 CHIS data, an estimated 36.6 percent of east region adults were obese, 17.9 percent reported eating fast food four or more times in the past week, 9.8 percent smoked cigarettes, and 61.4 percent did not regularly walk for transportation, fun, or exercise, all of which were higher than overall SDC rates.
- The CDC estimates that up to 80 percent of strokes are preventable through the recognition of early signs/symptoms and the elimination of stroke risk factors.
- The National Institute of Neurological Disorders and Stroke (NINDS) reports that 25 percent of people who recover from their first stroke will have another stroke within 5 years (NINDS, 2016).

Objective

- Provide stroke education, support and screening services for the east region of SDC

FY 2017 Report of Activities

SGH is recognized with advanced certification by the Joint Commission as a Primary Stroke Center and was recertified in June 2014. The program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate. SGH is a recipient of the American Heart Association (AHA)/American Stroke Association's (ASA) Get With The Guidelines® (GWTG) — Stroke Gold Plus Quality Achievement Award for excellence in stroke care as well as the Target: Stroke Elite Honor Roll designation. The AHA/ASA's GWTG is a national effort focused on ensuring the use of evidence-based therapies to improve outcomes for stroke patients. The AHA/ASA's Target: Stroke Elite Honor Roll designation focuses on improving the timeliness of intravenous tissue plasminogen activator (IV t-PA) administration to eligible patients.

In FY 2017, the SGH Stroke Center provided stroke education and screenings at 12 community events in SDC's east region. During the events, the team provided more than 430 community members with information about stroke risk factors, warning signs, and appropriate interventions, including arrival at the hospital within early onset of symptoms. In addition, nearly 150 community members received blood pressure checks or stroke screenings, 20 of whom were referred for a follow-up. During the screenings, the SGH Stroke Center identified risk factors as well as provided education, and advised behavior modification, including smoking cessation, weight loss and stress reduction. Events were held at various community sites, including but not limited to: the Spring into Healthy Living event at the McGrath Family YMCA; Health Fair and Flu Shot event at the Jewish Family Service of San Diego (JFS) College Avenue Center; ECSSP's 18th annual East County Senior Health Fair at the La Mesa Community Center; La Mesa Police Department's fifth annual Safety Fair at the La Mesa Community Center; the Dr. William C. Herrick Community Health Care Library; the San Diego East County Chamber of Commerce's Health Fair Saturday at Grossmont Center; Grossmont Healthcare District Conference Center; and the Lakeside Fire Department Open House at Lakeside Fire Station 2.

In September, Sharp's systemwide Stroke Program participated in Strike Out Stroke Night at the Padres, held at Petco Park. This annual event is organized by the San Diego County Stroke Consortium, the HHSA, the San Diego Padres and other key partners to promote stroke awareness and celebrate stroke survivors. During the baseball game, Sharp offered stroke and blood pressure screenings, education about the warning signs of stroke and how to respond using FAST (Face, Arms, Speech, Time) — an easy way to remember the sudden signs of stroke. Free giveaways were provided throughout the evening, while stroke education was displayed on the JumboTron to the entire stadium of more than 39,000 community members.

In addition, the SGH Stroke Center provided stroke education and screenings of personal risk factors for stroke with pulse checks to more than 200 attendees at the Sharp Women's Health Conference held at the Sheraton San Diego Hotel and Marina in April. Educational topics included different types of strokes, how to identify risk factors for stroke, strategies for risk reduction and stroke recognition.

In collaboration with the SGH Senior Resource Center, the SGH Stroke Center and a Sharp interventional neuroradiologist presented on the recent advances in the treatment of stroke and provided resources to nearly 30 community members at the Dr. William C. Herrick Community Health Care Library in May. The SGH Stroke Center also conducted personal health interviews, blood pressure and pulse checks, and provided education on emergency treatment for stroke, prevention and warning signs, and how to respond using FAST. In addition, from October to January, the SGH Stroke Center provided stroke education to nearly 40 homeless community members. Individuals received education on stroke signs and symptoms and how to respond FAST as well as FAST stroke cards, free inspirational books and food.

In FY 2017, the SGH Outpatient Rehabilitation Department offered a Stroke Communication Support Group for stroke survivors and their family members twice a month that focused on brain injury survivors with aphasia or other speech or language difficulties. Topics included games to improve visual skills, language stimulation, listening activities and social interaction. The support group is sponsored by Young Enthusiastic Stroke Survivors. Approximately five community members attended each session.

SGH also actively participated in the quarterly San Diego County Stroke Consortium, a collaborative effort to improve stroke care and discuss issues impacting stroke care in SDC. Additionally, SGH continued collaborating with the County of San Diego Emergency Medical Services (EMS) for the 12th year to provide data for the SDC stroke registry.

FY 2018 Plan

SGH Stroke Center will do the following:

- Participate in stroke screening and education events in the east region of SDC
- Provide education for individuals with identified stroke risk factors
- Offer a stroke support group in conjunction with the hospital's Outpatient Rehabilitation Department
- Continue to participate in Strike Out Stroke Night at the Padres
- Continue to participate in the San Diego County Stroke Consortium with other SDC hospitals
- Continue to provide data to the SDC stroke registry
- Provide at least one physician speaking event around stroke care and prevention
- Provide stroke education and screenings at the Sharp Women's Health Conference
- Participate in Sharp's partnership with the City of San Diego to provide stroke education and resources to employees and residents in the city's nine districts

Identified Community Need: Heart and Vascular Disease Education and Screening

Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SGH 2016 CHNA continued to identify cardiovascular disease as one of six priority health issues affecting members of the communities served by SGH.
- The HASD&IC 2016 CHNA continued to identify cardiovascular disease as one of the top four priority health issues for community members in SDC.
- Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to cardiovascular disease in more vulnerable communities within SDC's east region, such as El Cajon and Jacumba (Dignity Health, San Diego Geographic Information

Source (SanGIS), Office of Statewide Health Planning and Development (OSHPD) & SpeedTrack Inc., 2015).

- A cardiovascular health key informant interview conducted as part of the SGH 2016 CHNA process identified the following important issues facing cardiology patients: access to care, obtaining medications, understanding diet, understanding symptoms, and communicating their needs to providers.
- The key informant interview identified the following as effective strategies for cardiology patients: taking time to teach patients about their disease and self-management; building relationships with patients; providing educational materials; Backline (a text messaging service connecting patients and providers) numbers for providers; education for general practitioners; and including a trained addictions specialist on the care team.
- In addition, the cardiovascular health key informant interview identified the following risk factors for heart disease: diabetes, lack of social support, substance use disorders, financial issues, transportation, and lack of health education. Addiction is of particular concern, as nearly all SGH cardiology patients under age 55 have substance use issues.
- According to the SGH 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke.
- In 2015, heart disease was the second leading cause of death for SDC's east region.
- In 2015, there were 534 deaths due to CHD in SDC's east region. The region's age-adjusted death rate due to heart disease was 95.7 per 100,000 population. This was higher than the SDC overall age-adjusted death rate (83.9 deaths per 100,000 population), but below the HP2020 target (103.4 deaths per 100,000 population).
- In 2015, there were 1,053 hospitalizations due to CHD in SDC's east region. The rate of hospitalization for heart disease was 187.3 per 100,000 population, which is higher than SDC's overall age-adjusted rate (165.5 per 100,000 population).
- In 2015, there were 232 ED discharges for CHD in SDC's east region. The age-adjusted rate of ED discharges was 41.9 per 100,000 population, which is the highest in the county, and higher than the age-adjusted rate for SDC overall (31.5 per 100,000 population).
- According to CHIS, in 2016 5.9 percent of adults living in SDC's east region indicated that they were ever diagnosed with heart disease, which is higher than SDC overall at 4.7 percent. Among those diagnosed with heart disease in the east region, only 70.6 percent were provided a heart disease management plan by their health provider.
- The 2016 CHIS results showed that 31.4 percent of adults living in SDC's east region had ever been diagnosed with high blood pressure. This is higher than SDC overall, at 26.4 percent, and California, at 28.4 percent.
- According to data presented in the HHSA 2014 Live Well Community Health Assessment, east region residents were more likely to be obese, smoke tobacco, regularly eat fast food and binge drink than residents of other regions, all of which may increase the risk of developing CHD.
- According to the CDC, heart disease kills approximately 610,000 people annually, and is the leading cause of death for both men and women (CDC, 2015).

- In their 2017 statistical update, the AHA reported that in 2014, cardiovascular disease was listed as the underlying cause of death for 30.8 percent of all deaths in the U.S.
- According to new blood pressure guidelines championed by the AHA, an estimated 46 percent of U.S. adults now have hypertension (AHA, 2017).

Objectives

- Provide heart and vascular education and screening services for the community, with an emphasis on adults, women and seniors
- Provide expertise in cardiovascular care to community health care professionals through participation in professional conferences and collaboratives
- Participate in programs to improve the care and outcomes of individuals with heart and vascular disease

FY 2017 Report of Activities

In FY 2017, SGH's Cardiac Rehabilitation Department provided education and support to patients and community members impacted by congestive heart failure (CHF). A free, monthly CHF class and support group provided nearly 120 individuals with a supportive environment to discuss various topics about living well with CHF. A free Heart and Vascular Risk Factors Education class was offered twice a month to individuals who were hospitalized within the last six months due to select heart conditions, reaching more than 200 individuals.

SGH's Cardiac Training Center and Cardiac Rehabilitation Departments participated in a variety of community events throughout San Diego in FY 2017. Together, they offered community members free blood pressure screenings, cardiopulmonary resuscitation (CPR) demonstrations, and cardiac health education and resources, including prevention, symptom recognition, evaluation and treatment. Events included the Sharp Disaster Preparedness Expo, Sharp's free Sweetheart Heartsaver CPR course and dinner for couples, Coronado High School health fair, Celebrando Latinas, the AHA Heart & Stroke Walk and the annual Sharp Women's Health Conference. In addition, the Cardiac Rehabilitation team collaborated with the SGH Senior Resource Center to educate nearly 20 seniors at the Herrick Community Health Care Library about the importance of exercise and nutrition to maintain a healthy heart in February. Further, the Cardiac Rehabilitation team provided free flu shots to more than 15 community seniors during a flu clinic held at the hospital in October.

In April, SGH held its annual Heart Health Expo to help community members live long, heart-healthy lives through the provision of information on strategies for heart disease prevention as well as the latest treatments for heart disease, weakened arteries, and more. The free community event featured a heart-healthy breakfast and health screenings for blood pressure, cholesterol and glucose. Exhibitor tables highlighted various hospital services including nutrition, cardiac rehabilitation, heart and vascular, stroke, and senior services, as well as local organizations to connect attendees to

community resources, including the AHA, Mended Hearts, San Diego Oasis and John A. Davis Family YMCA. In addition, SGH offered education on appropriate treatment options for heart-related conditions — including self-dissolving stents to help open blocked blood vessels and minimally invasive techniques for treating aneurysms — from cardiovascular care experts. A question-and-answer session was also offered to encourage individuals to ask heart health questions.

In honor of National CPR and Automated External Defibrillator (AED) Awareness Week in June, the Cardiac Training Center invited children ages 10 and older from the community to a free CPR/AED class and demonstration at Briercrest Park in La Mesa. During the event, the Cardiac Training Center provided free CPR lessons and CPR/AED educational materials to help raise awareness and increase bystander response rates in cardiac emergencies.

Throughout FY 2017, SGH-affiliated cardiologists shared heart-related information with local news outlets, including FOX 5 San Diego and *The East County Californian*. Topics included the differences between heart attack, heart failure and stroke; the symptoms of heart disease; and the six surprising signs of heart disease.

Throughout the year, SGH provided expert speakers on heart disease and heart failure at professional conferences and events. This included SGH's eighth annual Heart and Vascular Conference in October, a two-day event where more than 400 health care professionals — including physicians, nurses and allied health workers caring for patients with cardiovascular disease — received education on advances in cardiovascular care at the U.S. Grant Hotel. In November and May, SGH participated in the 11th and 12th semiannual meetings of Southern California VOICe (Vascular Outcomes Improvement Collaborative), which included more than 40 regional vascular physicians, nurses, epidemiologists, scientists and research personnel working together to collect and analyze vascular data in an effort to improve patient care. SGH shared its expertise on the use of data processes to improve outcomes, compliance to standards, and care.

SGH continued to participate in programs to improve the care and outcomes of individuals with heart and vascular disease. To help improve care for acutely ill patients in SDC, SGH provided data on STEMI (ST-elevation myocardial infarction or acute heart attack) to the County of San Diego EMS. Sharp also hosted the quarterly County of San Diego EMS Advisory Council for STEMI at Sharp's System Offices. Additionally, SGH provided its Peripheral Vascular Disease Rehabilitation Program to provide education and coaching on exercise, diet and medication to keep patients — particularly low-income patients — at the highest functional level. The program is partially funded by donations to the Grossmont Hospital Foundation to help defray the cost for patients with limited resources.

SGH's cardiac team is committed to supporting future health care leaders through active participation in student training and internship programs. In FY 2017, the team spent more than 430 hours mentoring more than 30 students from Azusa Pacific

University (APU), San Diego State University (SDSU), University of California (UC), San Diego, Grossmont College, National University and Western University of Health Sciences, including students with an interest in a career as a nurse or cardiovascular technician.

FY 2018 Plan

SGH will do the following:

- Provide a free monthly CHF class and support group
- Provide free bimonthly Heart and Vascular Risk Factor Education classes
- Provide cardiac and vascular risk factor education and screening at community events
- Provide one cardiac health lecture and a Cardiovascular Expo for community members
- Pursue additional research opportunities to benefit patients and community members
- As invited, offer educational speakers to the professional community on topics such as performance improvements in CHF and acute myocardial infarction, and cardiovascular treatment options
- Provide a conference on heart and vascular disease for community physicians and other health care professionals
- Continue to provide student learning opportunities
- Continue to provide data on STEMI to the County of San Diego EMS
- Continue to provide the Peripheral Vascular Disease Rehabilitation Program

Identified Community Need: Diabetes Education, Prevention and Support

Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SGH 2016 CHNA continued to identify Type 2 diabetes as one of six priority health issues affecting members of the communities served by SGH.
- The HASD&IC 2016 CHNA continued to identify Type 2 diabetes as one of the top four priority health issues affecting community members in SDC.
- Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to diabetes in more vulnerable communities within SDC's east region, such as El Cajon and Jacumba (Dignity Health, SanGIS, OSHPD & SpeedTrack Inc., 2015).
- Sharp diabetes educator discussions conducted as part of the SGH 2016 CHNA process identified several challenges to health improvement among their diabetes patients, including: accessing a physician; finding support programs; getting outpatient needs met (i.e., appointments with psychologists or endocrinologists); and a lack of diabetes education coverage under Medi-Cal.

- The Sharp diabetes educator discussions also identified the following barriers to adopting healthy behaviors among diabetes patients: affordability of glucose testing strips; unmet behavioral health needs; food insecurity; and knowledge of benefits.
- According to data presented in the SGH 2016 CHNA, diabetes is a major cause of heart disease and stroke. The CDC also identifies diabetes as a leading cause of kidney failure, non-traumatic lower-limb amputations and new cases of blindness among adults in the U.S. (CDC, 2014).
- According to diabetes data analyzed in the SGH 2016 CHNA process, among SDC patients with a primary diagnosis of a diabetes-related ICD-9 code in 2013, 'Diabetes...Uncontrolled' was the top inpatient primary diagnosis related to Type 2 diabetes for individuals ages 15 to 24 and ages 45 and older. Among individuals ages 25 to 44, the top inpatient primary diagnosis was 'Abnormal Glucose Tolerance of Mother with Delivery,' followed by 'Diabetes...Uncontrolled.'
- In 2015, diabetes was the seventh leading cause of death in SDC's east region.
- In 2015, there were 135 deaths due to diabetes in SDC's east region. The region's age-adjusted death rate due to diabetes was 24.2 per 100,000 population, higher than the overall SDC age-adjusted rate (21.0 deaths per 100,000 population).
- In 2015, there were 865 hospitalizations due to diabetes in SDC's east region. The age-adjusted rate of hospitalizations for diabetes was 170.3 per 100,000 population. This rate was the second highest among all SDC regions and higher than the age-adjusted rate of hospitalization for SDC overall (123.1 per 100,000 population).
- In 2015, there were 918 diabetes-related ED discharges in SDC's east region. The age-adjusted rate of diabetes-related ED discharges was 183.1 per 100,000 population. This was the second highest rate among all SDC regions and was higher than the age-adjusted rate for SDC overall (143.5 per 100,000 population).
- According to the 2016 CHIS, 10.2 percent of adults living in SDC's east region indicated that they had ever been diagnosed with diabetes, which was higher than SDC overall (7.8 percent) and the state of California (9.1 percent). Diabetes rates among seniors were particularly high, with 22.3 percent of east region adults over 65 reporting that they had ever been diagnosed with diabetes.
- According to 2016 CHIS data, 16.2 percent of residents in the east region had been told by their doctor that they have pre- or borderline diabetes, compared to 11.7 percent of residents in SDC overall.
- According to the 2012 report from HHS titled *Critical Pathways: The Disease Continuum*, the most common behavioral and social risk factors associated with Type 2 diabetes include substance use, physical inactivity, poor nutrition, poor medical care and irregular health checks (e.g., A1C, dental, eye and foot).
- According to the CDC's 2017 *National Diabetes Statistics Report*, 87.5 percent of adults diagnosed with diabetes were overweight or obese. To prevent or delay the onset of diabetes, the CDC recommends lifestyle changes such as losing weight, eating healthier, and getting regular physical activity.
- A study by the University of California, Los Angeles (UCLA) Center for Health Policy Research found that 13 million adults in California (46 percent) are estimated to have prediabetes or undiagnosed diabetes, while another 2.5 million (9 percent) have already been diagnosed with diabetes (UCLA Center for Health Policy Research, 2016).

- The CDC estimates that 30.2 million people in the U.S. have diabetes. Of those individuals, 23 million have been diagnosed while 7.2 million are undiagnosed (*National Diabetes Statistics Report, 2017*).
- According to the CDC, prevention efforts such as the Diabetes Prevention Program can cut the risk of developing diabetes by more than half. However California has been slow to devote state money to such programs. A report by the California State Auditor found that in 2012–2013, California’s per capita funding for diabetes prevention was the lowest in the nation at just three cents per person (California State Auditor, 2015).
- According to the American Diabetes Association (ADA), diabetes treatment costs California approximately \$27.6 billion per year, with Medi-Cal and Medicare bearing the majority of the state’s burden (ADA, 2015).

Objectives

- Provide diabetes education, prevention and support in the east region of SDC
- Collaborate with community organizations and projects to provide diabetes education to SDC’s vulnerable populations
- Participate in local and national professional conferences to share best practices in diabetes treatment and control with the broader health care community

FY 2017 Report of Activities

The SGH Diabetes Education Program is recognized by the ADA for meeting national standards for excellence and quality in diabetes education. The program provides individuals and their support system with the skills needed to successfully self-manage their diabetes. Small group and one-on-one education options are offered in English and Spanish.

In FY 2017, the SHC Diabetes Education Program provided diabetes education and support to approximately 1,000 attendees at the Sharp Women’s Health Conference. This included diabetes risk assessments using the ADA’s Diabetes Risk Test questionnaire as well as resources on prediabetes, diabetes management and nutrition. In addition, a diabetes educator presented on how to control blood sugar levels, diabetes risk factors, behaviors that can reduce the risk of complications, and the long-term investments needed for successful management. Further, in October, the SHC Diabetes Education Program provided fundraising and team participation for the ADA’s Step Out Walk to Stop Diabetes held at the Embarcadero Marina Park South.

The SHC Diabetes Education Program provided education to various community groups throughout the year. In collaboration with the SGH Senior Resource Center, the program provided a lecture on diabetes and the power of lifestyle change to nearly 15 senior community members at the Dr. William C. Herrick Community Health Care Library. The SHC Diabetes Education program also provided two lectures on prediabetes, risk factors, nutrition, and lifestyle tools for prevention to six community members at the SGH Brier Patch campus. In addition, the program continued to

collaborate with Family Health Centers of San Diego (FHCS D) to provide diabetes education to FHCS D diabetic patients at multiple sites throughout SDC, including those in the east region, through FHCS D's Diabetes Management Care Coordination Project (DMCCP). DMCCP provides FHCS D diabetes patients with weekly group health and nutrition education, healthy cooking demonstrations, physical activity classes, and one-on-one support from a nurse practitioner. In addition, project "graduates" offer peer support and education to current project enrollees in both English and Spanish. The project monitors enrollees' A1C and blood glucose levels and physical activity, and has proven successful outcomes in lowering and maintaining these levels. The project monitors enrollees' physical activity, as well as their A1C and blood glucose levels which it has proven to successfully maintain and lower. At FHCS D's Lemon Grove site, SHC diabetes educators provided five lectures to more than 60 community members. Topics included creating an active lifestyle, nutrition, diabetes self-management, goal setting, and diabetes risk factors, symptoms and treatment. In 2017, participants with more severe cases of diabetes (i.e., higher blood glucose levels) compared to the overall group experienced a decrease of 37 percent in blood glucose levels.

The SHC Diabetes Education Program is an affiliate of the California Diabetes and Pregnancy Program's Sweet Success Program, which provides comprehensive technical support and education to medical personnel and community liaisons to promote improved outcomes for high-risk pregnant women with diabetes. As an affiliate, the SHC Diabetes Education Program educates underserved pregnant women and breastfeeding mothers with Type 1, Type 2 or gestational diabetes (diabetes developed during pregnancy) on how to manage their blood sugar levels. In collaboration with community clinics, in FY 2017 the team provided these patients with a variety of education and resources, including gestational diabetes statistics; new diagnostic criteria; treatment and management of blood glucose levels; goals for blood sugar levels before and after a meal; insulin requirements; self-care practices; nutrition and meal planning; exercise and weight management; monitoring fetal movement; and the risks and complications of uncontrolled diabetes. Clinic patients also received logbooks to track and manage their blood sugar levels. In addition, the SHC Diabetes Education Program evaluated patients' management of their blood sugar levels and collaborated with community clinics' obstetrician/gynecologists to prevent complications. At SGH, the SHC Diabetes Education Program provided services and education to nearly 220 underserved pregnant women with diabetes.

In FY 2017, the SHC Diabetes Education Program continued to provide services and resources to meet the needs of San Diego's newly immigrated Iraqi Chaldean population. The program facilitated translation as well as provided resources to better assist Chaldean cultural needs. Educational resources included How to Live Healthy With Diabetes; What You Need to Know About Diabetes; All About Blood Glucose for People With Type 2 Diabetes; All About Carbohydrate Counting; Getting the Very Best Care for Your Diabetes; All About Insulin Resistance; All About Physical Activity With Diabetes; Gestational Diabetes Mellitus Seven-Day Menu Plan; Food Groups; and Arabic language materials about pregnancy. Handouts were provided in Arabic, Somali, Tagalog, Vietnamese and Spanish, and live interpreter services were available in more

than 200 languages via the Stratus Video Interpreting iPad application. The team also distributed food diaries and logbooks for blood sugar level tracking to these community members. Further, Sharp team members received education regarding the different cultural needs of these diverse communities.

In FY 2017, the SHC Diabetes Education Program supported the professional health care community through participation in the ADA's 77th Scientific Sessions conference at the San Diego Convention Center. The conference theme was Experience New Horizons in Diabetes, which taught more than 13,000 international attendees about the most significant advances in diabetes care and research. During the conference, the SHC Diabetes Education Program shared an abstract titled Clinical Dashboard to Evaluate and Monitor Institutional Quality and Effectiveness of Diabetes Crisis Management. The abstract was designed to help frontline caregivers decrease variations in care and measure the effectiveness of improving the application of the diabetes crisis algorithm in order to better treat serious metabolic complications of diabetes. The SHC Diabetes Education Program improved the dashboard by adding variables such as the time spent in the emergency room, the time to start insulin infusion, and the transfer time from the intensive care unit. Further, in FY 2017 the SHC Diabetes Education program provided diabetes education to nurse practitioner students at SDSU, while the SGH Diabetes Education Program mentored a dietitian intern from the San Diego Women, Infants and Children (WIC) program.

FY 2018 Plan

The SGH Diabetes Education Program will do the following:

- Provide community members with prediabetes and diabetes information at various community venues in SDC's east region
- Explore additional collaborations to assist and educate food insecure community members
- Participate in Sharp's partnership with the City of San Diego to provide diabetes education and resources to employees and residents in the city's nine districts
- Continue to foster relationships and collaborate with FHCS to provide education and resources to their diabetic patients
- Continue to provide gestational services and resources to underserved pregnant women, both at the hospital and in collaboration with community clinics
- Participate in Tour de Cure — the ADA's signature fundraising event to fight diabetes and its burdens
- Maintain up-to-date resources to support community members with diabetes treatment and prevention, particularly foreign language and culturally appropriate resources for diverse populations
- Continue to participate in local and national professional conferences — including those held by the ADA, American Association of Diabetes Educators and the San Diego Association of Diabetes Educators — to share best practices in diabetes treatment and control with the broader health care community

- Conduct educational outpatient and inpatient symposiums for health care professionals

Identified Community Need: Health Education, Screening and Support for Seniors

Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SGH 2016 CHNA continued to identify senior health as one of six top priority health issues for community members served by SGH.
- The HASD&IC 2016 CHNA continued to identify dementia and Alzheimer's disease among the top 15 priority health conditions seen in SDC hospitals.
- As part of the SGH 2016 CHNA, discussions held with nurses and social workers from Sharp's Senior Health Centers identified the following challenges to improving the health of seniors in SDC: access to care issues due to aging, decreased driving or loss of support system; difficulty purchasing medications due to financial issues, lack of transportation or lack of motivation; difficulty understanding medical instructions; inability to recognize a health problem exists; memory issues; and the perception that health issues and loneliness are a normal part of aging.
- Sharp senior health discussions held as part of the SGH 2016 CHNA process identified the most common health-related issues or needs as: anxiety; cardiac disease; cognitive impairment and dementia; depression; diabetes; psychosis and chronic mental illness (specific to the population served by the Downtown Senior Health Center); hypertension; increased need for caregivers; isolation, contributing to poor diet, bad habits, and depression; loss of purpose; and substance abuse, particularly for prescription drugs.
- Seniors participating in the SGH 2016 CHNA Health Access and Navigation Survey prioritized the following barriers to accessing health care: understanding health insurance, including confusing terms; knowing where to go for care, especially understanding when to use the ED, urgent care and primary care; using health insurance, including understanding health care costs/bills and knowing what services are covered; getting health insurance; and follow-up care, including understanding next steps and finding available appointments.
- In 2015, Alzheimer's disease was the third leading cause of death in SDC's east region.
- In 2015, the top 10 leading causes of death among senior adults ages 65 and older in SDC's east region were (in rank order): overall cancer, CHD, Alzheimer's disease and other dementias (ADOD), chronic obstructive pulmonary disease (COPD)/chronic lower respiratory diseases, stroke, overall hypertensive diseases, diabetes, unintentional injuries, Parkinson's disease, and falls.
- In 2015, seniors in SDC's east region experienced higher rates of hospitalization for all major causes, when compared to SDC overall.

- The top three causes of ED utilization among SDC's east region residents ages 65 years and older in 2015 were falls, COPD and overall hypertensive diseases.
- In 2012, 71,655 calls were made to 911 for seniors in need of emergency medical care in SDC, which represents a call for one out of every five seniors. Seniors in SDC use the 911 system at higher rates than any other age group (HHS, 2015).
- A 2016 HHS report titled *Identifying Health Disparities to Achieve Health Equity in San Diego County: Age* found that seniors in SDC's east region have disproportionately high death rates for cancer, COPD, CHD, and stroke when compared to other seniors in the county overall.
- According to the CDC, 2.8 million older adults are treated in the ED for falls every year. One in five falls causes a serious injury, such as broken bones or a head injury. These injuries may result in serious mobility issues and difficulty with everyday tasks or living independently. The direct medical costs for fall injuries are estimated at \$31 billion annually (CDC, 2017).
- In 2013, an estimated 62,000 San Diegans 55 and over were living with ADOD. One quarter of these residents were living in the east region. Between 2013 and 2030, the number of east region residents living with ADOD is projected to increase by 39.7 percent (*Alzheimer's Disease and Other Dementias in San Diego County*, HHS, 2016).
- In 2016, an estimated 54.9 percent of SDC's east region residents ages 65 and older reported that they were vaccinated for influenza in the past 12 months (CHS, 2016). In 2015, almost two-thirds of the influenza hospitalizations and 13 of the 14 influenza deaths in the east region were experienced by residents ages 65 and older (HHS, 2015).
- Research shows that caregiving can have serious physical and mental health consequences. According to findings from the Stress in America survey, described in a report titled *Valuing the Invaluable*, caregivers to older relatives report poorer health and higher stress levels than the general population. Fifty-five percent of surveyed caregivers reported feeling overwhelmed by the amount of care their family member needs (American Association of Retired Persons (AARP) Public Policy Institute, updated July 2015).
- According to a report from the National Alliance for Caregiving (NAC) and the AARP titled *Caregiving in the U.S. 2015*, an estimated 34.2 million adults have provided unpaid care to an adult age 50 or older in the past 12 months. In addition, 60 percent of unpaid caregivers are female, and nearly 1 in 10 caregivers are ages 75 or older (AARP and NAC, 2015).
- The UCLA Center for Health Policy Research conducted a study highlighting the plight of California's "hidden poor," finding 772,000 seniors who live in the gap between the FPL and the Elder Economic Security Standard. The highest proportion of seniors living in this gap includes renters, Latinos, women, and grandparents raising grandchildren (Padilla-Frausto, & Wallace, 2015).

Objectives

- Provide a variety of senior health education and screening programs
- Produce and mail quarterly activity calendars to community members
- Provide daily telephone reassurance/safety check calls to ensure the safety of homebound seniors and disabled adults in SDC's east region
- In collaboration with community partners, offer seasonal flu vaccination clinics at convenient locations for seniors and high-risk adults in the community
- Serve as a referral resource to additional support services in the community for senior residents in SDC's east region
- Provide education and community resources to caregivers
- Maintain and grow partnerships with community organizations to expand community outreach and provide community members with updated information on available services and resources

FY 2017 Report of Activities

Sharp Senior Resource Centers meet the unique needs of seniors and their caregivers by connecting them to a variety of free and low-cost programs and services through email, phone and in-person consultations. The Sharp Senior Resource Centers' compassionate staff and volunteers provide personalized support and clear, accurate information regarding health education and screenings, community referrals and caregiver resources. In FY 2017, the SGH Senior Resource Center developed and mailed quarterly calendars of its programs and services to more than 6,900 households in SDC's east region, as well as distributed approximately 4,000 Vials of Life, which are small vinyl sleeves that can be magnetically placed on a refrigerator to provide emergency personnel with critical medical information for seniors and disabled people.

The SGH Senior Resource Center provides a telephone reassurance and safety check program for isolated or homebound seniors and disabled community members living in SDC's east region. Through the program, SGH Senior Resource Center staff and volunteers place daily computerized phone calls to participants at regularly scheduled times. In the event that staff members do not connect with participants, a phone call is placed to family members or friends to ensure the participant's safety. In FY 2017, staff placed more than 4,700 phone calls to approximately 15 seniors and disabled community members, as well as more than 50 follow-up phone calls to family and friends.

In FY 2017, the SGH Senior Resource Center reached more than 640 community members through more than 30 free health education programs held on the SGH campus and at the Grossmont HealthCare District Conference Center in SDC's east region. Programs were presented by experts from community organizations as well as Sharp professionals with expertise in physical therapy, diabetes, bereavement, finance, nutrition, nursing, advance care planning (ACP), and rehabilitation. Educational topics included ACP, tools and resources for caregivers, diabetes, Medicare, memory loss, coping with grief and bereavement, tax planning, healthy eating in the new year, heart

health, caring for someone with dementia, osteoporosis and preventing fractures, wills and trusts, maintaining a healthy voice, reverse mortgages and gift annuities, home and memory care, finding reliable health information, understanding hospice and how to talk to a doctor. In addition, more than 180 community members were reached through a series of clinical lectures provided by an audiologist, a psychologist, an interventional neuroradiologist, and neurologists covering mental health, neuropathy, recent advances in stroke treatment, restful sleep and digital hearing aids. Further, the SGH Senior Resource Center provided presentations to more than 500 community members on senior services, aging sensitivity and experiencing aging at various locations throughout SDC's east region, including but not limited to Lakeside, El Cajon and Spring Valley, as well as the City of San Diego.

Throughout the year, the SGH Senior Resource Center provided seven health screening events at various sites in SDC's east region, reaching approximately 150 members of the senior community. This included four balance and fall prevention screenings, a carotid artery screening, a stroke screening, and a depression screening. In addition, the SGH Senior Resource Center reached nearly 570 community members through more than 40 free blood pressure screenings. As a result of these screenings, 12 seniors were referred to physicians for follow-up care. Screenings were provided at the SGH campus, McGrath Family YMCA in Spring Valley, William C. Herrick Community Health Care Library, La Mesa Adult Enrichment Center, JFS College Avenue Center and Lakeside Community Center, as well as at community health fairs and special events.

In FY 2017, the Sharp Senior Resource Centers helped sponsor three conferences for approximately 200 community members who were providing care for a friend or family member. In May, the Sharp Senior Resource Centers collaborated with the Caregiver Coalition of San Diego to provide the Finding the Balance in Caregiving conference at the Chinese Community Center in Tierrasanta. The conference provided education from a social worker, caregiving expert, registered nurse (RN) and attorney on a variety of legal and practical caregiving topics, as well as provided a resource fair for caregivers and their loved ones. In August, the Sharp Senior Resource Centers partnered with the Caregiver Coalition of San Diego and the National Alliance on Mental Illness to provide a conference at First United Methodist Church called A Day for Caregivers: Caring for an Adult Loved One with Mental Health Challenges. This conference provided presentations about self-care, the group wisdom of caregivers, communication skills, legal issues and peer recovery programs, as well as a resource fair. In addition to event coordination at the conferences, the SGH Senior Resource Center provided Vials of Life, senior resources, and information about its services to community members. Further, in collaboration with the Caregiver Coalition of San Diego, the SGH Senior Resource Center sponsored the Fall Prevention and Safety for You and Your Loved One conference at the La Mesa Community Center in September. At the event, the SGH Senior Resource Center provided educational programs and community resources, as well as a presentation that provided strategies for offering help to a loved one. Other topics included balance and fall prevention, exercises, home safety, and

medical equipment that can help someone live safely in their home.

In April, the SGH Senior Resource Center partnered with Sharp HospiceCare and the City of La Mesa to provide a conference titled Planning for Physical, Mental and Financial Health for community seniors and their families. Held at the La Mesa Community Center, the free conference provided approximately 100 attendees with educational presentations from a physician, attorney, psychologist, registered dietitian (RD), ACP specialist, and other experts on how to plan for a healthier, happier and financially sound future. In July, the SGH Senior Resource Center provided Vials of Life, community resources, and information about its screening events and senior programs at Sharp HospiceCare's Advanced Illness Management (AIM): Referring at the Right Time conference held at Paradise Point Resort & Spa. Nearly 40 physicians, nurses, chaplains, bereavement counselors and other health care providers attended this event, which focused on training health professionals to identify AIM-appropriate patients and provide appropriate palliative care and referrals. The SGH Senior Resource Center also provided blood pressure screenings, Vials of Life, caregiver and community resources and information about its services to more than 110 seniors at the AIS 2017 Vital Aging conference, as well as the SGH Heart Health Expo, a free event offering education and screenings for heart health.

Throughout the year, the SGH Senior Resource Center both hosted and participated in health fairs and events throughout SDC's east region. This included the provision of blood pressure screenings and educational resources to more than 1,000 community seniors and caregivers at the Lakeside Community Center, Meadowbrook Mobile Home Estates in Santee, Meadows Mobile Home Park in El Cajon, George L. Stevens Senior Center, La Mesa Community Center, San Diego LGBT Community Center, JFS College Avenue Center, La Vida Real senior community, Grossmont Center, First United Methodist Church, McGrath Family YMCA in Spring Valley and SGH.

New in FY 2017, the SGH Senior Resource Center provided four educational sessions on senior services, telephone reassurance calls and Vials of Life to approximately 60 firefighters from the Barona, El Cajon, Santee and Sycuan Fire Departments. The SGH Senior Resource Center coordinated these sessions for the fire departments, which included education from the AIS on elder abuse, mandated reporting requirements and services available through the HHSA. In addition, Alzheimer's San Diego provided education on dementia and information on communication, behaviors and more at the event.

Beginning in June, the SGH Senior Resource Center sponsored the Grossmont Mall Walkers, a free fitness program to encourage physical activity among community adults and seniors. Every Saturday, participants gathered at Grossmont Center to walk around the mall and perform gentle exercises led by an instructor from the SGH Senior Resource Center intended to improve balance and strength, and maintain a healthy lifestyle. In FY 2017, more than 470 community members joined the Grossmont Mall Walkers.

Throughout FY 2017, the SGH Senior Resource Center continued to coordinate the notification of availability and provision of seasonal flu vaccines in selected community settings. Seniors, caregivers and high-risk adults with limited access to care were alerted through activity calendars, collaborative outreach conducted by the flu clinic site, Sharp.com and paper and electronic newspaper notices. In FY 2017, the SGH Senior Resource Center provided more than 500 seasonal flu vaccinations to high-risk adults with limited access to health care, including seniors without transportation, those with chronic illnesses and caregivers. Vaccinations were offered at 12 community sites, including the Lemon Grove Senior Center, JFS College Avenue Center, La Mesa Community Center, Lakeside Community Center, Journey Community Church, Salvation Army of El Cajon, La Mesa Adult Enrichment Center, food banks in Santee and Spring Valley, and SGH. In addition to providing flu vaccinations at these sites, the SGH Senior Resource Center offered activity calendars detailing upcoming blood pressure and flu clinics, health screenings and community senior programs as well as provided Vials of Life and information regarding telephone reassurance calls. At the food banks, the SGH Senior Resource Center provided vaccines not only to seniors, but also to pregnant women and high-risk community members, many of whom were uninsured or had limited access to transportation.

Throughout the year, the SGH Senior Resource Center maintained active relationships with organizations that enhance professional networking and provide quality programming for seniors in SDC's east region. Organizations included the Caregiver Coalition of San Diego (the Caregiver Education Committee), ECAN, ECSSP, AIS Health Promotion Committee and Meals on Wheels Greater San Diego East County Advisory Board.

FY 2018 Plan

SGH Senior Resource Center will do the following:

- Provide resources and support to address relevant concerns of community seniors and caregivers through in-person and phone consultations
- Provide community health information and resources through educational programs, monthly blood pressure clinics and a minimum of five health screenings
- Collaborate with Sharp experts and community partners to provide approximately 35 seminars that focus on issues of concern to seniors
- Provide six additional community presentations on senior services and caregiving
- Participate in 12 community health fairs and events targeting seniors
- Collaborate with the East County YMCA, AIS and ECAN to provide a healthy living conference for seniors
- In collaboration with the Caregiver Coalition of San Diego, coordinate a conference dedicated to family caregiver issues
- In collaboration with Sharp HospiceCare, host an aging conference for seniors
- Provide telephone reassurance calls to seniors and disabled adults in SDC's east region
- Provide approximately 4,000 Vials of Life to senior community members

- Produce and distribute quarterly calendars highlighting events of interest to seniors and family caregivers
- Collaborate with community organizations to provide 13 opportunities for seasonal flu vaccinations to community members facing barriers to accessing care, including homeless persons
- Maintain and grow active relationships with organizations that serve seniors in SDC's east region
- In partnership with San Diego Oasis and SGH clinical experts and affiliated physicians, provide a monthly educational program on health and wellness topics for seniors (e.g., vascular disease, fall prevention, stroke, etc.)

Identified Community Need: Cancer Education and Support, and Participation in Clinical Trials

Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SGH 2016 CHNA identified cancer as one of six top priority health issues for community members served by SGH.
- The HASD&IC 2016 CHNA continued to identify various types of cancer among the top priority health conditions seen in SDC hospitals.
- Sharp cancer navigator discussions conducted as part of the SGH 2016 CHNA process identified the following chief concerns for cancer patients in SDC (including patients in the east region): cultural differences and language barriers between patient and provider; health literacy; financial issues; knowing where to go for care; availability of reliable transportation; difficulty with end-of-life conversations; and lack of advance care directives among cancer patients.
- According to 2016 Sharp oncology data, 196 (38 percent) of the 517 SGH cancer patients who received the cancer psychosocial distress screening scored at a range of moderate to severe distress, and were referred to internal or external resources such as social workers or community cancer resources.
- The most frequently observed cancers at SGH in 2016 were (in rank order): breast cancer, lung cancer, prostate cancer, colorectal cancer, and female (gynecology) genitourinary cancers. In total, there were 1,493 new cases of cancer at SGH in 2016.
- The cancer key informant interview conducted as part of the SGH 2016 CHNA process identified access to insurance, access to appropriate care, and language barriers for non-English speakers as major challenges facing oncology patients. Additional issues include financial, legal, and survivorship issues; emotional, sexual and body image issues; lack of a social network leading to increased need for transportation, in-home support and other treatment-related resources; and end-of-life or palliative care issues.
- The cancer key informant interview recommended the following strategies to address barriers of care for those with cancer: the provision of lay navigators,

including integration of navigators into the care process; community coordinators with knowledge of hospital needs and community resources; greater hospital and community partnerships; resources to educate providers on end-of-life and palliative care issues; personnel within the health care system to identify resources and answer questions; financial assistance for co-pays, prescriptions, child care and other bills; and survivorship clinics.

- As part of the SGH 2016 CHNA process, cancer support group patients participating in the Health Access and Navigation Survey suggested the following areas for improvement in cancer care: more time with doctors; more comprehensive educational groups; a navigator staff member or case manager for all oncology patients, not just newly diagnosed; help navigating health insurance options to identify the best coverage for individual needs; and tours specifically for patients who have a serious illness requiring multiple treatments.
- In 2015, cancer was the leading cause of death in SDC's east region and was responsible for 24.1 percent of all deaths.
- There were 921 deaths due to cancer (all types) in SDC's east region in 2015. The region's age-adjusted death rate due to cancer was 166.9 deaths per 100,000 population, which is higher than the overall SDC age-adjusted rate of 148.3 per 100,000 population and higher than the HP2020 target of 161.4 deaths per 100,000 population.
- In 2015, the east region's age-adjusted death rates were higher than the rates for SDC overall for at least 14 different cancers.
- In 2015, 20 percent of all cancer deaths in SDC's east region were due to lung cancer, 9 percent to colorectal cancer, 9 percent to female breast cancer, 6 percent to prostate cancer, 6 percent to pancreatic cancer, and 5 percent to female reproductive cancer (Live Well San Diego, 2015).
- By 2018, total cancer cases in SDC are expected to grow by 11.7 percent (California Cancer Registry, 2013; Truven Health Analytics Market Discovery Planning).
- According to the American Cancer Society (ACS) Cancer Statistics Center, in 2017 there will be an estimated 27,980 new cases of breast cancer and 4,400 breast cancer deaths for females in California.
- In 2015, the age-adjusted mortality rate of breast cancer in the east region was 28.0 per 100,000 population. In SDC overall, the rate was 19.4 per 100,000 population. This represented a 24 percent increase from 2014 and exceeded the HP2020 target of 20.7 breast cancer deaths per 100,000 women.
- According to the *2015 Susan G. Komen for the Cure® San Diego Affiliate Community Profile*, in SDC there were 46.1 late-stage cases of breast cancer per 100,000 women, exceeding the HP2020 target of 42.1 cases per 100,000 women. The report projects that SDC will meet the HP2020 target within five years.
- The *2015 Susan G. Komen for the Cure® San Diego Affiliate Community Profile* also reported that, in 2013, breast cancer mortality rates in SDC were highest among African American women, at 27.7 deaths per 100,000 women. This exceeded the mortality rate for Caucasian (23.9), Latina (17.3), and Asian/Pacific Islander (13.2).
- According to the ACS 2017 *California Cancer Facts & Figures* report, 72.4 percent of breast cancer cases among non-Hispanic white women in SDC were diagnosed at an early stage, compared with 69.3 percent of African American cases, 68.1 percent

of Hispanic cases and 70.4 percent of Asian/Pacific Islander breast cancer cases. Data suggests that early detection resources are needed in minority communities.

- According to 2015–2016 CHIS data, 85.7 percent of women in SDC’s east region ages 50 to 74 reported having a mammogram in the past two years. This exceeds the HP2020 target of 81.1 percent for breast cancer screenings. Approximately 4.9 percent of SDC east region women in this age range reported that they have never had a mammogram.
- According to the findings of the ACS 2017 *California Cancer Facts & Figures* report, screening offers the ability for secondary prevention by detecting cancer early. Regular screenings that allow for the early detection and removal of precancerous growth are known to reduce mortality for cancers of the cervix, colon, and rectum. Five-year relative survival rates for common cancers are 93 to 100 percent if they are discovered before having spread beyond the organ where the cancer began.
- Study findings from the *2015 Susan G. Komen for the Cure® San Diego Affiliate Community Profile* indicate a critical need for culturally competent outreach, especially for Hispanic, Middle Eastern, and African American women (Susan G. Komen, 2015).
- The American Society of Clinical Oncology (ASCO) emphasizes the importance of patient navigators as part of a multidisciplinary oncology team with the goal of reducing mortality among underserved patients. Some of the tasks a patient navigator may assist with include: psychosocial support; assistance with treatment decisions; assistance with insurance issues; arrangement of transportation; coordination of additional services (i.e., fertility preservation); and tracking of interventions and outcomes. The navigator works with the patient across the care continuum, ensuring coordination and efficiency of care, and removal of barriers to care (ASCO, 2016).
- According to the National Institutes of Health, clinical trials are part of clinical research and are at the heart of all medical advances. Clinical trials look at new ways to prevent, detect or treat disease, with the goal to determine the safety and efficacy of a new test. Clinical trials also examine other aspects of care, such as improving the quality of life for people with chronic illnesses. If clinical trials are to be successful, it is critical that more people are involved.

Objectives

- Provide cancer education and support to patients and community members
- Provide cancer resources and education at community events
- Provide cancer patient navigation and support services to the community
- Participate in cancer clinical trials, including screening and enrolling patients

FY 2017 Report of Activities

Note: SGH is accredited by the National Accreditation Program for Breast Centers, indicating the highest standard of care for patients with diseases of the breast. Sharp (including Sharp Memorial Hospital (SMH), SGH, and Sharp Chula Vista Medical Center (SCVMC)) is also accredited by the American College of Surgeons Commission on

Cancer as an Integrated Network Cancer Program, demonstrating its commitment to meet rigorous standards and improve the quality of care for patients with cancer.

In FY 2017, the SGH Cancer Center provided education on cancer, breast self-examination demonstrations, breast cancer awareness, and resources from the ACS and National Cancer Institute to approximately 500 individuals at community events, including ECAN's annual Spring Into Healthy Living senior health and wellness fair, San Diego International Film Festival event, Women's Fitness World in Chula Vista and San Diego East County Chamber of Commerce's Health Fair Saturday at Grossmont Center. At Sharp's annual Women's Health Conference in April, the SGH Cancer Center offered cancer education, health screening recommendations for various age groups, breast self-exam demonstrations and cards, information about skin checks and melanoma, and literature on cancer care and prevention including risk reduction through lifestyle changes to approximately 1,000 community members. In October, the SGH Cancer Center participated in a seminar titled Breast Cancer: How Diet and Exercise Can Reduce Your Risk at Sharp System Offices. During the seminar, the SGH Cancer Center offered information on early detection of breast cancer, nutrition and support programs as well as provided a geneticist, navigators and dietitians to answer attendees' questions. Further, SGH Cancer Center staff walked alongside cancer patients and families in the ACS Making Strides Against Breast Cancer Walk in October.

Throughout the year, the SGH Cancer Center continued to collaborate with Chaldean and Middle-Eastern community leaders in El Cajon to determine the most common barriers to obtaining breast health care among the Middle-Eastern community as well as how to provide appropriate, culturally sensitive educational materials and trainings for this population.

In FY 2017, the SGH Cancer Center provided a variety of free support groups for approximately 85 community members impacted by cancer. Offered twice monthly, the breast cancer support group allowed women in all stages of breast cancer — from recent diagnosis, to treatment and survivorship — to share experiences and discover coping strategies. The lung cancer support group was offered monthly to meet the educational and emotional needs of people living with or caring for someone with lung cancer. This group provided encouragement and hope in a safe environment as well as an opportunity to explore important issues that arise when coping with any phase of treatment. The weekly Art and Chat support group offered cancer patients, survivors and their loved ones a combination of conversation and relaxing drawing methods to increase focus, creativity, self-confidence and personal well-being. The SGH Cancer Center also offered a monthly Man Cave support group for men with cancer, which provided a safe and comfortable setting to explore important issues that can arise when coping with any type of cancer, including work, relationships, family and regaining control over life. Furthering its support for those with cancer, the SGH Cancer Center continued to provide the Wall of Hope and Inspiration — a special art installation created in 2015 for patients and visitors to write words of wisdom, advice and encouragement to those with cancer.

The SGH Cancer Center continued to host educational classes at no cost for patients and community members facing cancer. Through the monthly Survivorship Lunch and Learn series, community members, patients and families were invited to hear local experts speak about a unique cancer-related topic each month, such as managing Scanxiety (anxiety associated with upcoming cancer tests and results); communicating with loved ones; the importance of exercise in preventing cancer recurrence; energy healing therapies; creating memories and leaving a legacy; and lifestyle tips for cancer prevention. Attendees were also invited to participate in a question-and-answer session while enjoying a complimentary lunch. The series reached an average of 8 to 12 individuals per session in FY 2017. The SGH Cancer Center also provided meeting space for the ACS' Look Good Feel Better classes, which teach women techniques to manage the appearance-related side effects of cancer treatment (e.g., hair loss, etc.) and boost self-confidence. Classes included a complimentary makeup kit and instruction from a licensed beauty professional on makeup application, skin care, and wearing wigs and headwear. Five classes were offered at the SGH Cancer Center in FY 2017, reaching 32 women.

Throughout the year, the SGH Cancer Center offered free workshops for patients and community members. This included free monthly ACP workshops provided in collaboration with Sharp's ACP program. Led by a trained ACP facilitator, the workshops provided more than 15 community members with an overview of the ACP process, basic tools to help define their personal health care choices, communication tips to begin the conversation with loved ones, and guidance on completing an advance health care directive. The SGH Cancer Center also offered a workshop focused on relaxation and quieting the mind to help cancer patients and their loved ones manage the stress, anxiety and difficult emotions that may accompany a cancer diagnosis. In addition, a Managing Sleep and Fatigue Workshop offered patients and family members strategies to help relax, improve sleep and manage persistent fatigue, which is a common side effect both during and after cancer treatment. Further, a quarterly Chemo Brain Workshop: Improving Memory and Concentration was offered to patients experiencing memory problems related to chemotherapy and other cancer treatments. The workshops provided more than 40 community members with tips and strategies to help manage and improve memory during and after cancer treatment.

To help guide and support patients and their families before, during and after the course of treatment, the SGH Cancer Center team offered a licensed clinical social worker (LCSW), a certified dietitian, genetics counselors and cancer patient navigators for breast and various other cancers.

The LCSW offers psychosocial services (assessments, crisis intervention, counseling, bereavement, cognitive behavioral therapy and stress management), support group leadership, and advocacy and resources for transportation, palliative care and hospice, food and financial assistance. In FY 2017, this included improving patient and family connections to community services, such as the ACS, San Diego Brain Tumor Foundation, Leukemia and Lymphoma Society, Lung Cancer Alliance, Mama's Kitchen,

2-1-1 San Diego (2-1-1), JFS, FSD, and the Food Bank's Breast Cancer Case Management program, as well as other food and financial assistance programs. The LCSW served more than 260 patients and family members in FY 2017, while an additional 33 community members contacted the LCSW for consultation regarding support groups and other SGH Cancer Center services and community resources.

The breast health navigator is an RN certified in breast health who personally assists breast cancer patients and their families with navigating the health care system. The breast health navigator offers support, guidance, education, financial assistance referrals and recommendations to community resources. Through collaboration with community clinics — including FHCS, Neighborhood Healthcare and Borrego Health — the breast health navigator identifies patients who may financially benefit from the Breast and Cervical Cancer Treatment Program. Offered through the California Department of Health Care Services, the program provides urgently needed cancer treatment coverage for unfunded or underfunded low-income patients, while local clinics help facilitate the enrollment process. Patients needing psychosocial support are referred to various local or national support groups, JFS's Breast Cancer Case Management program or the SGH Cancer Center Radiation Oncology Department's LCSW. The breast health navigator also plays an active role in community education at health fairs, providing educational literature about early detection of breast cancer and mammography guidelines, at no charge to the community. In FY 2017, the breast health navigator provided navigation assistance to 179 breast cancer patients in need, including many with late-stage cancer diagnoses.

Since 2014, a cancer patient navigator has been designated for patients with cancers other than breast, including patients with head and neck cancers, lung cancer, anal and esophageal cancers as well as any cancer patient with complex care needs. The cancer patient navigator supports patients and their family members through care coordination and connection to needed resources, including transportation, translation needs, financial assistance, speech therapy, nutritional support, feeding tube support, social work services and more. In addition, the cancer patient navigator offers psychosocial support and education about the side effects of radiation therapy. Since the inception of SGH's navigator program, the cancer patient navigator has assisted approximately 325 patients and their families.

Two genetics counselors assist patients and family members at SGH and SMH through risk assessment, counseling, genetic testing for personal and family history of cancer, and referrals for high-risk patients. The SGH Cancer Center's certified dietitian assists patients receiving radiation therapy or combined radiation and chemotherapy who are at high-risk for malnutrition. This most often includes patients with head and neck, esophageal, lung, pancreatic and pelvic cancers — including some cervical and rectal. The dietitian provided one-on-one nutrition assessments, education and follow-up to 137 patients in FY 2017.

Throughout FY 2017, SGH helped raise community awareness of cancer through television interviews on 10News – ABC San Diego and KUSI News as well as through

Newsradio 600 KOGO and various printed articles in *The San Diego Union-Tribune*, *La Mesa Courier*, and *The East County Californian*. Through these outlets, information was shared by a medical social worker, SGH Cancer Center staff and hospital physicians from a variety of specialties, including plastic surgery, oncology and gastroenterology. Topics included breast cancer and reconstructive surgery options; smoking cessation; immunotherapy for cancer treatment; answers to common questions about colon cancer; the link between tanning beds and skin cancer prevention and detection; detecting skin cancer under a tattoo; men's breast cancer; and Scanxiety.

The SGH Cancer Center conducts oncology clinical trials to support the discovery of new and improved treatments to help individuals overcome cancer and to enhance scientific knowledge for the larger health and research communities. In FY 2017, the SGH Cancer Center approached and evaluated 248 patients for participation in oncology clinical trials. As a result, 12 patients were enrolled in cancer research studies. In FY 2017, clinical trials focused on multiple types of cancer, including but not limited to breast, lung, neurological, prostate, colorectal, melanoma and lymphomas.

FY 2018 Plan

The SGH Cancer Center will do the following:

- Continue to provide cancer education, resources and breast self-exam demonstrations at community health fairs and events
- Continue to provide a free biweekly breast cancer support group for women in all stages of breast cancer
- Provide free community support groups, including a group for community members with lung cancer and their caregivers, a group for men with cancer, and an art-themed group
- Provide a quarterly Managing Scanxiety workshop to support cancer patients who experience anxiety related to follow-up scans
- Continue to host a free monthly Lunch and Learn educational series for cancer patients, survivors and their loved ones
- Provide four Look Good Feel Better classes to help female cancer patients manage appearance-related side effects of cancer treatment
- Continue to provide ongoing personalized education, information, support and guidance to cancer patients and their loved ones as they move through the continuum of care
- Provide education and resources to the community with patient navigators for breast, colon, brain and gynecologic cancers as well as cancer patients with complex care needs
- Continue to connect individuals to services and community resources to help them manage their illness
- In collaboration with the Sharp ACP program, continue to provide an ACP workshop to assist patients and community members with cancer, and their loved ones, in completing an advance health care directive

- Provide legacy planning workshops on various topics, including creating memory boxes, scrapbooks, writing a life story and ethical wills
- Screen and enroll cancer patients in clinical trials for research studies
- Provide educational information on cancers and available treatments through community residents and community physician lectures
- Provide internships to National University Radiation Therapy students
- Offer a multi-session couples communication workshop Provide support groups and education for the Chaldean and Middle-Eastern communities
- Provide a free seminar to educate community members about lifestyle choices for reducing breast cancer risk
- Continue to partner with community clinics to share best practices in the care of cancer patients and to help patients establish medical services
- Continue to share cancer information, including prevention and awareness with community members through social media

Identified Community Need: Women’s, Prenatal and Postpartum Health Services and Education

Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC 2016 CHNA continued to identify high-risk pregnancy as one of the top 15 priority health conditions seen in SDC hospitals.
- In 2013, SDC’s east region had 438 low birth weight (LBW) births, which was 6.8 percent of total births for the region. LBW infants were more likely to be female than male. For infants of black mothers, 11 percent of births were LBW, which is the highest percentage when compared to mothers of other races and ethnicities.
- In 2013, 36 infants died before their first birthday in SDC’s east region. The infant mortality rate was 5.6 infant deaths per 1,000 live births, which is higher than the infant mortality rate for SDC overall (4.5 infant deaths per 1,000 live births).
- There were 891 hospitalizations due to maternal complications in SDC’s east region in 2015. The east region’s age-adjusted rate was 382.4 per 100,000 population, which was higher than the age-adjusted rate for SDC overall (370.0 per 100,000 population).
- In 2013, 5,217 live births received early prenatal care in SDC’s east region, which translates to 81.1 percent of all live births in the region. This was slightly lower than the percentage of live births receiving early prenatal care in SDC overall (84.8 percent), and the lowest among all SDC regions.
- Strategies that have been shown to increase the use of prenatal care include: affordable health coverage; expedited health coverage for uninsured pregnant women; comprehensive insurance packages including health education and risk counseling; accessible and affordable prenatal services; use of safety net providers such as community clinics and Federally Qualified Health Centers; outreach to enroll women in health coverage and connect them with prenatal services; culturally and

linguistically appropriate prenatal services; evidence-based home visiting programs for high-risk pregnant women; trained and certified doulas and community health workers to provide health education, coaching and support; evidence-based group care approaches to reduce costs and enhance the content of care; and transportation assistance such as vouchers for taxis or public transit (Children's Initiative, 2015).

- Breastfeeding enhances immunity to disease and decreases the rate and severity of infections in children, and is associated with improved development and decreased risk of childhood obesity. Mothers who breastfeed may have a reduced risk of breast, ovarian, and uterine cancers, quicker postpartum recovery time, and less work missed due to child illness (Children's Initiative, 2015).
- In California, SDC ranked 20th out of 50 counties for in-hospital exclusive breastfeeding at 79.6 percent (California WIC) Association and UC Davis Human Lactation Center, *A Policy Update on California Breastfeeding and Hospital Performance*, 2016).
- According to 2016 CHIS data, 28.7 percent of women ages 18 to 65 years in SDC's east region were obese (Body Mass Index (BMI) > 30), which is higher than SDC overall (25.2 percent).
- According to the California Health Care Almanac, being overweight increases the risk of complications during pregnancy. In 2014, about one in four California mothers was obese or morbidly obese prior to pregnancy, and an additional one in four was overweight (California Health Care Foundation (CHCF), 2016).
- According to a report from the California Task Force on the Status of Maternal Mental Health Care, 15.5 percent of women experience prenatal depressive symptoms while 14.1 percent of women experience postpartum depressive symptoms.
- According to the CDC, maternal health conditions that are not addressed before pregnancy can lead to complications for the mother and the infant. Several health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, maternal obesity, maternal smoking during pregnancy and maternal deficiency of folic acid (CDC, 2015).
- Contributing factors associated with preterm birth include maternal age, race, socioeconomic status, tobacco and alcohol use, substance abuse, stress, high blood pressure, prior pre-term births, carrying more than one baby, infection and late prenatal care (CDC, 2015).
- According to the National Center on Substance Abuse and Child Welfare, an estimated 15 percent of infants are affected by prenatal alcohol or illicit drug exposure each year. Substance use during pregnancy increases the risk of negative health outcomes such as stillbirth, miscarriage, LBW, preterm birth, birth deformities, behavioral impairments and withdrawal syndrome (Substance Abuse and Mental Health Services Administration, 2017).

Objectives

- Conduct outreach and education activities for women on a variety of health topics, including prenatal care and parenting skills

- Demonstrate best practices in breastfeeding and maternity care, and provide education and support to new mothers on the importance of breastfeeding
- Collaborate with community organizations to help raise awareness of women's health issues and services, as well as to provide low-income and underserved women in the San Diego community with critical prenatal services
- Participate in professional associations related to women's services and prenatal health and disseminate research

FY 2017 Report of Activities

In FY 2017, the SGH Women's Health Center provided education, outreach and support to help meet the unique needs of women, mothers and newborns throughout the community.

Free support groups assisted women and families with the challenges and adaptations of having a newborn. Offered twice per week, the breastfeeding support group provided a comfortable environment to discuss the joys and challenges of breastfeeding as well as tips to improve breastfeeding success at home. Facilitated by RN lactation consultants, the group served more than 20 attendees per session in FY 2017, including fathers who were welcome to attend. A weekly postpartum support group, led by social workers, supported approximately 20 mothers per session in FY 2017. Through the support group, mothers with babies up to 12 months of age who are suffering from baby blues symptoms, depression and/or anxiety can share their experiences, learn coping strategies and receive professional referrals.

Educational classes covered a variety of parenting and newborn care topics. Through the breastfeeding class, moms-to-be learned basic breastfeeding tips, including understanding the advantages of breastfeeding, positioning and the use of breast pumps. Designed for first-time parents, the Baby Care Basics class provided education on infant care, including car-seat safety, infant nutrition and bathing, as well as hands-on practice with diapering, dressing and swaddling. Other offerings by the SGH Women's Health Center in FY 2017 included classes on caesarean delivery preparation, childbirth preparation, infant and child CPR, and preparing new siblings and grandparents.

The SGH Women's Health Center also supported the community through participation in the Sharp Women's Health Conference in April. The SGH Women's Health Center offered information on women's health including labor and delivery, prenatal care, obstetrics/gynecology care, neonatal intensive care options and more to 1,000 attendees. In addition, SGH continued to host an annual neonatal intensive care unit (NICU) Reunion event to offer a unique experience for patients and families whose babies have spent time in the NICU, and celebrate their care long after they leave the hospital. The event reached more than 150 former NICU patients and their families, and included a variety of activities such as face painting, a photo booth (including framed pictures for the families), games, and arts and crafts.

The SGH Women's Health Center has implemented several critical process improvements to increase breastfeeding rates among new mothers and continues to explore and participate in opportunities to share these best practices with the broader health care community. This began in 2012 with implementation of the 10 Steps to Successful Breastfeeding initiative, and continued through various other quality strategies to promote exclusive breastfeeding and exclusive breast milk in the NICU. In addition, educational resources provided at community clinics and in the hospital's childbirth education classes have been updated to reflect best practices in breastfeeding for mothers and their families. NICU nurses also continued to encourage mothers to use a pump log to document and increase accountability of their 24-hour breast milk volumes. Early intervention strategies were incorporated to promote the establishment of breast milk in the first couple of weeks. The SGH Women's Health Center also continued to track mothers of premature infants 28 to 34 weeks who established breast milk supply at two weeks. As a result of these comprehensive efforts, the SGH Women's Health Center increased the exclusive breastfeeding rate at discharge for newborns from 49 percent in 2011 to 59 percent in 2017.

In addition, in 2015, the SGH Prenatal Clinic joined the Breastfeeding-Friendly Community Health Centers project (BFCHC) — an initiative of SDC's LWSD and funded through a grant from the First 5 Commission of San Diego. Through the BFCHC collaboration, the SGH Prenatal Clinic was selected out of six participating clinics as the pilot clinic to help establish Baby-Friendly USA guidelines around breastfeeding during the prenatal period and after discharge, and support other prenatal clinics in achieving Baby-Friendly USA standards. Though the pilot program ended in 2016, SGH continues its collaboration in the BFCHC to ensure sustainability of the model.

The SGH Prenatal Clinic offers a variety of prenatal support for high-risk and underserved women in SDC. Throughout FY 2017, SGH Prenatal Clinic midwives provided in-kind help at Neighborhood Health Centers in El Cajon to support the underserved population in SDC's east region. This included more than 1,360 hours of care for pregnant women five days per week. The SGH Prenatal Clinic also continued to participate in the California Department of Public Health Comprehensive Perinatal Services Program to offer comprehensive prenatal clinical and social services to low-income, low-literacy women with Medi-Cal benefits. Services included health education, nutritional guidance, and psychological and social issue support as well as translation services for non-English-speaking women. Nutrition classes were offered as part of this effort in order to reduce the number of women who meet the criteria for gestational diabetes. Women with a current diabetes diagnosis were referred to the SGH Diabetes Education Program, while those with nutrition issues were referred to an SGH registered dietician or the SGH Diabetes Education Program as appropriate. At-risk women with elevated body mass indices (BMIs) received education and glucometers in order to measure their blood sugar and prevent the development of gestational diabetes. In addition, education on gestational diabetes was provided to pregnant members of the community.

The SGH Women's Health Center continued its partnership with Vista Hill ParentCare to assist chemically dependent (addicted) women with psychological and social issues during pregnancy. These approaches have been shown to reduce both LBW rates and health care costs in women and infants. The SGH Women's Health Center also provided women with referrals to a variety of community resources, including, but not limited to California Teratogen Information Service (CTIS), WIC, and the County of San Diego Public Health Nursing.

In FY 2017, the SGH Women's Health Center participated in and partnered with several community organizations and advisory boards for maternal and child health, including WIC; CTIS; Partnership for Smoke-Free Families; San Diego County Breastfeeding Coalition Advisory Board; Beacon Council's Patient Safety Collaborative; ACNL; the regional Perinatal Care Network; the local chapter of AWHONN; California Maternal Quality Care Collaborative; California Perinatal Quality Care Collaborative; American Association of Critical-Care Nurses — Clinical Scene Investigator Academy; and County of San Diego Public Health Nursing Advisory Board.

FY 2018 Plan

SGH will do the following:

- Provide free breastfeeding, postpartum and new parent support groups
- Provide parenting education classes
- Participate in wellness events for women with a focus on lifestyle tips to enhance overall health
- Share evidence-based maternity care practices through presentations at professional conferences
- Provide prenatal clinical and social services as well as education to vulnerable, community clinic patients through the SGH Prenatal Clinic
- Provide a NICU graduate reunion for former NICU patients and their family members

Identified Community Need: Health Education and Wellness

Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SGH 2016 CHNA identified behavioral health, cardiovascular disease, Type 2 diabetes, obesity, cancer and senior health as six priority health issues affecting members of the communities served by SGH.
- The HASD&IC 2016 CHNA process continued to identify the following among the top priority health conditions in SDC hospitals: diabetes, obesity, cardiovascular disease and stroke, mental health and mental disorders, unintentional injury, high-risk pregnancy, asthma, cancer, back pain, infectious disease and respiratory diseases.

- The HASD&IC and SGH 2016 CHNA community engagement activities emphasized 10 social determinants of health (SDOH) as having a serious impact on the four priority health issues in SDC (cardiovascular disease, Type 2 diabetes, behavioral health and obesity). These social determinants are: food insecurity and access to healthy food; access to care or services; homeless/housing issues; physical activity; education/knowledge; cultural competency; transportation; insurance issues; stigma; and poverty.
- Key informant interviews conducted as part of the HASD&IC 2016 CHNA suggested several health improvement strategies to address the four priority health issues identified for SDC. These strategies include: behavioral health prevention and stigma reduction; education on disease management and food insecurity; integrating physical and mental health care; better coordination of care; greater cultural competence and diversity; and engagement of patient navigators and case managers in the community.
- Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to cardiovascular disease and Type 2 diabetes in more vulnerable communities within SDC's east region, such as El Cajon and Jacumba (Dignity Health, SanGIS, OSHPD & SpeedTrack Inc., 2015).
- According to data presented in the SGH 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. According to the CDC, about half of Americans (47 percent) have at least one of these three risk factors. Additional risk factors include alcohol use, obesity, diabetes and genetic factors (CDC, 2015).
- HHS's LWSD 3-4-50 initiative identified three behaviors (poor diet, physical inactivity, and tobacco use) contributing to four chronic conditions (cancer, heart disease/stroke, Type 2 diabetes and pulmonary diseases), which result in more than 50 percent of deaths worldwide. In 2015, 54 percent of all deaths in SDC's east region were attributed to 3-4-50 conditions, which was on par with the rate for SDC overall (54 percent).
- In 2015, cancer was the leading cause of death and heart disease was the second leading cause of death for SDC's east region.
- According to 2016 CHIS data, the self-reported obesity rate for adults ages 18 and older in SDC's east region was 36.6 percent, which is higher than the rate for SDC overall of 25.3 percent.
- In 2016, 17.9 percent of adults ages 18 and older in SDC's east region self-reported eating at fast-food restaurants four or more times each week, which is higher than the rate for SDC overall of 16.3 percent (CHIS, 2016).
- Obesity increases the risk of many health conditions, including: CHD, stroke, Type 2 diabetes, and various cancers. Obesity is also linked to environmental factors, such as accessibility and affordability of fresh foods, park availability, social cohesion and neighborhood safety (UCLA Center for Health Policy Research, 2015).
- According to the CDC, some of the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes, and certain types of cancer. In 2015–2016, 39.8 percent of Americans were obese (CDC, 2017).

Objectives

- Provide a variety of health and wellness education and services at events and sites throughout the community
- Offer health and wellness education to the community through various media outlets

FY 2017 Report of Activities

Throughout FY 2017, SGH participated in community events, offered presentations at neighborhood sites, and partnered with local media sources to educate community members about a variety of health and wellness topics.

In April, staff from a range of hospital departments participated in Sharp's annual Women's Health Conference, where they offered wellness education and services to approximately 1,000 attendees. This included nutrition education, recipes, healthy food samples, answering nutrition-related questions, and a presentation titled Revive Your Eating Experience from an SGH RD. At the conference, SGH also provided more than 110 community members with osteoporosis heel screenings, education on calcium and vitamin D requirements, and exercise tips for osteoporosis treatment and prevention. In addition, hand screenings were provided at the conference, which included evaluations and recommendations for hand pain and discomfort. Furthermore, SGH conducted three blood drives where nearly 120 SGH team members donated more than 100 pints of blood.

In May, SGH provided education on infection prevention to 200 seniors and their families at the 18th annual ECSSP Senior Health Fair at the La Mesa Community Center. SGH also participated in the Project Homeless Connect event sponsored by the Grossmont Healthcare District and Grossmont Center in June to offer needed services to the homeless. During this one-day event at The Rock Church in El Cajon, SGH provided information about hepatitis A vaccinations as well as information about local food banks to 140 homeless community members. Approximately 20 attendees received hepatitis A vaccines at the event. In addition, at an event in August held at St. John's Church in El Cajon, SGH provided education about the benefits of pursuing a nursing career to 300 Syrian and Afghan refugees.

In FY 2017, SGH RDs offered approximately 1,000 community members nutrition handouts and healthy food samples, as well as answered nutrition-related questions at a health fair at Sempra/San Diego Gas & Electric and SGH's Heart Health Expo. In January, an SGH RD presented on eating well in the new year to approximately 50 community members at the SGH Senior Resource Center. An SGH RD also attended Health Fair Saturday at Grossmont Center, providing approximately 50 attendees with nutrition handouts and healthy food samples, as well as answering nutrition-related questions. In October, an SGH security team member presented on active shooter awareness including information and tips on how to respond in the event of an active shooter incident, and provided a question-and-answer session for more than 35 community members at the La Mesa Lions Club.

SGH helped increase awareness about current news and trends impacting the health and safety of community members through television interviews on KUSI News, KPBS and CW6 San Diego as well as through various radio stations and printed articles in *The San Diego Union-Tribune*, and *The East County Californian*. Information was shared through these outlets by an ACP specialist, infectious disease specialist, social worker, RN, and physician's assistant, as well as hospital physicians from a variety of specialties, including pulmonary medicine, dermatology, pediatrics, cardiology, and oncology. Topics included, but were not limited to: measures intended to reduce ED crowding; intimacy following a heart attack; smoking cessation methods; battlefield medicine; tips for properly storing leftovers; the hospice experience; supporting a loved one battling addiction; the differences between heart attack, heart failure and stroke; "broken heart syndrome"; maintaining a healthy diet to lessen asthma symptoms; information about colon cancer; what to do if you are bitten by a dog; Scanxiety among cancer patients and survivors; sleep apnea's link to heart disease and hypertension; a possible link between coconut oil and cardiovascular events; the signs and symptoms of breast cancer in men; organ donation; cosmetics and allergic reactions; the link between tanning beds and skin cancer; treatments for nerve damage; how to protect yourself from hepatitis A; recognizing the signs and symptoms of hepatitis A; and screening for skin cancer under tattoos.

Throughout FY 2017, staff at SGH regularly led or attended various health boards, committees, and advisory and work groups. Community and professional groups included CAHHS Committee on Volunteer Services and Directors' Coordinating Council, Association of Fundraising Professionals — San Diego Chapter, California Society for Clinical Social Work Professionals, California Academy of Nutrition and Dietetics — San Diego District, Emergency Nurses Association, County Service Area — 69 Advisory Board, County of San Diego Prehospital Emergency Medical Care Committee, National Association of Orthopedic Nurses, Grossmont Healthcare District's Independent Citizens' Bond Oversight Committee, San Diego East County Chamber of Commerce, California Hospital Association (CHA) Board of Trustees, CHA Workforce Committee, HASD&IC, San Diego-Imperial County Council of Hospital Volunteers, Santee-Lakeside Rotary Club, Grossmont Healthcare District Community Grants and Sponsorships Committee, John A. Davis Family YMCA Board of Management, Santee Chamber of Commerce, Lantern Crest Senior Living Advisory Board, Grossmont College Occupational Therapy Assistant Advisory Board, Angels Foster Family Network, La Mesa Parks and Recreation, San Diego Freedom Ranch, AHA, Health Sciences High and Middle College (HSHMC) Board, and San Diego Association of Directors of Volunteer Services.

FY 2018 Plan

SGH will do the following:

- Continue to provide health and wellness offerings to community members at a variety of community events and other sites

- Continue to provide health and wellness education through local news sources
- In partnership with San Diego Oasis and SGH clinical experts and affiliated physicians, provide a monthly educational program on health and wellness topics for seniors (e.g., vascular disease, fall prevention, stroke, etc.)

Identified Community Need: Prevention of Unintentional Injuries

Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC 2016 CHNA continued to identify unintentional injury as one of the top priority health conditions seen in SDC hospitals.
- In 2015, accidents (unintentional injuries) were the fifth leading cause of death for SDC's east region. Unintentional injuries — due to motor vehicle accidents, falls, pedestrian-related incidents, firearms, fire/burns, drowning, explosions, poisoning (including drugs and alcohol, gas, cleaners and caustic substances), choking/suffocation, cut/pierce, exposure to electrical current/radiation/fire/smoke, natural disasters and workplace injuries — are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region.
- In 2015, there were 204 deaths due to unintentional injury in SDC's east region. The region's age-adjusted death rate due to unintentional injury was 39.1 deaths per 100,000 population, the second highest of all regions in SDC and above the SDC age-adjusted rate of 34.3 deaths per 100,000 population.
- In 2015, there were 3,893 hospitalizations related to unintentional injury in SDC's east region. The age-adjusted rate of hospitalizations was 738.6 per 100,000 population, which was above the county age-adjusted average of 586.0 per 100,000 population.
- In 2015, there were 28,640 ED discharges related to unintentional injury in SDC's east region. The age-adjusted rate for the east region was 6,032.1 per 100,000 population, which was the second highest of all regions and above the SDC age-adjusted rate (5,017.7 ED visits per 100,000 population).
- Unintentional injury was the leading cause of death for children ages zero to 14 years in 2015. The effects of safety campaigns, educational strategies, and change in parenting practices have all had a positive impact on the safety and well-being of children in the San Diego community (HHSA, 2012).
- Traumatic injury is the leading cause of death among children, with many survivors enduring the consequences of brain and spinal cord injuries. The physical, emotional, psychological and learning problems that affect injured children, along with the associated costs, make reducing traumatic injuries a high priority for health and safety advocates throughout the nation. Educational programs like ThinkFirst increase knowledge and awareness of the causes and risk factors of brain and spinal cord injury, injury prevention measures, and the use of safety habits at an early age (www.thinkfirst.org/kids, 2015).

- According to HP2020, most events resulting in injury, disability or death are predictable and preventable. There are many risk factors for unintentional injury and violence, including individual behaviors and choices, such as alcohol use or risk-taking; the physical environment both at home and in the community; access to health services and systems created for injury-related care; and the social environment, including individual social experiences (social norms, education, victimization history), social relationships (parental monitoring and supervision of youth, peer group associations, family interactions), the community environment (cohesion in schools, neighborhoods and communities) and societal-level factors (cultural beliefs, attitudes, incentives and disincentives, laws and regulations).
- The California Department of Public Health's *Burden of Chronic Disease and Injury Report: California, 2013* indicates that unintentional injuries are the leading cause of death in children and adults ages one to 44 in California.
- The same report states that injuries cause more than 16,000 deaths, 75,000 cases of permanent disability, 240,000 hospitalizations, and 2.3 million ED visits annually in California.
- In 2014, unintentional injuries accounted for 84 percent of all injury deaths among adults ages 65 and older in the U.S. (National Center for Health Statistics, 2016).
- A 2016 National Vital Statistics Report titled *Deaths: Final Data for 2014* indicates that 59.4 percent of injury deaths in the U.S. in 2014 were attributed to three causes: poisoning (26 percent), motor-vehicle accidents (16.9 percent), and falls (16.5 percent). In 2014, the age-adjusted rate of death from unintentional injury in the U.S. was 40.5 deaths per 100,000 population (CDC, 2016).

Objective

- Offer an injury and violence prevention program for children, adolescents and young adults in SDC's east region

FY 2017 Report of Activities

In FY 2017, ThinkFirst/Sharp on Survival provided injury prevention education to more than 450 Health and Science Pipeline Initiative (HASPI) students from high schools in SDC's east region. Through the partnership and financial support from HASPI, the ThinkFirst/Sharp on Survival program offered east region schools a variety of services related to HASPI's main goals of increasing health and medical career awareness and improving science proficiency in school. These services included classroom presentations, small assemblies, offsite learning expos, and the opportunity to participate in a half-day tour of the SMH Rehabilitation Center designed specifically for students interested in pursuing careers in health care.

Reaching more than 130 students, the HASPI school-site programs consisted of one- to two-hour classes that covered topics such as the modes of injury, disability awareness, and the anatomy and physiology of the brain and spinal cord. These programs were enhanced by powerful personal testimonies from individuals with traumatic brain injury (TBI) or spinal cord injury (SCI), known as Voices for Injury Prevention (VIPs).

During a career expo at Grossmont College, more than 300 HASPI students heard from a ThinkFirst Community Health Educator and VIP speakers regarding careers in physical rehabilitation. A variety of disability awareness topics were covered and students were given the opportunity to ask direct questions related to the treatment and care of various populations. The VIP speaker also provided these teens with a unique learning experience by allowing them to practice social interactions with a disabled individual and gain a firsthand account of society's treatment of the disabled population.

Twenty HASPI students from Calexico High School in Imperial County participated in a half-day interactive tour of the SMH Rehabilitation Center. Students rotated through five stations that provided hands-on experiences in adapted dressing techniques, wheelchair mobility, and various memory and problem solving activities used in therapy. The experience allowed them to gain a better understanding of not just physical rehabilitation, but also of the challenges that patients face following a life-changing event.

ThinkFirst/Sharp on Survival provided education to youth and their parents through participation in the annual Kids Care Fest at the Lakeside Rodeo Grounds, which was sponsored by the Grossmont Healthcare District. During the event, ThinkFirst/Sharp on Survival educated more than 200 children and their parents on injury prevention topics including proper helmet-fitting, booster and car seat use, brain and spinal cord injuries and state laws.

ThinkFirst/Sharp on Survival also presented on injury prevention, TBI, SCI, and disability awareness to more than 1,000 college students in SDSU's Disability in Society course. An additional presentation on injury prevention was delivered to 80 students enrolled in the public health program at SDSU. After the presentation, students were provided with the opportunity to ask questions relating to the challenges nonprofit organizations face when conducting public health education and outreach.

In April, ThinkFirst/Sharp on Survival team members attended the annual ThinkFirst Conference on Injury Prevention in Los Angeles, California. Coinciding with the annual scientific meeting of the American Association of Neurological Surgeons — the founding organization of ThinkFirst — the theme of the 2017 conference was Promoting a Culture of Safety. Directors and VIP speakers from both U.S. and international ThinkFirst chapters were invited to the conference to learn about new ThinkFirst programs, presentation techniques, injury prevention research and grant writing. During the conference, a Sharp Rehab social worker as well as ThinkFirst/Sharp on Survival's community health educator and VIPs presented on the Sharp Rehab VIP Ambassador program, including how organizations can develop and maintain Ambassador-type programs of their own. The Sharp Rehab VIP Ambassador program was developed to assist recently disabled individuals transition into their new life and help them understand that they can live a rewarding life following disability.

FY 2018 Plan

ThinkFirst/Sharp on Survival will do the following:

- With funding support from grants, provide educational programming and presentations for local schools and organizations
- With grant funding, increase community awareness of ThinkFirst/Sharp on Survival through attendance and participation at community events and health fairs
- As part of the HASPI partnership, continue to evolve program curricula to meet the needs of health career pathway classes
- Grow partnership with HASPI through participation in conferences, round table events and collaboration on letters of support for various funding opportunities
- Continue to provide booster seat education to elementary school children and their parents with funding support from grants
- Continue to provide college students with injury prevention education through SDSU's Disability in Society course and public health classes
- Explore further opportunities to provide education to health care professionals and college students interested in health care careers, including public health students at SDSU
- As appropriate and with funding, continue to explore opportunities to utilize additional ThinkFirst/Sharp on Survival curricula to serve populations throughout SDC's east region
- Explore additional opportunities for educating HASPI students in Imperial County

Identified Community Need: Health Professions Education and Training, and Collaboration with Local Schools to Promote Interest in Health Care Careers

Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- According to the 2017 San Diego Workforce Partnership (SDWP) *Health Care Priority Sector* report, the health care industry in SDC experienced a 44 percent increase in employment growth between 2006 and 2016, higher than the 38 percent growth rate seen by the state of California (SDWP, 2017).
- The same report indicated that the six fastest-growing health care occupations in SDC between 2013 and 2016 were physician's assistants (22 percent), medical assistants (18 percent), health care social workers (15 percent), home health aides (13 percent), licensed vocational nurses (12 percent), and medical and clinical lab technicians (11 percent). RNs accounted for 1,366 added jobs during this period, which was the largest increase in total jobs among all health care occupations (SDWP, 2017).
- The *Health Care Priority Sector* report also found that health care employers identified RNs, physicians and surgeons, and health technicians as the most difficult positions to fill. The most frequently cited reason for hiring difficulties were lack of

experience, small applicant pools, and insufficient non-technical skills (SDWP, 2017).

- A 2014 SDWP labor market analysis indicated an increase in the number of health care training providers in SDC, but a shortage of clinical training facilities where applicants can gain necessary experience. The scarcity of clinical facilities offering prerequisite training has made it increasingly difficult for employers to find qualified workers.
- The 2017 SDWP *Nonprofit Sector Employment Trends and Career Opportunities* report recommends that nonprofit sector health care training and education programs in SDC emphasize soft skills such as being a team player, interpersonal and communication skills, big-picture thinking with the ability to plan and forecast, problem solving, and the ability to adapt to a variety of situations. It also recommends incorporating more training on data management and technology into curriculums in order for graduates to meet the needs of this increasingly data-driven sector.
- In its *Employment Projections — 2016–2026* report, the U.S. Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/ technical occupations will contribute about one-fifth of all new jobs and account for almost half of the 30 fastest-growing occupations. There are several factors leading to the increased demand for these professions, including: projected population growth in the next decade; aging of the U.S. population; greater numbers of people living with chronic conditions, such as diabetes or obesity; improvements in medicine and technology; and federal health insurance reform, which has increased the total number of Americans with health insurance coverage (BLS, 2016).
- Total employment in California is projected to increase by 6.5 percent, or 9.8 million, from 2014 to 2024. The health care and social assistance sector is expected to be the fastest-growing service industry, increasing its employment share from 12 percent in 2014 to 13.6 percent in 2024. Occupations and industries related to health care are projected to add the most new jobs, with an increase of 2.3 million jobs (BLS, 2015).
- As of 2015, SDC was one of 26 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (OSHPD *Healthcare Atlas*, 2017).
- As of 2015, the California Health Care Almanac reported that 44 percent of the employed RN workforce was over the age of 50. As this age group moves away from patient care and approaches retirement, it will be critical to have younger RNs trained and in place to handle the turnover (CHCF, 2017).
- The BLS projects employment of more than 300,000 RNs in California in 2024, which would be an increase of 17 percent from 2014. Compared to other health care practitioners and technical health care operators, RNs are projected to have the most opportunity for employment in 2020 (BLS, 2014).
- The BLS projects that the demand for home health aides in California will grow 39 percent from 2014 to 2024. Older individuals often have health problems and need help with daily activities. Thus, as the U.S. population ages, the demand for home health aides will continue to increase (BLS, 2014).

- According to forecasts performed by the Healthforce Center at University of California, San Francisco (UCSF), the demand for primary care clinicians in California will increase 12 to 17 percent by 2030. These forecasts predict that the southern border region will experience some of the highest levels of clinician shortages in the state (UCSF, 2017).
- A 2014 report from the CHA titled *Critical Roles: California's Allied Health Workforce Follow-Up Report* emphasizes the importance of local hospitals providing clinical training for nurses and allied health professionals, as well as programs to support mentoring and hospital work experience for interns and high school students. In the coming decades, such programs will have a tremendous impact on the lives of individuals, families and the San Diego community at large.

Objectives

- Collaborate with local schools to provide opportunities for students to explore health care professions
- Collaborate with local colleges and universities to provide professional development lectures to students from local colleges and universities
- Offer professional development opportunities for community health professionals

FY 2017 Report of Activities

Throughout the academic year, SGH provided more than 1,000 students from colleges and universities throughout San Diego with various placement and professional development opportunities. More than 760 nursing students spent nearly 83,400 hours at SGH, including time spent both in clinical rotations and individual preceptor training, while more than 240 ancillary students spent nearly 60,600 hours on the SGH campus. Academic partners included APU; Bay Path University; Brightwood College; California State University (CSU) Chico; CSU Long Beach; CSU Northridge; California State University San Marcos (CSUSM); Casa Loma College; Concorde Career College; EMSTA College; Grand Canyon University; Grand Valley State University; Grossmont College; Grossmont Health Occupations Center; Grossmont Union High School District (GUHSD); Johns Hopkins University; Laboure College; Midwestern University; Mount Saint Mary College; National University; Northern Arizona University; Pacific University; Palomar College; Pima Medical Institute; Point Loma Nazarene University; San Diego City College; San Diego Mesa College; SDSU; San Jose State University; Southwestern College; Stanbridge College; Texas State University; Texas Women's University; Touro University; UC San Diego; University of Indianapolis; University of Phoenix; University of Redlands; University of San Diego; University of Southern California; University of St. Augustine; University of the Pacific; Walden University; Western Governors University and Western University. Further, the SGH Cancer Center provided internships to two National University Radiation Therapy students.

SGH continued to collaborate with the GUHSD in the Healthcare Exploration Summer Institute (HESI), providing high school students with opportunities for classroom instruction, job shadowing, observations and limited hands-on experiences. In FY

2017, 16 students shadowed staff for two weeks in a variety of hospital specialties, including women's health, laboratory, pulmonary, interventional radiology, pre- and post-operative surgery, the progressive care unit, radiology, pharmacy, supply chain/distribution, nutrition, infection control, the surgical waiting area/concierge, occupational and physical therapy, and the catheterization and hyperbaric laboratories. At the conclusion of the program, students presented their experiences as case studies to family members, educators and hospital staff. Those completing the program received high school credits for an elective course. Also in FY 2017, SGH provided a lecture to HESI students on workplace safety and safe mobilization of patients.

SGH also continued its participation in the HSHMC program in FY 2017, providing early professional development for 106 students in 9th through 12th grades. Students spent approximately 34,560 hours shadowing staff in various areas throughout the hospital, including but not limited to progressive care units, food and nutritional services, oncology, acute care medical-surgical nursing, sterile processing, supply distribution, engineering, occupational and physical rehabilitation, endoscopy, women's health, cardiology, pharmacy, medical intensive care unit, surgical intensive care unit, and the concierge as well as SRSMG family practice, podiatry, specialty areas, and primary care. In addition, SGH staff provided students instruction on educational requirements, career ladder development and job requirements. At the end of the academic year, SGH staff provided the students, their loved ones, community leaders and hospital mentors with a symposium that showcased the lessons learned throughout the program.

In FY 2017, SGH developed and launched its new pilot program, HealthCare Towne, a field trip designed to build the health care workforce of tomorrow through an early outreach program for middle and junior high school students. This event encouraged students to connect what they learn in the classroom to real-life career opportunities in health care. Healthcare Towne has four major components that include: world of work, the puzzle room, scenario tour and in-the-round activity. The first component, world of work, empowered students to develop self-awareness by exploring their strengths, interests and values. Students were divided into three groups, solving three different scenarios. In the puzzle room, students collaborated to diagnose a hypothetical patient before they arrived at the hospital by interpreting clues to find the answer and reveal the next piece. In the scenario room, students learned about and walked through clinical areas where the patient would receive care, including the ambulance bay, ED, operating room, catheterization laboratory, imaging, and intensive care unit. During the final component, students applied clues, lab results, and what they learned throughout the day to help fully diagnose the patient with several conditions. In September 2017, 31 local junior high students participated in HealthCare Towne. During the event, parents of the students were able to observe the diagnoses process and were educated separately by SGH staff on teenage suicide.

SGH sponsored Ethics in Business, a program of the San Diego East County Chamber of Commerce and the GUHSD Career Technical Education Department. The program is designed to train high school students to become principled leaders and includes

business, education and community leaders. SGH assisted in facilitating the event, which had approximately 200 high school student attendees.

SGH and SMH continued to provide one of only two mobile intensive care nurse (MICN) training programs in SDC. Together, the hospitals offered extensive six-week training programs for San Diego base station emergency nurses. Participants received certification through the County EMS upon successful completion of a 48-hour classroom component, a passing score of 85 percent or higher on the County EMS final examination of SDC protocols, and completion of mandatory ride-along hours in a paramedic unit. In addition, as a radio base station, the Sharp Prehospital/EMS department provided two continuing education Joint Base Regional Care Conferences for EMS personnel and MICN trained RNs in SDC.

FY 2018 Plan

SGH will do the following:

- In collaboration with GUHSD, participate in the HESI
- Continue to participate in the HSHMC program
- Continue to provide internship and professional development opportunities to college and university students throughout San Diego
- Continue to collaborate with local universities to provide professional development lectures for students
- Develop an elementary school field trip program to promote healthy decision-making as well as to provide a broad understanding of health care career options
- Continue to offer HealthCare Towne to middle and junior high school students

Identified Community Need: Support During the Transition of Care Process for High-Risk, Underserved and Underfunded Patients

Rationale references the findings of the SGH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- As part of the SGH 2016 CHNA process, discussions with Sharp's Community-based Care Transitions Program/Care Transitions Intervention (CTI) staff identified the following strategies for improving the health of SDC's vulnerable, high-risk, or medically underserved patients: coaching; educating patients about their disease and the health care system; providing education tailored to specific cultural and linguistic groups; providing transportation, support, hope, and love; and providing a personal health record with resources and information about their medications.
- A key informant interview conducted as part of the SGH 2016 CHNA process identified the home environment, transportation and medication management as challenges for vulnerable patients. Recommendations included connecting patients to community resources as part of their transition from hospital to home, expediting

services for discharged patients with immediate needs, and developing methods to finance hospital/community partnerships for expedited services.

- The HASD&IC 2016 CHNA identified 10 social determinants of health that impact the four priority health needs in SDC (behavioral health, cardiovascular disease, obesity and Type 2 diabetes). These social determinants are: food insecurity and access to healthy food; access to care or services; homeless/housing issues; physical activity; education/knowledge; cultural competency; transportation; insurance issues; stigma; and poverty.
- Key informant interviews conducted as part of the HASD&IC 2016 CHNA suggested the following strategies for improving health and removing barriers to care: behavioral health prevention and stigma reduction; education on disease management and food insecurity; improving diversity and cultural competency; coordinating services across the continuum; integrating physical and mental health; and engaging case managers and patient navigators in the community and incorporating them as a routine part of the continuum of care.
- Participants in the HASD&IC 2016 CHNA community partner discussions recommended strengths-based case management, greater availability of multicultural providers and translators, and better coordination of discharge procedures as strategies for improving and maintaining health in SDC.
- Community members participating in the Health Access and Navigation Survey as part of the HASD&IC 2016 CHNA identified the following top barriers to care: understanding health insurance; getting health insurance; using health insurance; knowing where to go for care; and follow-up care or appointments.
- In 2015, the unemployment rate in SDC's east region was 11.3 percent, which was higher than SDC overall (10.3 percent).
- As of October 2017, the average unemployment rate in the cities of El Cajon, La Mesa, Lakeside, Lemon Grove, Santee, and Spring Valley was 4.6 percent (Labor Market Information, State of California Employment Development Department, 2017).
- The Regional Task Force for the Homeless' January 2017 *WeAllCount* campaign counted 9,116 homeless individuals in SDC, roughly 62 percent of whom were unsheltered. The most commonly cited cause of homelessness was loss of a job (26 percent), followed by "other" (21 percent), money issues (15 percent), and kicked out/ran away (10 percent).
- A 2016 report by the HHS titled *Identifying Health Disparities to Achieve Health Equity in San Diego County: Socioeconomic Status* found that low-income communities in the county are disproportionately affected by numerous health issues, including injury, chronic and communicable diseases, poor maternal and child health outcomes, and behavioral health outcomes. Four such low-income communities — El Cajon, La Mesa, Lemon Grove and Mountain Empire — are located in SDC's east region.
- The Kaiser Family Foundation's 2016 Employer Health Benefits Survey indicated that the average health insurance premium for a single adult in 2016 is \$536 per month, or \$6,435 annually. The average health insurance premium for a family in 2016 is \$1,512 per month, or \$18,142 annually. The average family premium in 2016

is now 20 percent higher than the average family premium in 2010 and 58 percent higher than the average family premium in 2006.

Objectives

- Connect high-risk, underfunded patients and community members to local resources and organizations for low-cost medical equipment, housing options and follow-up care
- Assist economically disadvantaged individuals through transportation and financial assistance for pharmaceuticals
- Collaborate with community organizations to provide services to chronically homeless individuals
- Through the CTI program, provide high-risk, under- and unfunded patients with health coaching, support and resources that address SDOH to ensure a safe transition home and maintained health and safety

FY 2017 Report of Activities

In FY 2017, SGH continued to provide post-acute care facilitation for high-risk patients, including individuals who were homeless or without a safe home environment. Individuals received referrals to and assistance from a variety of local resources and organizations. These groups provided support with transportation, placement, medical equipment, medications, outpatient dialysis and nursing home stays. SGH referred high-risk patients, families, and community members to churches, shelters and other community resources for food, safe shelter and other resources.

For unemployed, uninsured and underinsured patients, or for those who simply cannot afford the expense of a wheelchair, walker or cane due to a fixed income, SGH has committed to improving access to DME for high-risk patients upon discharge. SGH case managers and social workers actively recruited DME donations from the community, providing nearly 200 DME items to patients in need in 2017.

To assist economically disadvantaged individuals, SGH provided more than \$173,200 in free medications, transportation, lodging and financial assistance through its Project HELP funds. These funds assisted more than 6,860 individuals in FY 2017. In addition, SGH pharmacists assisted more than 460 economically disadvantaged patients with more than 1,420 outpatient prescriptions valued at approximately \$340,570.

In addition, SGH continued to collaborate with community organizations to provide services to chronically homeless patients. Through its collaboration with the SDRM, SGH discharged chronically homeless patients to the SDRM's Recuperative Care Unit. This program allows chronically homeless patients to receive follow-up care through SGH in a safe space, and also provides psychiatric care, substance abuse counseling and guidance from the SDRM's programs in order to help these patients get back on their feet.

Beginning in 2014, SGH piloted the CTI program for its high-risk, vulnerable populations, including Medi-Cal, Medi-Cal pending/presumptive, self-pay, no-pay, refugee populations, homeless and Medicare A or B only patients. Modeled after the countywide Community Care Transitions Program established by the Centers for Medicare & Medicaid Services to serve the Medicare fee-for-service patient population at risk for readmission, the CTI program provides 30-day coaching by an RN or medical social worker at no cost to vulnerable patients who are identified through a comprehensive risk assessment tool. The assessment tool evaluates patients for multiple factors including isolation, co-occurring health issues, food insecurity, behavioral health issues, and other conditions that impact their health and safety. The project team is a collaborative effort between various team members across Sharp, including nurses, case managers and disease specialists as well as team members of SHC community benefit, Patient Financial Services (PFS), SGH's Senior Resource Center, and others. The team ensures that vulnerable patients are connected with community resources and support to safely transition home, and keep them safe and healthy in the community. Partnerships with community organizations connect these patients to critical social services upon discharge, and have included FSD, Food Bank, 2-1-1, FHCS, various churches, and refugee and other social support organizations. This outreach is critical for sustaining vulnerable patients and empowering them to manage their care in the community.

Food insecurity, or lack of access to healthy food, is a key factor in the health status of CTI patients. Since its inception, more than 100 CTI patients were identified as food insecure and provided a direct referral to community hunger relief organizations. In FY 2017, these organizations included FSD and 2-1-1, who then conducted proactive phone calls to CTI patients in order to connect them to resources such as federal assistance programs (through the Food Bank), free food distribution sites throughout San Diego, and assistance with CalFresh enrollment. In addition, the CTI program worked closely with SGH's PFS to evaluate patients for CalFresh benefits prior to hospital discharge, dramatically increasing the likelihood that patients complete CalFresh applications and receive benefits. In FY 2017, SGH's PFS team completed 687 CalFresh applications and 405 patients were granted CalFresh benefits.

Further, the CTI program provides medically-tailored emergency food bags for CTI patients without food in their homes. The food bags are supported by funding from the Grossmont Hospital Foundation and include nutritious items specifically designed with guidance from an SGH dietitian for the complex health conditions and nutritional needs of CTI patients, in order to sustain their health until they are connected to food assistance. The food bags provide CTI patients with nonperishable, nutritionally dense foods during the first few days of discharge, when proper nutrition is critical. The coaches provide food bags during their home visit and combine this delivery with a review of the patient's hospitalization and a plan for self-management. In FY 2017, the CTI program provided more than 100 food bags to CTI patients in SDC's east region.

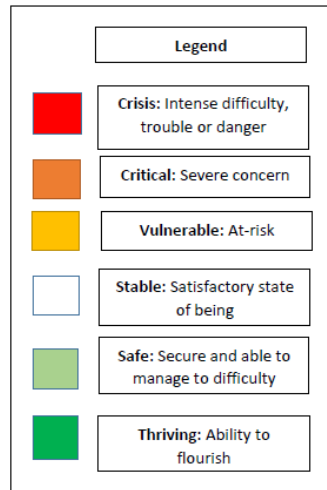
In addition, a significant number of CTI patients are diabetic and are challenged with adherence to their care plan because they cannot afford diabetes equipment. To

address this challenge, a grant application was submitted and approved by the Neighborhood Walmart® located closest to SGH. As a result of this funding, in 2017, 28 “diabetes kits” — including a three-month supply of strips, lancets, glucose monitors, etc. — were put together. These kits help to keep CTI patients safe and managed until their insurance is activated. In addition, blood pressure cuffs, batteries (for the blood pressure cuffs), pill boxes and can openers were provided for CTI patients.

Since its inception in May 2014, the CTI pilot has demonstrated a powerful impact. To date, the CTI team has approached more than 2,400 patients, and succeeded in enrolling more than 1,900 individuals in the CTI program. The average readmission rate among the enrolled group is 13 percent, compared to an average readmission rate higher than 22 percent for those individuals who refused CTI coaching services. In FY 2017, the average readmission rate for CTI patients from any status was 9.7 percent — an astounding impact. In addition, SGH coaches devoted hundreds of hours of time directly to these vulnerable patients. It has been the focus on care management as well as addressing SDOH that has contributed to the marked success of this program.

The CTI program’s partnership with 2-1-1’s Health Navigation Program has proven to be one of the most innovative and impactful collaborations of the CTI program, and truly a best practice in delivering care to community members facing inequities. 2-1-1’s specialty Health Navigation Program provides in-depth care coordination to better connect, empower, educate and advocate for clients with health needs. 2-1-1 Health Navigators work with clients experiencing issues in accessing care, managing chronic conditions, and those who are uninsured or underinsured. Health Navigators assess clients’ specific needs, which are unique to their health condition and situation, referring and educating clients about options and community resources, while also advocating on behalf of clients when needed. In addition, Health Navigators ensure access and utilization of the services referred to and follow-up is conducted with clients over time. Through this partnership, CTI patients are referred to the 2-1-1 Health Navigation Program to address health and social needs and leverage 2-1-1’s enrollment services, housing coordination and advocacy. At intake and again at completion of care coordination, 2-1-1 uses a risk rating scale to measure and address: changes in vulnerability related to SDOH (access to food, housing, transportation, etc.); hospital readmission risk; patient satisfaction and patient self-efficacy to both demonstrate program impact and identify areas for improvement. Based on the rating scale, patients fall into one of six categories as shown in **Figure 21** that allow the Health Navigators to tailor the services to the individual and connect patients with the appropriate community resources.

Figure 21: 2-1-1 San Diego Social Determinants of Health/Risk Rating Scale

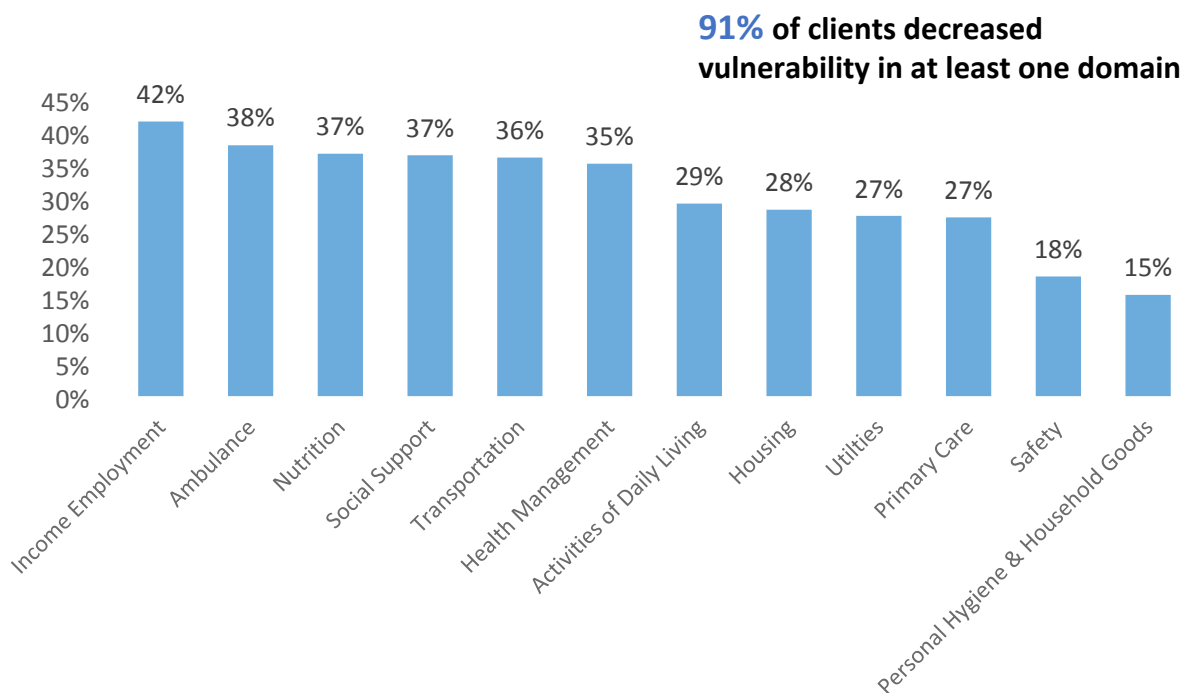


Source: 2-1-1 San Diego, 2017

CTI patients referred to 2-1-1 are assessed on a variety of measures such as housing, nutrition, primary care, health management, social support, activities of daily living, ambulance use, transportation, income and employment. The risk assessment tool has identified the top needs as housing, food assistance and primary care services.

Funded by the Grossmont Hospital Foundation, the CTI program’s partnership with 2-1-1 continues to successfully demonstrate the value of SDOH support for high-risk patients post hospital discharge. Since the inception of the partnership in March 2016, 111 patients have been referred to 2-1-1 and patients that have completed the CTI program with 2-1-1 Health Navigation experienced a 91 percent decrease in vulnerability related to SDOH. See **Figure 22** for a description of this impact on SDOH:

Figure 22: Decrease in SDOH Vulnerability for CTI Patients Completing 2-1-1 San Diego’s Health Navigation Program



Source: 2-1-1 San Diego, 2017

In its second year of implementation, the partnership with 2-1-1 continued to demonstrate dramatic decreases in vulnerability in the domains of nutrition, housing and safety.

In addition, the partnership has had a significant impact on readmission rates among participants. The overall readmission rate for CTI patients who completed the 2-1-1 Health Navigation Program was 9.5 percent and, most importantly, survey outcomes revealed that 92 percent of CTI patients expressed confidence in the care plan to manage their health following completion of the 2-1-1 Health Navigation Program. These outcomes support the ultimate goal of the CTI program — to empower patients and community members with resources and skills to maintain their health and well-being.

The CTI program has continued to receive local and national recognition. In 2017, the CTI program was highlighted at the Association of Community Health Improvement’s (the community health branch of the American Hospital Association (AhA)) National Conference and Healthcare Without Harm’s Community Benefit Innovators Workshop (part of the CleanMed 2017 Conference & Exposition). The program also was a featured poster presentation at the AhA Annual Leadership Summit’s Journey Ahead. In addition, CTI was selected to be part of the AhA’s Health Research and Educational Trust/Robert Wood Johnson Foundation Culture of Health Learning Collaborative, and was featured as a best practice case study in the project’s national report titled A

Playbook for Fostering Hospital-Community Partnerships to Build a Culture of Health. Further, the CTI team continues to receive requests from health systems and health care organizations locally and throughout the country to share the program's structure, lessons learned and best practices for potential replication and implementation. The CTI model of care/partnership with 2-1-1 has also been replicated at locations in SDC, including UC San Diego Health and Rady Children's Hospital.

FY 2018 Plan

SGH will do the following:

- Continue to provide post-acute care facilitation to high-risk patients
- Continue and expand the DME donations project to improve access to necessary medical equipment for high-risk patients who cannot afford DME
- Continue to administer Project HELP funds to those in need
- Continue to collaborate with community organizations to provide medical care, financial assistance, and psychiatric and social services to chronically homeless patients
- Continue to provide high-risk, Medi-Cal and unfunded patients with CTI health coaches and connection to resources, including resources to address food insecurity, housing, and other SDOH
- Maintain and strengthen partnerships with FSD and 2-1-1 to strengthen the services of the CTI program and support expansion of the program
- Explore opportunities to improve communication with community clinics

SGH Program and Service Highlights

- 24-hour emergency room and critical care center, with heliport and paramedic base station — designated STEMI Center
- Acute care
- Ambulatory Care Center
- Breast Imaging Center, including mammography
- Cardiac Training Center
- CTI program
- David and Donna Long Center for Cancer Treatment, including clinical trials, genetic counseling, radiation therapy and medical oncology
- Electrocardiogram
- Electroencephalography
- Endoscopy
- Grossmont Medical Plaza Outpatient Surgery Center
- Group and art therapies
- Heart and vascular care — recognized by the AHA
- Home health¹
- Home infusion services
- Hospice², including BonitaView, LakeView and ParkView hospice homes
- Intensive Care Unit
- Level III Neonatal Intensive Care Unit
- Mental Health Inpatient and Outpatient Services
- Orthopedics, including total joint replacement surgery
- Outpatient diabetes services, recognized by the ADA
- Outpatient Infusion Center
- Palliative care services
- Pathology services
- Pediatric services³
- Pharmacy services
- Pre-Anesthesia Evaluation Services
- Pulmonary services
- Radiology and diagnostic imaging, including computed tomography scan, positron emission tomography scan, digital mammography and DEXA bone density scan
- Rehabilitation services (inpatient and outpatient)
- Senior Resource Center
- Skilled Nursing Facility/Transitional Care Unit
- Sleep Disorders Center
- Spiritual care services
- Stroke Center — recognized by the AHA
- Surgical Intensive Care Unit
- Surgical services, including robotic surgery
- Therapy Pet program

¹ Provided through Sharp Memorial Hospital Home Health Agency

² Provided through Sharp HospiceCare

³ Inpatient services are provided through an affiliation with Rady Children's Hospital

- Care Clinic (opening 2018)
- Van transportation services
- Women's Health Center offering a full range of pregnancy, delivery, gynecologic and women's reproductive services
- Wound Healing Center, including hyperbaric medicine



Mentoring San Diego's Students

Sharp HospiceCare

There is a critical shortage of health care professionals working in the hospice field. To help meet this need, Sharp HospiceCare provides extensive education and mentorship opportunities to students throughout San Diego.

Sharp HospiceCare team members provide classroom-based education to advance students' understanding of hospice and palliative care, and support the pathway to becoming a health care professional. This includes nursing and social work students from San Diego State University, University of Southern California, California State University San Marcos and Azusa Pacific University, as well as high school students who are considering a career in health care. Education covers a variety of end-of-life care topics, including advance care planning, bioethics and bereavement.

In addition, by shadowing case managers out in the field and observing nursing staff within Sharp's hospice homes, nursing students gain firsthand knowledge on caring for hospice patients and their families.

Section

7 Sharp HospiceCare

Communities banding together can effect positive change and provide support, resources and tangible items to help care for others. Depending on the community, collaboration can be small to very large. We experience it all. — Suzi Johnson, Vice President of Hospice, Sharp HospiceCare

Sharp HospiceCare provides programs and services to all of Sharp HealthCare's (Sharp's or SHC's) hospital entities. However, Sharp HospiceCare is licensed under Sharp Grossmont Hospital (SGH) and as such, the financial value of its community benefit programs and services are included in **Section 6** of this report. The following description highlights various programs and services provided by Sharp HospiceCare to San Diego County (SDC) in Fiscal Year 2017 (FY 2017) in the following Senate Bill 697 community benefit categories:

- **Other Benefits for Vulnerable Populations** included contribution of time to Stand Down for Homeless Veterans, Ssubi is Hope, Mama's Kitchen, Feeding San Diego and the San Diego Food Bank.
- **Other Benefits for the Broader Community** included a variety of end-of-life support for seniors, families, caregivers and veterans in the San Diego community such as education, support groups and outreach at community health fairs and other events. Sharp HospiceCare staff actively participated in community boards, committees and civic organizations, including San Diego County Coalition for Improving End-of-Life Care (SDCCEOLC), Caregiver Coalition of San Diego, San Diego County Hospice-Veteran Partnership (HVP), California Hospice and Palliative Care Association (CHAPCA), National Hospice and Palliative Care Organization (NHPCO), Southern Caregiver Resource Center (SCRC), San Diego Regional Home Care Council (SDRHCC), San Diego Community Action Network (SanDi-CAN), North County Community Action Network (NorCAN), South County Action Network (SoCAN), East County Senior Service Providers (ECSSP), San Diego Chapter of the Hospice and Palliative Nurses Association (HPNA), San Diego Physician Orders for Life-Sustaining Treatment (POLST) Coalition/San Diego Coalition for Compassionate Care (SDCCC), and San Diego County Medical Society Bioethics Commission. See **Appendix A** for a listing of Sharp's involvement in community organizations in FY 2017. The category also incorporated costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation.
- **Health Research, Education and Training Programs** included time devoted to education and training for health care professionals and student and intern supervision.

Definition of Community

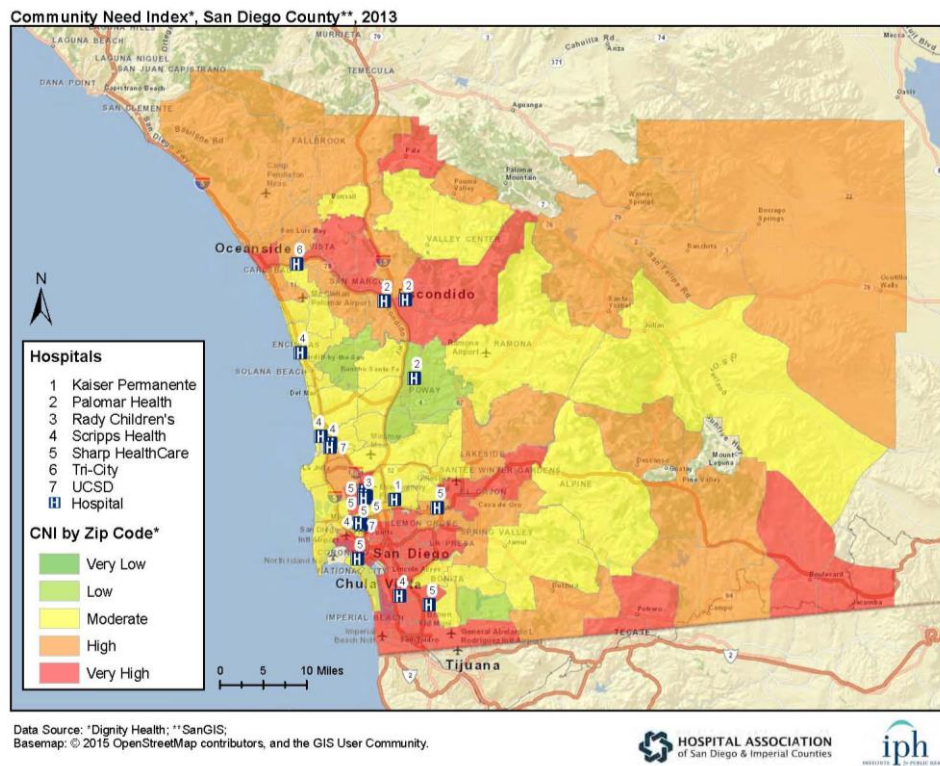
Sharp HospiceCare is located at 8881 Fletcher Parkway in La Mesa, ZIP code 91942.

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

For SHC's 2016 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States of America (U.S.) based on specific barriers to health care access, including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations.

According to the CNI, communities served by Sharp HospiceCare with especially high need include, but are not limited to, East San Diego, City Heights, North Park, the College Area, and Downtown San Diego. **Figure 23** presents a map of the CNI scores across SDC.

Figure 23: CNI Map — SDC



Description of Community Health

In SDC overall, there were 397,674 residents (12.3 percent of the SDC population) ages 65 years or older in 2015. Of those, about 23.5 percent were living alone. By 2030, this age group is expected to increase to 723,572 in SDC.

In SDC in 2016, 99.7 percent of surveyed children ages zero to 11, 99.5 percent of surveyed children ages 12 to 17, and 90.8 percent of surveyed adults ages 18 to 64 had health insurance, which fall short of the Healthy People 2020 (HP2020) national target¹ of 100 percent health insurance coverage for all individuals under age 65.

In SDC in 2016, 14.5 percent of adults ages 18 to 64 did not have a usual source of care and 10.6 percent of these adults had health insurance. In addition, 25.3 percent of adults without a usual source of care reported fair or poor health outcomes. See **Table 26** for a summary of key indicators of access to care and **Table 27** for data regarding Medi-Cal eligibility.

Table 26: Health Care Access in SDC, 2016

Description	Rate	HP2020 Target
Current Health Insurance Coverage		
Children 0 to 11 Years	99.7%	100%
Children 12 to 17 Years	99.5%	100%
Adults 18 to 64 Years	90.8%	100%
Regular Source of Medical Care		
Children 0 to 11 Years	96.7%	100%
Children 12 to 17 Years	74.1%	100%
Adults 18 to 64 Years	85.5%	89.4%
Not Currently Insured		
Adults 18 to 64 Years	9.2%	

Source: 2016 California Health Interview Survey (CHIS)

¹ The U.S. Department of Health and Human Services' HP2020 initiative represents the nation's prevention agenda for the second decade of the 21st century. HP2020 has four overarching goals: to attain high-quality, longer lives free of preventable disease, disability, injury and premature death; to achieve health equity, eliminate disparities and improve the health of all groups; to create social and physical environments that promote good health for all; and to promote quality of life, healthy development and healthy behaviors across all life stages.

Table 27: Medi-Cal (Medicaid) Eligibility Among Uninsured in SDC (Adults Ages 18 to 64 Years), 2016¹

Description	Rate
Medi-Cal Eligible	13.9%
Not Eligible	86.1%

Source: 2016 CHIS

Cancer and coronary heart disease were the top two leading causes of death in SDC in 2015. See **Table 28** for a summary of leading causes of death in SDC. For additional demographic and health data for communities served by Sharp HospiceCare, please refer to the Sharp Memorial Hospital (SMH) 2016 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>, which includes data for the primary communities served by Sharp HospiceCare.

Table 28: Leading Causes of Death in SDC, 2015

Cause of Death	Number of Deaths	Percent of Total Deaths
Overall Cancer	5,025	24.3%
Coronary Heart Disease	2,898	14.0%
Alzheimer's Disease and Related Dementias	2,482	12.0%
Unintentional Injuries	1,190	5.8%
Stroke	1,162	5.6%
Chronic Obstructive Pulmonary Disease/Chronic Lower Respiratory Diseases	973	4.7%
Overall Hypertensive Diseases	733	3.5%
Diabetes	708	3.4%
Overdose/Poisoning	360	1.7%
Suicide	342	1.7%
All Other Causes	4,795	23.2%
Total Deaths	20,668	100.0%

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Epidemiology & Immunization Services Branch

¹This information is sourced from the 2016 California Health Interview Survey (CHIS) Health Profile for SDC, provided by the University of California Los Angeles Center for Health Policy Research. Starting in 2013, the California state budget required children enrolled in the Healthy Families Program to transition enrollment into Medi-Cal. Formerly, this table included Healthy Family eligibility in San Diego County using pre-ACA data. The Affordable Care Act now determines financial eligibility for Medi-Cal using Modified-Adjusted Gross Income, based on income and number of persons in the household.

Community Benefit Planning Process

In addition to the steps outlined in **Section 3: Community Benefit Planning Process** regarding community benefit planning, Sharp HospiceCare:

- Consults with representatives from a variety of internal departments and other community organizations to discuss, plan and implement community activities
- Participates in programs and workgroups to review and implement services that improve palliative and end-of-life care for the San Diego community
- Incorporates end-of-life community needs into its goal development

Priority Community Needs Addressed by Sharp HospiceCare

The 2016 CHNAs for each SHC acute care hospital, including Sharp Chula Vista Medical Center (SCVMC), Sharp Coronado Hospital and Healthcare Center (SCHHC), SGH and SMH, continued to identify senior health as a priority health need for the community. Sharp HospiceCare provides hospice and palliative care services across the SHC care continuum and helps to address senior health issues through the following community programs and services:

- End-of-life and chronic illness management education for community members
- Advance care planning (ACP) education and outreach for community members, students and health care professionals
- Hospice and palliative care education and training programs for health care professionals, students and volunteers
- Bereavement counseling and support

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2017 Report of Activities conducted in support of the objective(s), and Fiscal Year 2018 (FY 2018) Plan.

Identified Community Need: End-of-Life and Chronic Illness Management Education for Community Members

Rationale references the findings of Sharp's 2016 CHNAs, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- In Sharp's 2016 CHNAs, senior health was identified as one of the priority health issues for community members served by Sharp.
- As part of Sharp's 2016 CHNAs, discussions with nurses and social workers from Sharp's Senior Health Centers identified the following challenges to improving the health of seniors in SDC: access to care issues due to aging, decreased driving or loss of support system; difficulty purchasing medications due to financial issues, lack of transportation or lack of motivation; difficulty understanding medical instructions; inability to recognize a health problem exists; memory issues; and the perception that health issues and loneliness are a normal part of aging.
- Significant health issues for seniors in SDC include obesity, diabetes mellitus, stroke, chronic lower respiratory diseases, influenza and pneumonia, cancer, heart disease, and mental health issues, such as dementia and Alzheimer's disease (San Diego Association of Governments, 2014).
- In SDC, 40.7 percent of adults ages 18 to 64 living at 200 percent below the federal poverty level reported as food insecure (California Health Interview Survey (CHIS), 2016).
- Information presented by the Institute of Medicine (IOM) indicates that improving the quality and availability of medical and social services for patients may contribute to a more sustainable care system, in addition to improving quality of life through the end of life. The U.S. population is rapidly aging and becoming increasingly culturally diverse, which increases the need for responsive, patient-centered care. Current limitations to effective end-of-life care include barriers in access to care that disadvantage certain groups, and misalignment between the services patients and families need and those they are able to obtain (IOM, 2014).
- Over the past century, a major shift occurred in the leading causes of death for all age groups, including older adults, from infectious disease and acute illnesses to chronic diseases and degenerative illnesses. More than a quarter of all Americans and two out of every three older Americans have multiple chronic conditions (*The State of Aging & Health in America*, Centers for Disease Control and Prevention (CDC), 2013).
- Nearly two-thirds of California seniors on Medicare had two or more chronic conditions in 2012, and more than one-third had four or more. These seniors have an increased need for care and higher risk for mortality as well as poorer day-to-day functioning (2015 California Health Care Almanac *Beds for Boomers* report).
- According to the Family Caregiver Alliance, in 2014, there were an estimated 3.4 million family caregivers in California. Research shows that caregiving can have serious physical and mental health consequences. Findings from the Stress in America survey, described in a report titled *Valuing the Invaluable*, show that individuals who serve as caregivers to older relatives report poorer health and higher

stress levels than the general population. (American Association of Retired Persons (AARP) Public Policy Institute, updated July 2015).

- About six in 10 caregivers assist with medical/nursing tasks for their loved one, and 42 percent of these caregivers are performing those tasks without any formal training. According to *Caregiving in the U.S. 2015*, 84 percent of caregivers report that they could use more information or help on caregiving topics. The top four topics of concern for caregivers are keeping their loved one safe at home; managing their own emotional or physical stress; making end-of-life decisions; and managing their loved ones' challenging behaviors (AARP and National Alliance for Caregiving, 2015).
- According to the Institute on Aging, about 14.9 million Americans are caring for someone with dementia. Caregiver interventions that have shown to successfully improve the health and well-being of dementia caregivers include providing education around how to manage dementia-related symptoms, improving social support for caregivers, and providing caregivers with respite care from caregiver duties (Alzheimer's Association, 2016).
- In 2013, 140,000 Californians were served by hospice. Nearly 80 percent of hospice patients were ages 71 and older. At the current rate of use, the number of hospice patients is projected to more than double between 2013 and 2040 and it is projected that in 2040, 88 percent of hospice patients will be 71 and older (2015 California Health Care Almanac *Beds for Boomers* report).

Objectives

- Provide education and outreach to the San Diego community concerning advanced illness management (AIM) and end-of-life care
- Collaborate with community organizations to provide education and outreach to community members, caregivers and loved ones
- Support the unique AIM and end-of-life care needs of military veterans and their families

FY 2017 Report of Activities

Sharp HospiceCare supports the San Diego community in the areas of end-of-life care, aging and caregiving through participation in a variety of local organizations including SDCCEOLC, SDRHCC, San Diego County HVP, San Diego Chapter of the HPNA, San Diego POLST Coalition/SDCCC, San Diego County Medical Society Bioethics Commission, Caregiver Coalition of San Diego, SanDi-CAN, NorCAN, SoCAN and ECSSP. In partnership with these and other community organizations, in FY 2017, Sharp HospiceCare provided more than 2,500 community members with free education and outreach on a variety of end-of-life and AIM topics, including hospice, palliative care and caregiving, at community health fairs, conferences and other events. Locations included churches, senior living centers, and community health agencies and organizations throughout SDC.

In October, Sharp HospiceCare participated in a community conference at the Balboa Park Club titled Planning Ahead: Crucial Conversations, hosted by SanDi-CAN, HHSA and San Diego Park and Recreation. The free event provided more than 60 seniors and family members with tools to help them identify their end-of-life values and goals of care, and learn the communication skills necessary to make informed health care planning decisions. Attendees also learned about California's End of Life Option Act, a law enacted in 2016 that permits terminally ill adult patients to request and receive doctor-prescribed medication to end life.

In April, Sharp HospiceCare partnered with the Sharp Senior Resource Centers to provide two aging conferences for community seniors, family members and caregivers, titled Planning for Physical, Mental and Financial Health. Held at All Souls Episcopal Church in Point Loma and the La Mesa Community Center, the free conferences educated approximately 180 attendees about planning for a healthier, happier and financially sound future.

Sharp HospiceCare hosted two Live Stronger Longer conferences in FY 2017. Held at SCHHC in October and at the Bonita-Sunnyside Branch Library in September, the free events focused on teaching community seniors and caregivers about caring for themselves and their loved ones. Approximately 250 community members attended the free events, which offered flu shots, a resource fair and education from community health professionals on aging well, fraud awareness, advance directives, cognitive health, fall prevention, and the emotional aspects of caregiving.

Sharp HospiceCare partnered with the Caregiver Coalition of San Diego, National Alliance for Mental Illness and other community organizations to provide several conferences throughout SDC, which reached more than 200 community members who were caring for a friend or family member. Conferences included How to Be a Better Caregiver in the New Year, held at San Dieguito United Methodist Church; Caring for an Adult Loved One Living With Mental Health Challenges, held at First United Methodist Church; and Finding the Balance in Caregiving, held at the La Mesa Community Center. The free conferences included resource fairs as well as presentations on various caregiving topics, including but not limited to care options through the continuum of care; New Year's resolutions for taking care of the caregiver; managing difficult conversations; dementia; mindfulness and stress reduction; legal issues; balance and fall prevention; and home safety.

Sharp HospiceCare provided end-of-life and AIM education and resources to more than 1,600 community members at a variety of health fairs and other events throughout the year, including the Sharp Senior Resource Center Annual Senior Health & Information Fair, Spring Into Healthy Living at the McGrath Family YMCA, Sharp Women's Health Conference, Healthfair Saturday at Grossmont Center, La Maestra Community Health Centers' City Heights Health Fair, Norman Park Senior Center Health Fair, San Diego LGBT (Lesbian, Gay, Bisexual, Transgendered) Community Center Senior Resource Fair, San Diego Gas & Electric employee health fair, San Diego Regional Center employee health fair, Senior Health Fair at Lakeside Community Center, Mira Mesa

Senior Center's Summer Senior Resource Event, SPARC (Services and Programs Assisting Residents in Our Communities) Caregiver Conference, County of San Diego Aging & Independence Services (AIS) 2017 Vital Aging conferences, South County Behavioral Health Resource Fair, Las Damas de San Diego cancer screening event at the Douglas & Nancy Barnhart Cancer Center, SCVMC Heart Health Expo, and community flu shot clinics at the Coronado Public Library, St. Paul's Plaza, Chula Vista Silvercrest senior residence and Point Loma Community Presbyterian Church.

Sharp HospiceCare supports the needs of military veterans and their families through collaboration with local and national organizations that advocate for quality end-of-life care for veterans as well as through participation in veteran-oriented community events.

Sharp HospiceCare is a partner in We Honor Veterans (WHV), a national program developed by the NHPKO in collaboration with the U.S. Department of Veterans Affairs (VA) to empower hospice professionals to meet the unique end-of-life needs of veterans and their families. As WHV partners, hospice organizations can achieve up to four levels of commitment. Sharp HospiceCare has achieved WHV Partner Levels I, II and III and is currently working toward Level IV. As a Level I Partner, Sharp HospiceCare is equipped to provide veteran-centric education to staff, volunteers and community professionals, including training them to identify patients with military experience. As a Level II Partner, Sharp HospiceCare has built the organizational capacity needed to provide quality care for veterans and their families. As a Level III Partner, Sharp HospiceCare has developed and strengthened relationships with VA medical centers and other veteran organizations.

In FY 2017, Sharp HospiceCare conducted a variety of veteran recognition activities as part of its WHV commitment. In honor of Veteran's Day, Sharp HospiceCare celebrated patients who served in the U.S. military by holding 22 flag ceremonies throughout the month of November. During the ceremonies, fellow veterans presented patients with a U.S. flag that had been flown on the USS Midway aircraft carrier. In addition, Sharp HospiceCare held two pinning ceremonies in FY 2017 during which volunteers presented a WHV pin and a certificate of appreciation to approximately 90 Sharp HospiceCare veteran patients as well as more than 50 veteran community members. In December, Sharp HospiceCare participated in additional community events to honor the nation's veterans, including the Spirit of '45 Pearl Harbor 75th anniversary commemoration on the USS Midway and the annual Wreaths Across America wreath-laying ceremony at Fort Rosecrans National Cemetery.

Sharp HospiceCare furthered its WHV commitment through the provision of veteran-specific community education and outreach in FY 2017. In June, Sharp HospiceCare hosted the Veterans Recognition, Education and Resource Fair at the Balboa Park Club. The free event included education on post-traumatic stress disorder (PTSD), caregiver support and health care as well as a recognition ceremony and community resource tables for approximately 50 community veterans and their family members. In honor of Veteran's Day in November, Sharp HospiceCare provided education and resources to approximately 50 community members at the Honoring Our Veterans

event hosted by the El Cajon City Council Veterans Commission. In September, Sharp HospiceCare participated in the WHV Partner Appreciation Event as part of the 2017 NHPKO Interdisciplinary Conference held at the San Diego Marriott Marquis and Marina. Reaching approximately 100 community veterans and professionals, the free event provided a panel discussion and resource tables, including information from Sharp HospiceCare on how organizations can partner to create an HVP (a coalition of VA facilities and community hospices working together to ensure excellent end-of-life care for veterans and their families).

Sharp HospiceCare has been a member of the San Diego County HVP since 2010. Through the partnership, the VA San Diego Healthcare System and San Diego's community hospice organizations collaborate to promote quality care for veterans with a life-limiting illness as well as serve as a voice and resource for veterans and their families. In October, Sharp HospiceCare, the San Diego County HVP and the Caregiver Coalition of San Diego hosted the Veterans Resource Fair at the Silverado Encinitas Memory Care Community. The free event provided veterans, family members and caregivers with community resources, presentations on available health care services, and an appreciation ceremony to honor attending veterans for their service. Sharp HospiceCare continued to participate on SCRC's Operation Family Caregiver advisory board. Operation Family Caregiver equips families of returning service members and veterans with the skills they need to adjust to life after military service. This includes free training and mentorship programs for caregivers of pre- and post-9/11 service members and veterans with a range of service-related conditions, including traumatic brain injury, amputation, anxiety, depression, PTSD and more.

Sharp HospiceCare continued to provide a wig donation program in FY 2017. Through the program, Sharp HospiceCare receives new, unused wigs from manufacturers and cleans and styles the wigs for donation to individuals experiencing hair loss as a result of cancer treatment or other illnesses. Sharp HospiceCare team members offer private wig appointments for community members to select their wig and receive personalized wig fitting, styling and maintenance instructions. Surplus wigs are donated to other departments throughout Sharp, including cancer patients at SMH and the Douglas & Nancy Barnhart Cancer Center at SCVMC. Approximately 150 wigs were donated by Sharp HospiceCare in FY 2017, including wigs for 26 community members.

FY 2018 Plan

Sharp HospiceCare will do the following:

- Continue to collaborate with a variety of local networking groups and community agencies to provide end-of-life and AIM education and resources to community members
- Collaborate with SCHHC and the Sharp Senior Resource Centers to host three free aging conferences, reaching 100 community members per conference
- Continue to support the needs of military veterans and their families through the provision of education and resources at veteran-oriented community events and

collaboration with local and national organizations advocating for quality end-of-life care for veterans

- Achieve WHV Partner Level IV to improve access to and quality of care for veterans in the community
- Continue to provide a wig donation program

Identified Community Need: Advance Care Planning Education and Outreach to Community Members and Health Care Professionals

Rationale references the findings of Sharp's 2016 CHNAs, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SHC 2016 CHNAs identify care at the end of life as a critical issue for the senior population.
- Discussions held with Sharp cancer patient navigators as part of Sharp's 2016 CHNAs indicated the following major challenges to helping oncology patients: difficulty having end-of-life conversations, which may be due to cultural variation, or lack of physician experience with palliative care; and few individuals having an advance directive.
- According to the IOM, there is a need for public education and engagement about end-of-life planning at several levels, including: the societal level, to build support for public and institutional policies that ensure high-quality, sustainable care; the community and family levels, to raise awareness and elevate expectations about care options, the needs of caregivers, and the hallmarks of quality care; and the individual level, to motivate and facilitate ACP and meaningful conversations with family and caregivers.
- Advance directives should be completed while people are healthy, which gives them time to think about the end-of-life care they would choose if they were unable to communicate their own wishes. It also allows time to discuss these wishes with loved ones (NHPCO, 2015).
- The American Hospital Association's (AHA's) 2012 report titled *Advanced Illness Management Strategies: Engaging the Community and a Ready, Willing and Able Workforce* describes AIM as a four-phase process incorporating advance directives, ACP, palliative care and hospice care. In the first phase, people are healthy and can recover from reversible illness. To stay ahead of the AIM curve, it is important that individuals engage in ACP before an illness progresses and document their care preferences with trusted family and friends, as well as with their health care provider.
- The same report suggests numerous strategies to engage and expand patient and community awareness of the importance of advanced illness and end-of-life decision-making, including: strategies to increase patient accessibility to information, such as providing effective language assistance services or addressing low health literacy; strategies that promote community collaborations, such as developing community engagement programs that align with the patient population's demographic and cultural needs; workforce development strategies, such as

employing a diverse and skilled workforce that is tailored to the patient population being served; and internal system strategies, such as tracking the performance of patient engagement programs (AhA, 2012).

- Seventy percent of Americans do not have an advance care plan (CDC, 2014).
- A 2013 report titled *Completion of Advance Directives Among U.S. Consumers*, published in *The American Journal of Preventive Medicine*, shows that of more than 7,900 respondents, only 26.3 percent had an advance directive, with lack of awareness cited as the primary barrier for not having one. This study also indicates racial and educational disparities in the completion of an advance directive and highlights the need for education about end-of-life decisions that is tailored to educational level and race/ethnicity.
- About twice as many Caucasians as African Americans have completed advance directives. The difference in prevalence of advance directives is attributable to several factors, including cultural differences in family-centered decision-making, distrust of the health care system, and poor communication between health care professionals and patients (Morhaim and Pollack, 2013).
- The CDC describes numerous barriers to ACP, including lack of awareness, denial of death and dying, denial of being in a circumstance in which we are unable to make our own decisions and speak for ourselves, confusion between whether to choose palliative care or continue with life-prolonging treatments, and cultural differences (CDC, 2012).
- According to the CDC, planning for the end of life is increasingly being viewed as a public health issue, given its potential to prevent unnecessary suffering and to support an individual's decisions and preferences related to the end of life. In addition, the CDC recognizes the public health opportunity to educate Americans, and especially older adults, about ACP and to improve their quality of care at the end of life (CDC, 2012).
- A 2014 *Consumer Reports* survey of 2,015 adults suggests that Americans would prefer to die at home: 86 percent said they would consider receiving end-of-life-care at home, but just 36 percent said the same about getting that care in a hospital. Despite this, about 60 percent of Americans die in acute care hospitals, 20 percent in nursing homes and only 20 percent at home (Stanford School of Medicine, Palliative Care).

Objectives

- Provide education, engagement and consultation for community members on ACP and POLST
- Educate community health care professionals on ACP and POLST
- Empower community members to make informed health care decisions

FY 2017 Report of Activities

SHC offers a free and confidential ACP program to support community members as they consider their future health care options. Facilitated by Sharp HospiceCare, the ACP program empowers adults of any age and health status to explore and document

their beliefs, values and goals as they relate to health care. The program consists of three stages. Stage one, community engagement, focuses on bringing awareness to healthy community members about the importance of ACP. This stage includes basic education and resources, identification of an appropriate health care agent, and completion of an advance directive. Stage two, disease-specific outreach, focuses on education for community members with a progressive chronic illness, including decline in functional status, co-morbidities, potential for hospitalization and caregiver issues. With a goal of anticipating future needs as health declines, this stage focuses on developing a written plan that identifies goals of care, and involves the health care agent and loved ones. The third stage, late-life illness outreach, targets those with a disease prognosis of one year or less. Under these circumstances, specific or urgent decisions must be made and converted into medical orders that will guide the health care provider's actions and remain consistent with goals of care. The focus of this stage is to assist the individual or appointed health care agent with navigating complex medical decisions related to immediate life-sustaining or prolonging measures, including completion of the POLST form, a medical order designed for individuals with advanced progressive or terminal illness that identifies the appropriate informed substitute decision maker as well as care and treatment preference when important health care decisions need to be made.

Since 2014, SHC has offered the Sharp HealthCare Advance Directive to guide the public in outlining their health care decisions. The document is publicly available on Sharp's website in both English and Spanish, and uses easy-to-read language to describe what an advance directive is and how and why to complete one. The form allows individuals to put their health care wishes into writing and to appropriately sign the advance directive. With this witnessed signature, the advance directive becomes a legal document that identifies the appropriate informed substitute decision maker, and serves as a tool for health care decision-making. Additional contact information is provided for community members who are interested in speaking with a Sharp ACP facilitator.

Throughout FY 2017, the Sharp ACP team provided approximately 170 phone and in-person consultations to community members seeking guidance with identifying their personal goals of care and health care preferences, appointing an appropriate health care agent, and completing an advance directive. In addition, the team engaged more than 2,000 community members and caregivers in education on ACP and POLST. Education was provided at senior centers, senior living communities and home care agencies including: Cameron's Mobile Estates; Vista Village Senior Living; La Vida Del Mar senior community; La Vida Real senior living; St. Paul's Plaza assisted living; Mount Miguel Covenant Village retirement community; North County Senior Connections and Interfaith Community Services; San Diego PACE (Program of All-Inclusive Care for the Elderly); and Sharp Senior Health Center Clairemont. Education at various agencies, groups and other community sites included Alpine Community Church; Coronado Public Library; Peninsula Family YMCA, Rotary Club of La Mesa; Grossmont HealthCare District; San Diego LGBT Community Center; Center for Community Solutions; Philanthropic Educational Organization; the Patient and Family

Advisory Council at SMH; and the SGH heart failure support group. Further, the team educated attendees of various community health fairs and events including the San Diego Mesa College Health Fair; Sharp HospiceCare Veterans Education and Resource Fair; AIS 2017 Vital Aging conferences; Sharp's Conviva y Aprende event at the San Diego Country Club; Binational Health Week; SGH 2017 Heart Health Expo; Sharp Women's Health Conference; Sharp Disaster Preparedness Expo; and Sharp HospiceCare's aging conferences, Live Stronger Longer conferences, and annual Healing Through the Holidays event.

Sharp's ACP team reached an additional 35 community members through free ACP workshops in FY 2017, including a monthly workshop at the David and Donna Long Center for Cancer Treatment and workshops at the Laurel Amtower Cancer Institute at SMH in February and June. During the workshops, Sharp's ACP facilitators helped community members impacted by cancer identify their health care choices and create a plan of action. In addition, in July a Sharp ACP facilitator provided a TV interview on KUSI News to educate the San Diego community about ACP and the importance of documenting one's health wishes in the event of a serious illness.

In April, Sharp HospiceCare honored National Healthcare Decisions Day (NHDD), a nationwide initiative to educate adults of all ages about the importance of ACP. Approximately 50 community members met with Sharp's ACP experts at SCVMC, SCHHC, SGH and SMH to receive assistance with developing their advance health care plan. Further, an additional 70 community members were reached through NHDD presentations at the United Church of Christ in Ramona, Lantern Crest Senior Living, Grossmont Healthcare District and the La Jolla Community Center.

In FY 2017, the Sharp ACP team provided presentations to more than 130 community members about the End of Life Option Act, including members of the Summit Unitarian Universalist Fellowship Church, attendees of the Planning Ahead – Crucial Conversations event held at the Balboa Park Club, and community chaplains. In addition, Sharp HospiceCare provided film screenings and post-film panel discussions of *Being Mortal* — a documentary that addresses the national dialogue around death and what matters most to patients and families — for approximately 185 community members and health care professionals at Good Samaritan Episcopal Church, Sharp's corporate office and Liberty Station.

Throughout the year, Sharp's ACP team educated more than 400 local, state and national health care professionals on ACP and POLST including, but not limited to, Stepping Stone of San Diego; Center for Community Solutions; Coalition for Compassionate Care of California (CCCC); CCCC's California End of Life Option Act: Key Concepts and Critical Conversation Skills for Providers conference; NHPCO Interdisciplinary Conference; Annual Hospital Quality Institute Conference; Sharp HealthCare's Advanced Illness Management Conference; California Association of Marriage and Family Therapists; leaders of the California State University (CSU) Institute for Palliative Care; and members of the Hospice and Palliative Nurses Association.

Since FY 2016, Sharp's ACP team has partnered with San Diego Health Connect, AIS, Health Services Advisory Group, County of San Diego Emergency Medical Services, and various health care providers in SDC to ensure that community providers have access to POLST forms through the San Diego Healthcare Information Exchange, a countywide program that securely connects health care providers and patients to private health information exchanges. The Sharp HospiceCare ACP team participates in this initiative — funded by the California Health Care Foundation (CHCF) and supported by the CCCC and California Emergency Medical Services Authority (EMSA) — to create an electronic POLST registry (POLST eRegistry). When a paper POLST form is not readily available during an emergency, the patient's care may be hindered or conflict with their wishes. The POLST eRegistry will improve access to critical information through a cloud-based registry for completed POLST forms to be securely submitted and retrieved.

FY 2018 Plan

Sharp HospiceCare will do the following:

- Provide free ACP and POLST education and outreach to community members through phone and in-person consultations
- Collaborate with community organizations to provide educational classes and events to raise community awareness of ACP
- In collaboration with SDCCC and SDCCEOLC, provide community events to promote the importance of ACP in honor of NHDD
- Continue to provide ACP education and outreach to local, state and national health care professionals
- Continue to serve as a community resource regarding the End of Life Option Act
- Continue to collaborate with community partners to provide community members with access to advance directive and POLST forms through the San Diego Healthcare Information Exchange
- Continue to participate in the CHCF's POLST eRegistry initiative with CCCC and EMSA

Identified Community Need: Health Professions and Student Education and Training, and Volunteer Training

Rationale references the findings of the SHC 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- Total employment in California is projected to increase by 6.5 percent, or 9.8 million, from 2014 to 2024. The health care and social assistance sector is expected to be the fastest-growing service industry, increasing its employment share from 12 percent in 2014 to 13.6 percent in 2024. Occupations and industries related to health

care are projected to add the most new jobs, with an increase of 2.3 million jobs (U.S. Bureau of Labor Statistics (BLS), 2015).

- In its *Employment Projections — 2016–2026* report, the BLS projects that health care support occupations and health care practitioners/technical occupations will contribute about one-fifth of all new jobs and account for almost half of the 30 fastest-growing occupations. There are several factors leading to the increased demand for these professions, including: projected population growth in the next decade; aging of the U.S. population; greater numbers of people living with chronic conditions, such as diabetes or obesity; improvements in medicine and technology; and federal health insurance reform, which has increased the total number of Americans with health insurance coverage (BLS, 2016).
- As of 2015, SDC was one of 26 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (Office of Statewide Health Planning and Development *Healthcare Atlas*, 2017).
- The BLS projects employment of more than 300,000 registered nurses (RNs) in California in 2024, which would be an increase of 17 percent from 2014. Compared to other health care practitioners and technical health care operators, RNs are projected to have the most opportunity for employment in 2020 (BLS, 2014).
- According to the HPNA, professional nurses play a leading role as members of the palliative care and hospice teams, and across the continuum of care, as primary team members who assess, direct, evaluate and coordinate patient needs during the illness experience. Economic models project a significant shortage of between 725,000 and 1.1 million professional nurses by 2030, underscoring the importance of preparing nurses for the future (HPNA, 2015).
- The BLS projects that the demand for home health aides in California will grow 39 percent from 2014 to 2024. Older individuals often have health problems and need help with daily activities. Thus, as the U.S. population ages, the demand for home health aides will continue to increase (BLS, 2014).
- Direct-care workers in California are responsible for providing 70 to 80 percent of the paid hands-on long-term care for older adults or those living with disabilities or other chronic conditions (Eldercare Workforce Alliance, 2014–2015).
- The number of people reaching retirement will double by 2030, accounting for an eight percent increase in the U.S. population needing a wide range of professional health, home care, and social services. An estimated 3.5 million additional health care professionals will be needed by 2030 to care for older adults, while current workforce levels are already stretched. Geriatrics health professions training programs are critical to ensuring there is a skilled eldercare workforce and knowledgeable, well-supported family caregivers available to meet the complex and unique needs of older adults (Eldercare Workforce Alliance, 2014–2015).
- While the demand for doctors specializing in the medical care of elderly patients is increasing, the interest among medical students for a career in geriatrics is lagging behind. Factors cited for the low interest among these students include the preference for young patients and acute somatic diseases that can be cured, the complexity of the geriatric population, and the lack of status and financial aspects of the career (*Why Medical Students Do Not Choose a Career in Geriatrics: A Systematic Review*, *BMC Medical Education*, 2015).

- An AhA 2012 report titled *Advanced Illness Management Strategies: Engaging the Community and a Ready, Willing and Able Workforce* identifies a critical shortage of health care professionals working in hospice. A task force appointed by the American Academy of Hospice and Palliative Medicine estimates that between 2,800 and 7,500 physicians are needed to bring current hospice programs up to appropriate staffing levels. Additionally, only three percent of RNs identify hospice as their clinical specialty.
- The same report identifies a strong need for other trained professionals who play an integral role in AIM and end-of-life care, such as social workers, psychologists, case managers, dietitians, pharmacists, complementary therapists, caregivers, and certified nursing assistants (AhA, 2012).
- The San Diego Workforce Partnership (SDWP) recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers (SDWP, 2011).
- A 2014 report from the California Hospital Association titled *Critical Roles: California's Allied Health Workforce Follow-Up Report* emphasizes the importance of local hospitals providing clinical training for nurses and allied health professionals, as well as programs to support mentoring and hospital work experience for interns and high school students. In the coming decades, such programs will have a tremendous impact on the lives of individuals, families and the San Diego community at large.

Objectives

- Provide education and training opportunities around end-of-life care and ACP for students and interns
- Through education, training and outreach, guide local, state and national health care organizations in the development and implementation of appropriate services for the needs of the aging population, including individuals in need of AIM
- Maintain active relationships and leadership roles with local and national organizations
- Provide volunteer opportunities for adults and teens in the San Diego community

FY 2017 Report of Activities

In FY 2017, Sharp HospiceCare provided training opportunities for 55 nursing students and one ancillary student from colleges and universities including California State University San Marcos (CSUSM), San Diego State University (SDSU), Grand Canyon University, Touro University and Chamberlain University. Students spent more than 1,350 hours shadowing and learning from the nursing staff at Sharp HospiceCare's hospice homes.

Sharp's ACP team supports San Diego's future health care workforce through classroom-based lectures designed to enhance students' understanding of hospice and

palliative care. In FY 2017, the team provided introductory education to approximately 450 students, including nursing students from Azusa Pacific University, University of San Diego and CSUSM; social work students from SDSU; and students from San Diego Mesa College. Topics included ACP, POLST, goals of care, hospice, palliative care, bioethics and bereavement.

Sharp HospiceCare leadership provided education, training and outreach to local, state and national health professionals throughout the year. These efforts sought to guide industry professionals in achieving person-centered, coordinated care through the advancement of innovative hospice and palliative care initiatives. Audiences included the Center to Advance Palliative Care; Advances in Palliative Care Conference; Baylor Scott & White Health; Athena Health; American Case Management Association – Southern California Chapter; National Symposium for Palliative Care; California Department of Health Care Services; CCCC Annual Summit; CSU Institute for Palliative Care National Symposium; SDCCC and CSU Institute for Palliative Care Conference; and the 2017 NHPCO Interdisciplinary Conference. Presentation topics included palliative care, AIM, geriatric cognitive and functional decline; prognostication, successful aging, and ACP.

In July, Sharp HospiceCare hosted a continuing education conference titled Advanced Illness Management: The Right Care at the Right Time. The free conference educated approximately 100 physicians, nurses, social workers, chaplains, bereavement counselors and other interested health care providers on the importance of having an organized approach to AIM for patients and their families; how to identify patients who are appropriate for AIM; and how to develop practical steps to improve AIM and palliative care in the emergency department. Sharp HospiceCare provided education, resources and support for additional Sharp-sponsored conferences in FY 2017, including the Sharp Rees-Stealy Medical Group and Sharp Community Medical Group annual conferences, Sharp HealthCare Neuro-Oncology Conference, Sharp HealthCare Cardiovascular Conference, Sharp HealthCare Pulmonary Conference and the SGH eighth annual Heart and Vascular Conference. These conferences provided evidence-based continuing education for more than 1,000 community health providers. Further, in FY 2017, Sharp HospiceCare leadership continued to serve on the board and as a state hospice representative for NHPCO and CHAPCA.

Sharp HospiceCare continued to offer volunteer training opportunities in FY 2017 in order to provide valuable knowledge and experience to volunteers who are often working towards a career in the medical field. Volunteers supported Sharp HospiceCare and those it serves by providing companionship to those near the end of life, support for families and caregivers, and help with community outreach.

Sharp HospiceCare trained approximately 50 new volunteers in FY 2017. In addition, seven teenagers were trained through Sharp HospiceCare's Teen Volunteer Program, which provides teens with opportunities to participate in special projects in Sharp HospiceCare administration or at Sharp HospiceCare's LakeView, ParkView and BonitaView hospice homes. Volunteer opportunities were also extended to seven

premedical students from SDSU, University of California, San Diego and CSUSM, who assisted family caregivers in private homes.

Ten volunteers participated in Sharp HospiceCare's 11th Hour Program in FY 2017. Through this special program, volunteers accompanied end-of-life patients without family members present during their final moments as well as comforted family members who were present while their loved one passed away. In addition, approximately 12 volunteers were trained to provide integrative therapies, including Healing Touch, Reiki, aromatherapy and hand massage, to promote relaxation, restful sleep and enhanced quality of life for Sharp HospiceCare patients and their caregivers.

As WHV partners, Sharp HospiceCare provides veteran-centric education and training that qualifies volunteers to identify and work with patients who have military experience. This includes the Vet-to-Vet Volunteer program, which pairs war veteran volunteers with veteran patients, as well as honors veteran patients for their service through special pinning ceremonies.

FY 2018 Plan

Sharp HospiceCare will do the following:

- Continue to provide education and training opportunities for nursing and other health care students and interns
- Provide students with an end-of-life learning environment in community-based hospice homes
- Continue to provide education, training and outreach to local, state and national organizations to support the development and implementation of specialized services to meet the needs of the aging population
- Maintain active relationships and leadership roles with local and national organizations
- Collaborate with San Diego County HVP to provide training to community health care professionals

Identified Community Need: Bereavement Counseling and Support

Rationale references the findings of Sharp's 2016 CHNAs, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The IOM's 2014 report titled *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life* indicates that clinical care is not a person's sole priority near the end of life. Patients and families may be deeply concerned with existential or spiritual issues, including bereavement, and with practical matters of coping. Appropriate support in these areas is an essential component of good care.

- According to the same report, risk factors for complicated grief among bereaved caregivers include fewer years of education, younger age of the deceased and lower satisfaction with social support. The care provided by hospices may lead to positive health outcomes, including survival, among the bereaved and may help some people avoid long-term depression and other consequences of complicated grief (IOM, 2014).
- According to the NHPCO, grief may be experienced in response to physical losses, such as death, or in response to symbolic or social losses, such as divorce or loss of a job. The grief experience can be affected by one's history and support system. Engaging in self-care practices and accessing counseling and support services can be a guide through some of the challenges of grieving as a person adjusts to his or her loss.
- According to a study titled *Missed Opportunity: Hospice Care and the Family*, caregivers agreed that hospice enabled them to be a caregiver and provide an in-home dying experience for their spouse. However, these caregivers also suggested that hospices could make additional strides to identify and respond to their specific needs for support through the dying and bereavement process (*Journal of Social Work in End-of-Life & Palliative Care*, 2015).
- A 2015 study published in the Journal of the American Medical Association (JAMA) surveyed 305 bereaved spouses of decedents who used hospice and 711 bereaved spouses of decedents who did not use hospice. Surviving spouses of individuals who used hospice for at least three days were more likely to have some reduction in depressive symptoms one year after death when compared to those whose spouses did not use hospice at all (JAMA, 2015).
- According to a 2013 study published in the Journal of Palliative Medicine (JPM), many caregivers may benefit from bereavement support, as 12 to 40 percent of caregivers experience poor psychological outcomes, including depression and complicated grief, six months to one year following loss. Targeting services to caregivers at risk for poor psychological well-being following loss may facilitate effective use of hospice bereavement services (JPM, 2013).
- According to a 2014 study published in the Journal of Hospice and Palliative Nursing (JHPN), family caregiver descriptions of bereavement adaptation revealed significant themes related to social support in bereavement, including support from professional health care providers, both for themselves and their family member during palliative and hospice care. Risk factors for poor bereavement adaptation included length of time in the caregiver role; loss of an adult child; loss of spouse; and history of multiple losses (JHPN, 2014).

Objectives

- Provide bereavement education, resources, counseling and support to community members who have lost loved ones
- Provide individuals and their families with referrals to community services
- Provide the Memory Bear program to support community members who have lost loved ones

FY 2017 Report of Activities

Throughout FY 2017, Sharp HospiceCare offered a variety of bereavement service options to help grieving community members learn effective ways to cope with the loss of a loved one. Services included professional bereavement counseling for individuals and families as well as free community education, support groups and monthly newsletter mailings.

In FY 2017, Sharp HospiceCare devoted nearly 2,200 hours to home, office and phone counseling with people who have lost loved ones, providing them with bereavement counseling services from licensed clinical therapists with specific training in grief and loss. Sharp HospiceCare's bereavement counselors also provided referrals to community counselors, mental health services, bereavement support services and other community resources as needed.

Sharp HospiceCare continued to offer the Healing After Loss and the Widow's and Widower's bereavement support groups, which reached approximately 260 community members in FY 2017. Offered quarterly, the groups consisted of eight-week sessions facilitated by skilled mental health care professionals with a specialization in the needs of the bereaved. The Healing After Loss support group focused on addressing the concerns of adults who were grieving the loss of a loved one. Weekly themes included Introduction to the Grief Process; Strategies for Coping with Grief; Communicating with Family and Friends; Experiencing Anger in Grief; Guilt, Regret and Forgiveness; Differentiating Natural Grief and Depression; Use of Ceremony and Ritual to Promote Healing; and Who Am I Now?/What Does Healing Look Like?. The Widow's and Widower's support group addressed concerns of men and women who lost their spouse or partner. Participants had the opportunity to share their emotional challenges and learn coping skills from group members facing similar life situations.

In May, Sharp HospiceCare offered support to adults who were grieving the loss of a parent through two Remembering Our Parents classes. Held at the Peninsula Family YMCA and the Grossmont Healthcare District, the presentations helped approximately 20 community members recognize the nature of their loss, identify strategies to help them cope with grief, and discover a sense of hope as Mother's Day and Father's Day approached. In October, a workshop titled Nurturing the Mind, Body and Soul provided strategies for self-care, self-compassion and healing following the death of a loved one to approximately 30 community members at Sharp's corporate office location. Additional bereavement support in FY 2017 was offered to residents of Golden Age Garden apartments and staff at BO-beau kitchen & garden and Coaster Bar & Grill restaurants.

Sharp HospiceCare supported approximately 120 community members grieving the loss of a loved one during the 2016 holiday season. In November, Sharp HospiceCare held its annual Healing Through the Holidays event at Sharp's system office, which included presentations on understanding grief, improving coping skills, exploring the spiritual meaning of the holidays in the face of grief, and reviving hope. Two similar events titled Coping with Grief During the Holiday Season were held at the Coronado Public Library

in November and at the Grossmont Health Care District in December. These events provided practical suggestions for community members to cope with the painful feelings of loss that often arise during the holidays. Additionally, Sharp HospiceCare provided a Support During the Holiday Season bereavement support group on two days in December, which focused on developing coping skills to promote healing, as well as remembering your loved ones, through the holidays.

Sharp HospiceCare continued to offer the Memory Bear program. In this unique program, volunteers use garments of loved ones who have passed on to sew teddy bears as keepsakes for surviving friends and family. In FY 2017, volunteers dedicated nearly 2,700 hours to sewing more than 670 bears for approximately 240 families. Sharp HospiceCare also continued to mail its monthly bereavement support newsletter, *Healing Through Grief*, to community members for 13 months following the loss of their loved one. Approximately 1,400 newsletters were mailed each month during FY 2017.

FY 2018 Plan

Sharp HospiceCare will do the following:

- Continue to offer individual and family bereavement counseling for community members who have lost a loved one
- Continue to provide referrals to community services
- Continue to provide a variety of free bereavement support groups
- Continue to provide events and support services for individuals grieving the loss of a loved one during the holiday season
- Support at least 240 families through the Memory Bear program
- Continue to provide 13 mailings of bereavement support newsletters

Sharp HospiceCare Program and Service Highlights

- Advance care planning
- Bereavement care services
- Caregiver and family support
- Homes for Hospice program
- Hospice aides
- Hospice nursing services
- Integrative therapies
- Management for various hospice patient conditions, including:
 - Alzheimer's disease
 - Cancer
 - Debility
 - Dementia
 - Heart disease
 - Human Immunodeficiency Virus
 - Kidney disease
 - Liver disease
 - Pulmonary disease
 - Stroke
- Music therapy
- Social services support
- Spiritual care services
- Volunteer program
- We Honor Veterans program

Providing Comprehensive Medical Care

Sharp Metropolitan Medical Campus

Sharp Metropolitan Medical Campus, centrally located in the County of San Diego, offers a range of specialty hospitals and medical services in one convenient location. The campus is home to Sharp Mary Birch Hospital for Women & Newborns, Sharp Memorial Hospital, Sharp Memorial Outpatient Pavilion, Sharp Mesa Vista Hospital and Sharp McDonald Center.

Section

8 Sharp Metropolitan Medical Campus

The Sharp Metropolitan Medical Campus (SMMC) comprises Sharp Mary Birch Hospital for Women & Newborns, Sharp Memorial Hospital, Sharp Memorial Outpatient Pavilion, Sharp Mesa Vista Hospital and Sharp McDonald Center.

FY 2017 Community Benefit Program Highlights

SMMC provided a total of **\$199,896,991** in community benefit in Fiscal Year 2017 (FY 2017). See **Table 29** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697), and **Figure 24** for the distribution of SMMC's community benefit among those categories.

**Table 29: Economic Value of Community Benefit Provided
Sharp Metropolitan Medical Campus — FY 2017**

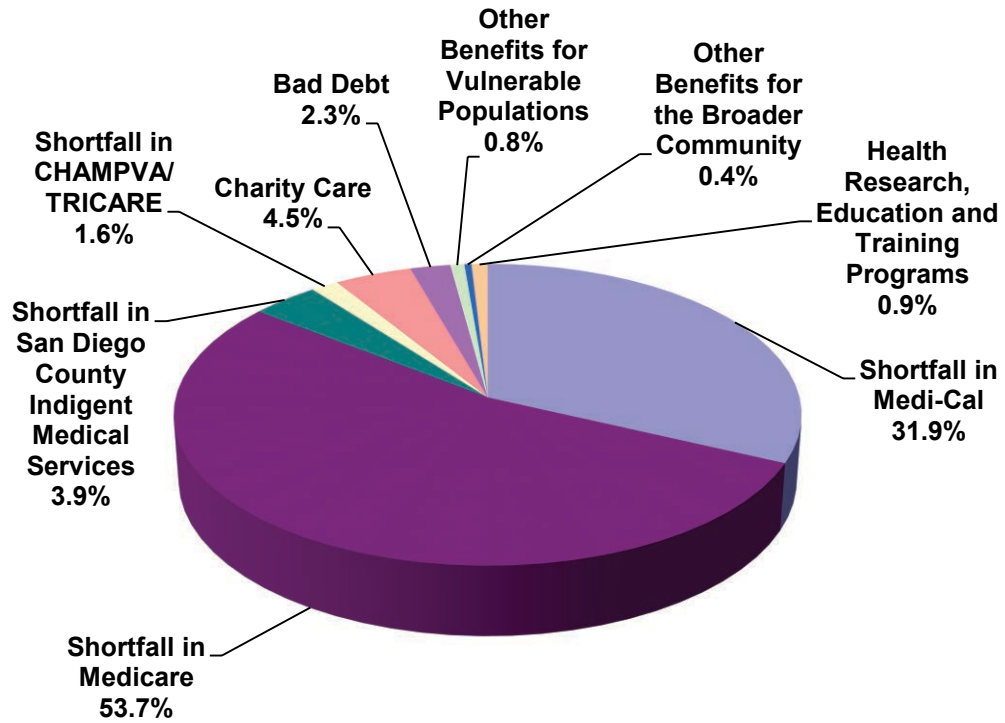
SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2017 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$63,795,286
	Shortfall in Medicare ¹	107,303,800
	Shortfall in San Diego County Indigent Medical Services ¹	7,820,072
	Shortfall in CHAMPVA/TRICARE ¹	3,169,071
	Shortfall in Workers' Compensation	218
	Charity Care ²	8,909,736
	Bad Debt ²	4,646,766
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy ³	1,587,305
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	813,218
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	1,851,519
TOTAL		\$199,896,991

¹ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

² Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

³ Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

**Figure 24: Percentage of Community Benefit by SB 697 Category
Sharp Metropolitan Medical Campus — FY 2017**





Nourishing Newborns in Need

Sharp Mary Birch Hospital for Women & Newborns

As California's largest maternity hospital, Sharp Mary Birch Hospital for Women & Newborns aims to give all newborns the healthiest possible start in life. Through its annual Donor Breastmilk Drive, the hospital collects breastmilk for infants in need.

Sharp Mary Birch, partnering with San Jose's Mothers' Milk Bank, was the first hospital in the Western U.S. to become a breastmilk depot. The hospital ships donated breastmilk to the milk bank where it is screened and pasteurized before being distributed to premature babies and infants whose mothers have an insufficient breastmilk supply.

In 2015, Sharp Mary Birch created the county's first Donor Breastmilk Drive to help increase the supply of breastmilk for the Mothers' Milk Bank. The hospital's annual drive has collected more than 200 gallons of breastmilk to help its newest community members thrive.

Section

9 Sharp Mary Birch Hospital for Women & Newborns

Giving back to the community is rewarding on a personal level, but it's also more than that. It's the reward of knowing you are part of something larger than yourself and that you are an integral part of something meaningful. — Nicole Giangregorio, Manager of Women's Support Programs, Sharp Mary Birch Hospital for Women & Newborns

FY 2017 Community Benefit Program Highlights

Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) provided a total of **\$11,206,475** in community benefit in FY 2017. See **Table 30** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697), and **Figure 25** for the distribution of SMBHWN's community benefit among those categories.

**Table 30: Economic Value of Community Benefit Provided
Sharp Mary Birch Hospital for Women & Newborns — FY 2017**

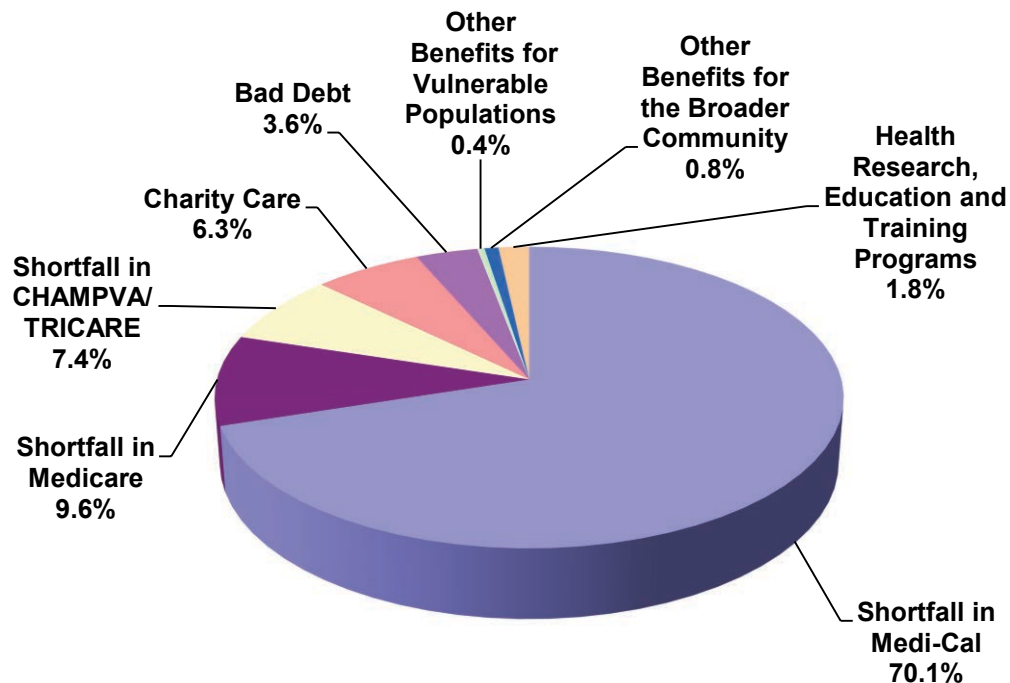
SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2017 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$7,857,930
	Shortfall in Medicare ¹	1,081,498
	Shortfall in CHAMPVA/TRICARE ¹	828,297
	Shortfall in Workers' Compensation	218
	Charity Care ²	703,337
	Bad Debt ²	401,673
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy ³	45,688
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	90,276
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	197,558
TOTAL		11,206,475

¹ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

² Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

³ Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

**Figure 25: Percentage of Community Benefit by SB 697 Category
Sharp Mary Birch Hospital for Women & Newborns — FY 2017**



Key highlights:

- **Medical Care Services** included uncompensated care for patients who were unable to pay for services and unreimbursed costs of public programs, such as Medi-Cal, Medicare and CHAMPVA/TRICARE. In FY 2015, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2014 through December 31, 2016. This resulted in an increased reimbursement of \$11.1 million to SMBHWN, however, SMBHWN was only in a Medi-Cal HMO shortfall position of \$4.3 million prior to the fee, and thus the net impact of the program was to reduce the Shortfall in Medi-Cal HMO to \$0.00 (zero) for SMBHWN. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2017 understate the true unreimbursed medical care services performed for the past fiscal year.
- **Other Benefits for Vulnerable Populations** included financial assistance for van transportation for patients to and from medical appointments, contribution of time to Stand Down for Homeless Veterans, Feeding San Diego, Mama's Kitchen, Promises2Kids, the San Diego Food Bank, Ssubi is Hope, the Sharp Humanitarian Service Program and other assistance for vulnerable and high-risk community members.

- **Other Benefits for the Broader Community** included health education and information on a variety of topics, support groups, participation in community health fairs and events, collaboration with local schools to promote interest in health care careers and donation of meeting room space to community groups. SMBHWN staff actively participated in community boards, committees and other civic organizations, such as the American Heart Association (AHA), Council of Women’s and Infants’ Specialty Hospitals (CWISH), Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN), Southern California Association of Neonatal Nurses (SCANN), Perinatal Social Work Cluster, Regional Perinatal System (RPS), Sigma Theta Tau International Honor Society of Nursing, Association of California Nurse Leaders (ACNL) and the National Institute for Children’s Health Quality (NICHQ) Best Fed Beginnings Learning Collaborative. See **Appendix A** for a listing of Sharp HealthCare’s (Sharp’s or SHC’s) involvement in community organizations in FY 2017. The category also included costs associated with planning and operating community benefit programs, such as community health needs assessment (CHNA) development and participation.
- **Health Research, Education and Training Programs** included time devoted to education and training for health care professionals, student and intern supervision, and generalizable health-related research projects that were made available to the broader health care community.

Definition of Community

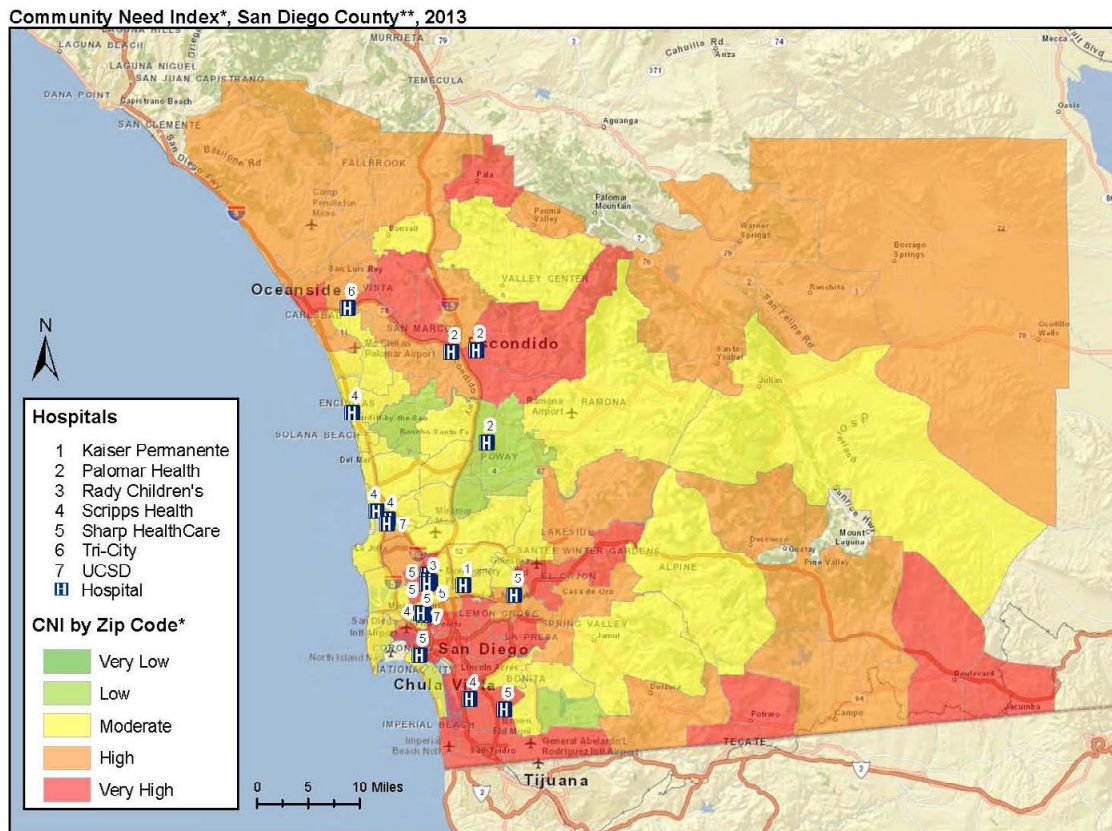
SMBHWN is located at 3003 Health Center Drive in San Diego, ZIP code 92123.

As a specialty hospital, SMBHWN serves the entire county of San Diego; however, the primary communities served by the hospital include the City of San Diego, Chula Vista, the east region and the north inland communities surrounding Rancho Bernardo. See **Appendix B** for a map of community and region boundaries.

For Sharp Memorial Hospital’s (SMH’s) 2016 CHNA process (which included the processes and findings addressing needs identified for communities served by SMBHWN), the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within San Diego County (SDC). The CNI identifies the severity of health disparity for every ZIP code in the United States of America (U.S.) based on specific barriers to health care access, including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations.

According to the CNI, communities served by SMBHWN with especially high need include, but are not limited to, Southeast San Diego, East San Diego, City Heights, North Park and National City. **Figure 26** presents a map of the CNI scores across SDC.

Figure 26: CNI Map — SDC



Data Source: *Dignity Health; **SanGIS;
 Basemap: © 2015 OpenStreetMap contributors, and the GIS User Community.



Description of Community Health

In SDC in 2016, 99.7 percent of surveyed children ages zero to 11, 99.5 percent of surveyed children ages 12 to 17, and 90.8 percent of surveyed adults ages 18 to 64 had health insurance, which fall short of the Healthy People 2020 (HP2020) national target¹ of 100 percent health insurance coverage for all individuals under age 65.

In SDC in 2016, 14.5 percent of adults ages 18 to 64 did not have a usual source of care and 10.6 percent of these adults had health insurance. In addition, 25.3 percent of adults without a usual source of care reported fair or poor health outcomes. See **Table 31** for a summary of key indicators of access to care and **Table 32** for data regarding Medi-Cal eligibility.

¹ The U.S. Department of Health and Human Services' HP2020 initiative represents the nation's prevention agenda for the second decade of the 21st century. HP2020 has four overarching goals: to attain high-quality, longer lives free of preventable disease, disability, injury and premature death; to achieve health equity, eliminate disparities and improve the health of all groups; to create social and physical environments that promote good health for all; and to promote quality of life, healthy development and healthy behaviors across all life stages.

In 2015, the unemployment rate for SDC was 10.3 percent.¹ Further, 40.7 percent of adults ages 18 to 64 living at 200 percent below the federal poverty level reported as food insecure (lack of access to healthy food).²

Table 31: Health Care Access in SDC, 2016

Description	Rate	HP2020 Target
Current Health Insurance Coverage		
Children 0 to 11 Years	99.7%	100%
Children 12 to 17 Years	99.5%	100%
Adults 18 to 64 Years	90.8%	100%
Regular Source of Medical Care		
Children 0 to 11 Years	96.7%	100%
Children 12 to 17 Years	74.1%	100%
Adults 18 to 64 Years	85.5%	89.4%
Not Currently Insured		
Adults 18 to 64 Years	9.2%	

Source: 2016 California Health Interview Survey (CHIS)

Table 32: Medi-Cal (Medicaid) Eligibility Among Uninsured in SDC (Adults Ages 18 to 64 Years), 2016³

Description	Rate
Medi-Cal Eligible	13.9%
Not Eligible	86.1%

Source: 2016 CHIS

In 2013, there were 43,627 live births in SDC overall. In 2011, fetal mortality in SDC overall was 4.2 fetal deaths per 1,000 live births plus fetal deaths, meeting the HP2020 national target of less than 5.6 fetal deaths per 1,000 live births plus fetal deaths. In 2011, the fetal mortality rate was 4.8 (fetal deaths per 1,000 live births plus fetal deaths) in the north coastal region, 2.8 in the north central region, 5.1 in the central region, 3.8 in the south region, 3.0 in the east region and 5.4 in the north inland region. In 2011, all

¹ County of San Diego Health and Human Services. Community Health Statistics Unit. 2015.

²This information is sourced from the 2016 California Health Interview Survey (CHIS) Health Profile for SDC, provided by the University of California Los Angeles (UCLA) Center for Health Policy Research. Starting in 2012, CHIS moved to a continuous survey model. CHIS Health Profiles, available annually, include key health statistics for California state, counties, regions, Service Planning Areas, and more. Customized and detailed health statistics are available through *AskCHIS* biennially, with the most recently available information from 2016.

³ This information is sourced from the 2016 CHIS Health Profile for SDC, provided by the UCLA Center for Health Policy Research. Starting in 2013, the California state budget required children enrolled in the Healthy Families Program to transition enrollment into Medi-Cal. Formerly, this table included Healthy Family eligibility in San Diego County using pre-ACA data. The Affordable Care Act now determines financial eligibility for Medi-Cal using Modified-Adjusted Gross Income, based on income and number of persons in the household.

SDC regions met the HP2020 national target of less than 5.6 fetal deaths per 1,000 live births plus fetal deaths.

In 2013, 199 infants in SDC died before their first birthday, an infant mortality rate of 4.6 per 1,000 live births. Infant mortality was higher among male infants (108 deaths) than female infants (91 deaths). Hispanic infants had the highest mortality rate when compared to infants of all other races and ethnicities. In addition, there were 3,624 preterm births (less than 37 weeks gestation) in SDC during 2013. When compared to all other groups, preterm births were more common among male infants, and among mothers ages 25 to 34 or of Hispanic ethnicity.

In 2013, all SDC regions met the HP2020 national targets for prenatal care, preterm births, low birth weight (LBW) infants, very low birth weight (VLBW) infants and infant mortality. See **Table 33** for a summary of maternal and infant health indicators in SDC in 2013 and **Table 34** for a summary of maternal and infant health indicators by region.

Table 33: Maternal and Infant Health Indicators in SDC, 2013

Maternal and Infant Health Indicator	Rate	Year 2020 Target
Early Prenatal Care ¹	84.8%	77.9%
Preterm Births ²	8.3%	11.4%
Very Low Birth Weight Infants ³	1.1%	1.4%
Low Birth Weight Infants ⁴	6.5%	7.8%
Infant Mortality ⁵	4.5%	6.0%

Source: County of San Diego, Health and Human Services Agency (HHS), Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services

¹ Early prenatal care is defined as care beginning during the first trimester of pregnancy. This does not account for frequency of care.

² Preterm birth refers to births prior to 37 completed weeks of gestation.

³ Very low birth weight refers to birth weight less than 1,500 grams (approximately 3 pounds, 5 ounces).

⁴ Low birth weight refers to birth weight less than 2,500 grams (approximately 5 pounds, 8 ounces).

⁵ Infant mortality refers to the number of deaths of infants under one year of age per 1,000 live births.

Fetal mortality refers to the number of fetuses at least 20 complete weeks of gestation per 1,000 live births and fetal deaths. Reporting of fetal deaths is known to be incomplete.

Table 34: Maternal and Infant Health Indicators by Region in SDC, 2013

Indicator	North Coastal	North Central	Central	South	East	North Inland
Prenatal Care	83.3%	91%	82.6%	85.7%	81.1%	84.7%
Preterm Births	7.0%	8.2%	8.9%	8.9%	8.8%	8.1%
VLBW Infants	1.1%	0.9%	1.4%	1.2%	1.3%	0.8%
LBW Infants	5.6%	6.5%	7.2%	6.8%	6.8%	5.9%
Infant Mortality	4.5%	4.3%	5.7%	3.1%	5.6%	4.1%

Source: HHSA, Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services

For additional demographic and health data for communities served by SMBHWN, please refer to the SMH 2016 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

Community Benefit Planning Process

In addition to the steps outlined in **Section 3: Community Benefit Planning Process** regarding community benefit planning, SMBHWN:

- Incorporates community priorities and community relations into its strategic plan and develops service-line-specific goals
- Estimates an annual budget for community programs and services based on community needs, the previous years' experience, and current funding levels
- Participates in programs and workgroups to review and implement services that improve the health status and emotional well-being of women and infants

Priority Community Needs Addressed in Community Benefit Report — SMH (SMBHWN) 2016 CHNA

SMH completed its most recent CHNA in September 2016. SMH's 2016 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2016 CHNA process and findings, and details on those processes are available in **Section 3: Community Benefit Planning Process** of this report.

In accordance with federal regulations, the SMH 2016 CHNA also includes needs identified for communities served by SMBHWN, as the two hospitals share a license,

and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD).

In addition, this year SMH completed its most current implementation strategy — a description of SMH programs designed to address the priority health needs identified in the 2016 CHNA. The most recent CHNA and implementation strategy for SMH (including SMBHWN) are available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

Through the SMH 2016 CHNA, the following priority health needs were identified for the communities served by both entities:

- Behavioral Health (Mental Health)
- Cancer
- Cardiovascular Disease
- Diabetes, Type 2
- High-Risk Pregnancy
- Obesity
- Senior Health

SMBHWN is a specialty hospital providing care for expectant mothers and newborns as well as women's services. Therefore, in alignment with these identified needs, the following pages detail programs that specifically address high-risk pregnancy, including reducing the incidence of neonatal morbidity and mortality associated with high-risk pregnancy and preterm delivery.

As a specialty hospital, SMBHWN lacks the resources to comprehensively address the elements of community education and support for cardiovascular disease, Type 2 diabetes, obesity, senior health or behavioral health. Consequently, the programs and services that attend to these health issues are addressed through the programs and services provided by SMH. The community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC. For additional details on SMBHWN programs that specifically address the needs identified in the 2016 CHNA, please refer to SMH's implementation strategy available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

Through further analysis of SMBHWN's community programs and consultation with its service line leaders and executives, this section also addresses the following priority health needs for community members served by SMBHWN:

- Reducing the incidence of neonatal morbidity and mortality associated with high-risk pregnancy and preterm delivery
- Meeting the needs of new mothers and their families

- Health professions education and training, and collaboration with local schools to promote interest in health care careers

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2017 Report of Activities conducted in support of the objective(s), and Fiscal Year 2018 (FY 2018) Plan.

Identified Community Need: Reducing the Incidence of Neonatal Morbidity and Mortality Associated With High-Risk Pregnancy and Preterm Delivery

Rationale references the findings of the SMH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SMH 2016 CHNA identified high-risk pregnancy as one of seven priority health issues for community members served by SMBHWN.
- The HASD&IC 2016 CHNA process continued to identify high-risk pregnancy among priority health conditions observed in San Diego hospitals.
- As part of the SMH 2016 CHNA, discussions with Sharp social workers who work with high-risk pregnancies identified the following health-related issues or needs for high-risk pregnant women: anxiety; childcare; depression; diabetes (gestational and brittle); the emotional impact of hospitalization on both the patient and their family; high blood pressure; isolation for non-English speakers; pre-term labor requiring bed rest or hospital stay; and stress, helplessness and lack of control over one's body.
- According to research presented in the SMH 2016 CHNA, risk factors for high-risk pregnancy include: advanced maternal age (ages 35 years and older) lifestyle choices such as smoking, alcohol consumption or the use of illegal drugs; medical history including prior high-risk pregnancies or deliveries, fetal genetic conditions or family history of genetic conditions; underlying conditions such as diabetes, high blood pressure, obesity and epilepsy; and multiple pregnancies.
- A 2015 report from the Children's Initiative titled *San Diego County Report Card on Children and Families* identified the following barriers to utilization of prenatal care: financial barriers, such as a lack of health insurance; the context of care, such as biased treatment from providers or a lack of cultural competence; and issues surrounding access to care, such as transportation, difficulty obtaining an appointment, or inconvenient hours. Personal attitudes and behaviors may also be barriers to obtaining prenatal care.
- Strategies that have been shown to increase the use of prenatal care include: affordable or expedited health coverage for pregnant uninsured women; insurance coverage that includes health education and risk counseling; outreach and assistance with enrolling in health coverage and accessing affordable prenatal services; use of safety net health providers; culturally and linguistically appropriate prenatal services; home visits for high-risk pregnant women; coaching and support

from trained and certified doulas and community health workers; group care approaches to reduce costs and enhance care; and transportation assistance (Children’s Initiative, 2015).

- According to the Centers for Disease Control and Prevention (CDC), maternal health conditions that are not addressed before pregnancy can lead to complications for the mother and the infant. Health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, maternal obesity, maternal smoking during pregnancy and maternal deficiency of folic acid (CDC, 2015).
- Factors associated with preterm birth include maternal age, race, socioeconomic status, tobacco and alcohol use, substance abuse, stress, high blood pressure, prior pre-term births, carrying more than one baby, infection and delayed prenatal care (CDC, 2015).
- According to the California Health Care Almanac, being overweight increases the risk of complications during pregnancy. In 2014, about one in four California mothers was obese or morbidly obese prior to pregnancy, and an additional one in four was overweight (California Health Care Foundation (CHCF), 2016).
- According to March of Dimes data, the number of preterm births in the U.S. rose in 2015 for the first time in eight years. Racial minorities continue to experience early labor at higher rates. The preterm birth rate increased from 9.57 to 9.63 percent, which accounts for an additional 2,000 babies (March of Dimes, 2015).
- According to the California Health Care Almanac, 82 percent of pregnant women initiated prenatal care in their first trimester. Prenatal care has been shown to improve pregnancy outcomes, particularly by increasing birthweight and decreasing risk of delivery before 37 weeks (CHCF, 2016).

Objectives

- Develop, coordinate and provide educational programs for the community on preterm labor and births, and prenatal and women’s health
- Provide education as needed to high-risk populations, including pregnant teens
- Educate community members about available hospital resources through participation in community events
- Identify and disseminate evidence-based best practices to improve outcomes of at-risk newborns through the Sharp Mary Birch Neonatal Research Institute (NRI)

FY 2017 Report of Activities

In FY 2017, SMBHWN conducted a variety of efforts to support healthy pregnancies for expectant mothers, including teenagers and other high-risk populations, and improve outcomes for at-risk newborns.

Through the hospital’s free monthly Preterm Birth Prevention classes, approximately 180 expecting parents learned about the warning signs of preterm labor and how to help prevent a premature birth. A range of other prenatal education classes were offered throughout the year to help families prepare for birth. Education was offered on the

SMMC campus as well as at the new Sharp Mary Birch Education Center in North County. Class topics included, but were not limited to: how one's body prepares for birth and delivery; sibling preparation; hospital procedures; medication choices; caesarean delivery; labor comfort and relaxation skills; basic infant care; breastfeeding and infant feeding; preparing for multiple births; and prenatal fitness and yoga.

In FY 2016, SMBHWN launched the perinatal special care unit (PSCU) Navigator Program to support high-risk, antepartum mothers on bed rest staying in the hospital's PSCU. Through the program, volunteers who have previously stayed in the PSCU provide encouragement, guidance to appropriate resources, and assistance with the transition of these mothers from hospital to home.

SMBHWN continued to support Miracle Babies, a volunteer-driven nonprofit organization that provides support and financial assistance to families with critically ill newborns in the neonatal intensive care unit (NICU) as well as education, prevention and medical care to enhance the well-being of women, children and families. In FY 2017, SMBHWN raised approximately \$5,000 for the organization through participation in the annual Miracle Babies Gala and 5K Walk. SMBHWN also provided fundraising support for the 2017 San Diego Heart & Stroke Walk as well as for March of Dimes, a nonprofit organization dedicated to preventing birth defects, premature birth and infant mortality through community and global outreach programs and research. Further, in April, SMBHWN team members participated in Sharp's annual Women's Health Conference where they provided information about the hospital's community programs and services as well as presented on lifestyle factors to help optimize reproductive health and technological advances to help assess and manage fertility.

In 2013, the Sharp Mary Birch NRI was launched to discover new, leading-edge treatments and practices in newborn care, and disseminate its research findings to improve outcomes for at-risk newborns throughout the world.

Led by a multidisciplinary team of physicians, nurses, respiratory therapists, researchers and data analysts, the NRI has completed more than 30 clinical trials with nearly 1,650 newborns participating. This includes a study demonstrating that delayed umbilical cord clamping provides babies with additional health benefits, which contributed to a recommendation by The American Congress of Obstetricians and Gynecologists to standardize the practice.

The NRI values the perspective of the community in shaping the future of NICU care. Through its Parent Advisory Board (PAB), parents and grandparents of infants who have been in the NICU offer the NRI their unique point-of-view as parents of a NICU baby, including feedback on proposed and current clinical trials to help ensure that other parents will understand and feel comfortable participating in them.

The NRI shares its expertise and groundbreaking research developments throughout the greater health care and research communities. In March 2017, the NRI presented at Neo-Resus, an international conference featuring world experts who discuss clinical

research and current practices in neonatal resuscitation. In FY 2017, the NRI continued to offer a Bedside Ultrasound Training for Neonatologists course — a multiweek training that consists of hands-on, one-on-one training sessions and expert lectures on theoretical and practical ultrasound technique for neonatologists. Open to local, regional, national and international neonatologists, the course is one of only a few similar training programs in the country. Further, the NRI's newsletter — *NRI News* — is published twice per year to communicate current NRI studies and updates to the medical community. The NRI's medical discoveries have been featured on multiple news networks, including ABC, CBS, CNN, KNSD, KPBS, KSWB, and more, while its research findings have been shared in several distinguished medical journals, including *Journal of Pediatrics*, *American Journal of Perinatology*, and *Frontiers in Pediatrics*, among others.

The NRI has received funding support from personal donations as well as from various foundations and organizations including Gerber Foundation, Hartwell Foundation, Thrasher Research Fund, Little Giraffe Foundation and Will Rogers Institute. In addition, the NRI has received three grants from the National Institutes of Health, including most recently in March 2017 to support its leadership of a multi-site international study analyzing umbilical cord milking versus delayed cord clamping — the largest and most comprehensive study of its kind.

In addition to its groundbreaking research, the NRI works closely with SMBHWN's Nemeth NICU Follow-Up Clinic, which provides neurodevelopmental assessments, testing and early interventions to promote optimal growth and success for babies born preterm or with other conditions that place them at risk for developmental delay. The services and interventions provided by the Nemeth NICU Follow-Up Clinic help validate the results of the NRI's innovative research studies.

FY 2018 Plan

SMBHWN will do the following:

- Offer monthly Preterm Birth Prevention classes
- Provide PSCU-specific support services to new mothers and their families
- Continue to provide fundraising support for Miracle Babies and March of Dimes
- Conduct community outreach at community health fairs and events
- Continue the work of the NRI to identify and disseminate evidence-based best practices for newborn care to the health care community

Identified Community Need: Meeting the Needs of New Mothers and Their Families

Rationale references the findings of the SMH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- According to discussions held with Sharp social workers as part of the SMH 2016 CHNA, patients with high-risk pregnancies expressed the following reasons for not adopting healthy behaviors: challenges taking care of children or other household needs while on bed rest; cultural barriers related to food; financial constraints to buying healthy food; domestic violence; homelessness; less obligation to follow bed rest orders during surrogacy or adoption situations; perceived need and/or benefit of bed rest; and substance abuse.
- Sharp social worker discussions also identified strategies to help meet the needs of high-risk pregnant patients, such as: education; empathy for what patients are experiencing; focusing on mom and baby; and strategizing with patients about how to deal with issues.
- According to the 2015 *San Diego County Report Card on Children and Families*, breastfeeding enhances immunity to disease, decreases the rate and severity of infections in children and is associated with improved development and decreased risk of childhood obesity. Mothers who breastfeed may have a reduced risk of breast, ovarian, and uterine cancers, quicker recovery time postpartum, and less work missed due to child illness (Children's Initiative, 2015).
- In California, SDC ranked 20th out of 50 counties for in-hospital exclusive breastfeeding at 79.6 percent (California Women, Infants and Children (WIC) Association and University of California (UC) Davis Human Lactation Center, *A Policy Update on California Breastfeeding and Hospital Performance*, 2016).
- Data presented in the report titled *A Policy Update on California Breastfeeding and Hospital Performance* show that mothers who experience more supportive practices (such as early breastfeeding initiation and limited supplementation) are more likely to breastfeed exclusively in the hospital and beyond. In California, 94 percent of mothers begin breastfeeding in the hospital, however 27 percent also feed their infants formula during their stay (California WIC Association and UC Davis Human Lactation Center, 2016).
- The same report indicates that in-hospital lactation support is crucial to mothers' breastfeeding success in the hospital and following discharge. Hospitals that have instituted Baby-Friendly policies have high rates of breastfeeding, no matter where they are located or what populations they serve (California WIC Association and UC Davis Human Lactation Center, 2016).
- According to the CDC's 2016 *Breastfeeding Report Card*, 58.5 percent of mothers in California were breastfeeding at six months, while only 24.8 percent were exclusively breastfeeding at six months (CDC, 2016).
- The American Academy of Pediatrics (AAP) recommends that babies be exclusively breastfed for approximately the first six months of life, followed by continued breastfeeding with complementary foods for one year or longer (AAP, 2012).

- According to a 2017 report from the California Task Force on the Status of Maternal Mental Health Care, about one in five new or expectant mothers will experience a mental health disorder during pregnancy or the first year of childbirth.
- Maternal depression is the most common complication of pregnancy in the U.S. Findings from the California Department of Public Health's 2012–2013 *Maternal and Infant Health Assessment* indicated that 21.5 percent of California mothers experienced depressive symptoms during pregnancy or postpartum (California Task Force on the Status of Maternal Mental Health Care, 2017).
- The American Psychological Association (APA) identifies several risk factors for developing postpartum depression, including: a change in hormone levels after birth; prior experience with or family history of depression, anxiety or mental illness; stress related to caring for a newborn; having a baby who is difficult to comfort, or who has challenging sleep and hunger needs; having a baby with special needs; first-time, very young or older motherhood; emotional stressors such as the death of a loved one or family problems; financial or employment problems; and isolation or lack of social support (APA, 2016).
- Most maternal and infant deaths occur during the postnatal period — the days and weeks following childbirth — yet this is the most neglected period for the provision of quality care. Evidence-based postnatal care practices include timing of discharge from a health facility after birth, postnatal contacts including assessment of mother and baby, exclusive breastfeeding, cord care, and counseling on the physiological process of recovery after birth (World Health Organization (WHO), 2013).

Objectives

- Demonstrate best practices in breastfeeding and maternity care
- Provide education and support to new mothers on the importance of breastfeeding
- Provide postpartum education and support to new mothers and their families
- Provide NICU-specific support services to new mothers and their families

FY 2017 Report of Activities

In November 2015, SMBHWN received Baby-Friendly USA Designation through the Baby-Friendly Hospital Initiative — a global program launched by the WHO and the United Nations Children's Fund to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother-baby bonding. The five-year designation was earned through participation in the NICHQ Best Fed Beginnings Learning Collaborative, supported by the CDC, and through implementation of the 10 Steps to Successful Breastfeeding and the International Code of Marketing of Breast-milk Substitutes. SMBHWN received this designation in partnership with First 5 San Diego, which provided grant funding needed to fulfill the staff training hours required for the designation. Approximately 620 registered nurses (RNs) at SMBHWN have completed the required competency training to achieve and maintain Baby-Friendly USA Designation. Since the hospital started its Baby-Friendly journey in 2011, the rate of exclusive breastfeeding at discharge has increased from a baseline average

of 47 percent to 64 percent in FY 2017.

In FY 2017, SMBHWN served nearly 1,800 new mothers through a free breastfeeding support group. Facilitated by an experienced lactation educator, the group was offered three times per week to teach participants techniques to improve breastfeeding and allow participants to share their personal breastfeeding joys and challenges. SMBHWN continued to provide its free weekly NICU breastfeeding support group — the Mother's Milk Club — for all mothers in the community whose baby spent any length of time in the NICU. Approximately 200 mothers received support and counseling for topics of concern, including milk supply, latching, sleeping, the stress of having a baby who is experiencing problems and any other concerns of the group. The mothers also had the opportunity to share their own experiences, feed and show off their babies, and measure and track their baby's growth.

SMBHWN continued to offer the Baby and Me Time support group to ensure new parents safely transition from giving birth at the hospital to returning home. Understanding that it can be difficult to retain information received at the hospital, this free weekly support group provides valuable resources to help new parents adjust once they return home. The group also provides opportunities to share insights regarding parenthood and establish friendships. All parents from the community are invited to participate in Baby and Me Time, which includes a mix of working moms, military families with a parent stationed overseas, single parents and stay-at-home parents. Serving approximately 300 new parents in FY 2017, this unique support group has evolved into a community-centered place of support during an often-challenging time.

In FY 2017, SMBHWN provided specialized education and support to approximately 425 mothers through its free weekly postpartum support group. Led by licensed clinical social workers, the group provided emotional support to mothers in the community with babies of newborn age up to 12 months dealing with feelings of anxiety or depression related to challenges associated with new motherhood. A monthly postpartum support group for couples was also offered, which engaged approximately 70 mothers and fathers in discussion about postpartum mood disorders.

Throughout the year, SMBHWN offered a variety of educational classes for new mothers and their families covering numerous aspects of postpartum care, including infant sleep patterns and strategies, infant massage, and mom and baby fitness classes, including yoga and Pilates. Additionally, SMBHWN staff devoted approximately 550 hours to daily Family Home Care classes that provided critical information and support to nearly 4,700 new mothers and family members. Topics included car seat safety, sudden infant death syndrome, shaken baby syndrome, signs and symptoms of illness for mothers and babies, breastfeeding and jaundice. Free NICU cardiopulmonary resuscitation education was also offered to approximately 650 family and friends of the hospital's NICU babies.

Scientific evidence shows that exclusive breastmilk feeding provides the healthiest start for a newborn's life, especially very premature babies. However, exclusive

breastfeeding is not possible for mothers who experience challenges with breastmilk supply and feeding. Pasteurized donor human milk can make breastfeeding possible for these mothers. For more than 13 years, SMBHWN has been a donor breastmilk depot, regularly shipping donated breastmilk to the San Jose Mother's Milk Bank, where it is screened, pasteurized, and distributed to community hospitals for infants whose mothers have an insufficient breastmilk supply. In 2015, SMBHWN started SDC's first Donor Breastmilk Drive to help further increase the supply of breastmilk for the San Jose Mother's Milk Bank. To date, the annual drive has collected approximately 220 gallons of breastmilk from more than 120 donors. SMBHWN received the largest donation during its FY 2017 drive, collecting 132 gallons from 78 donors.

SMBHWN expands its support for community mothers and families through the New Beginnings Boutique & Gift Shop. Located within SMBHWN, the boutique not only provides convenient access to needed supplies, such as nursing bras and breastfeeding pumps, but also offers experienced lactation educators to answer questions, provides important breastfeeding resources, and offers reassurance to anyone in the community.

SMBHWN continued to offer the NICU Navigator Program in FY 2017. This unique program consists of volunteer NICU Navigators — mothers who previously had babies in the NICU — who provide resources and support for parents whose babies are currently in the NICU. The NICU Navigator Program also offers Parent Hour, an informational session designed to enhance a parent's developing relationship with his or her newborn. Parent Hour is offered free to families with a baby in the NICU and focuses on topics such as premature growth and development; nutrition, breastfeeding and feeding mechanics; and preparing for discharge. Approximately 280 families were served through SMBHWN's navigator programs and Parent Hour in FY 2017.

For the past 21 years, SMBHWN has hosted the NICU Little Graduate Reunion for babies and families who have spent time in the hospital's NICU. The event provides a special opportunity for families to reunite with the team members who cared for them during their stay, and celebrate the health of their child. The same families often return to the reunion year after year, with many of the graduates now in their teens. To accommodate growing attendance, the FY 2017 Little Graduate Reunion was held off-campus for the first time at the Naval Training Center in Liberty Station. Nearly 600 parents, grandparents, siblings and NICU graduates enjoyed a variety of activities, including a bounce house, bubble station, music, face painting, photo booth, and games for all ages.

In summer 2015, SMBHWN launched a program to evaluate eligibility for Supplemental Security Income (SSI) for newborns who have been diagnosed with a disabling medical condition or extremely LBW. This benefit is offered to both unfunded patients as well as insured families to assist with the cost of care for their newborn. Since the inception of the program, approximately 150 families have been referred to Public Resource Specialists for assistance with the SSI application process.

FY 2018 Plan

SMBHWN will do the following:

- Continue to implement evidence-based breastfeeding practices as a Baby-Friendly USA designated hospital
- Continue to offer free postpartum, breastfeeding, and new-parent support groups to new mothers and their families
- Continue to offer a variety of educational classes for new mothers and their families
- Continue to provide the NICU Little Graduate Reunion to former NICU patients and their families
- Continue to evaluate eligibility of high-risk newborns for SSI benefits and provide referrals for application assistance

Identified Community Need: Health Professions Education and Training, and Collaboration with Local Schools to Promote Interest in Health Care Careers

Rationale references the findings of the SMH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- According to the 2017 San Diego Workforce Partnership (SDWP) Health Care Priority Sector report, the health care industry in SDC experienced a 44 percent increase in employment growth between 2006 and 2016, higher than the 38 percent growth rate seen by the state of California (SDWP, 2017).
- The same report indicated that the six fastest-growing health care occupations in SDC between 2013 and 2016 were physician's assistants (22 percent), medical assistants (18 percent), health care social workers (15 percent), home health aides (13 percent), licensed vocational nurses (12 percent), and medical and clinical lab technicians (11 percent). RNs accounted for 1,366 added jobs during this period, which was the largest increase in total jobs among all health care occupations (SDWP, 2017).
- The *Health Care Priority Sector* report also found that health care employers identified RNs, physicians and surgeons, and health technicians as the most difficult positions to fill. The most frequently cited reason for hiring difficulties were lack of experience, small applicant pools, and insufficient non-technical skills (SDWP, 2017).
- A 2014 SDWP labor market analysis indicated an increase in the number of health care training providers in SDC, but a shortage of clinical training facilities where applicants can gain necessary experience. The scarcity of clinical facilities offering prerequisite training has made it increasingly difficult for employers to find qualified workers.
- The 2017 SDWP *Nonprofit Sector Employment Trends and Career Opportunities* report recommends that nonprofit sector health care training and education

programs in SDC emphasize soft skills such as being a team player, interpersonal and communication skills, big-picture thinking with the ability to plan and forecast, problem solving, and the ability to adapt to a variety of situations. It also recommends incorporating more training on data management and technology into curriculums in order for graduates to meet the needs of this increasingly data-driven sector.

- In its *Employment Projections — 2016–2026* report, the U.S. Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/ technical occupations will contribute about one-fifth of all new jobs and account for almost half of the 30 fastest-growing occupations. There are several factors leading to the increased demand for these professions, including: projected population growth in the next decade; aging of the U.S. population; greater numbers of people living with chronic conditions, such as diabetes or obesity; improvements in medicine and technology; and federal health insurance reform, which has increased the total number of Americans with health insurance coverage (BLS, 2016).
- Total employment in California is projected to increase by 6.5 percent, or 9.8 million, from 2014 to 2024. The health care and social assistance sector is expected to be the fastest-growing service industry, increasing its employment share from 12 percent in 2014 to 13.6 percent in 2024. Occupations and industries related to health care are projected to add the most new jobs, with an increase of 2.3 million jobs (BLS, 2015).
- As of 2015, SDC was one of 26 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (OSHDPD *Healthcare Atlas*, 2017).
- As of 2015, the California Health Care Almanac reported that 44 percent of the employed RN workforce was over the age of 50. As this age group moves away from patient care and approaches retirement, it will be critical to have younger RN's trained and in place to handle the turnover (CHCF, 2017).
- The BLS projects employment of more than 300,000 RNs in California in 2024, which would be an increase of 17 percent from 2014. Compared to other health care practitioners and technical health care operators, RNs are projected to have the most opportunity for employment in 2020 (BLS, 2014).
- The BLS projects that the demand for home health aides in California will grow 39 percent from 2014 to 2024. Older individuals often have health problems and need help with daily activities. Thus, as the U.S. population ages, the demand for home health aides will continue to increase (BLS, 2014).
- According to forecasts performed by the Healthforce Center at University of California, San Francisco (UCSF), the demand for primary care clinicians in California will increase 12 to 17 percent by 2030. These forecasts predict that the southern border region will experience some of the highest levels of clinician shortages in the state (UCSF, 2017).
- A 2014 report from the California Hospital Association titled *Critical Roles: California's Allied Health Workforce Follow-Up Report* emphasizes the importance of local hospitals providing clinical training for nurses and allied health professionals, as well as programs to support mentoring and hospital work experience for interns

and high school students. In the coming decades, such programs will have a tremendous impact on the lives of individuals, families and the San Diego community at large.

Objectives

- Provide education and training for students interested in health care careers
- Provide obstetrical, gynecological and neonatal education and training for health care professionals
- Participate in local and national organizations to share specialty expertise and enhance learning for the broader health care community

FY 2017 Report of Activities

In FY 2017, SMBHWN served as a training site for nearly 200 nursing students as well as 9 ancillary students who spent more than 22,000 hours on the SMBHWN campus. Academic institution partners included Concorde Career College, Grand Canyon University, National University, Point Loma Nazarene University, San Diego State University, Touro University, University of California, San Diego Extension, University of Phoenix, University of San Diego and the VA health care system.

In FY 2017, SMBHWN completed its 10th year of participation in the Health Sciences High and Middle College (HSHMC) program, providing valuable health care experience, including job requirements and career ladder development, to ninth through 12th grade students. During a 16-week period, 60 HSHMC students devoted 15,360 hours to rotations with maternal infant services, the post-anesthesia care unit, the NICU and the transport team.

In September, SMBHWN and SMH collaborated to provide the Nursing Career Development Fair to support the professional development of students who are interested in pursuing a career in nursing as well as nurses within the community. Held at the SMMC, the fair provided more than 180 attendees with advice and coaching from professional nurses as well as information on financial aid and scholarships, clinical certifications, student loan forgiveness and medical library services. In addition, representatives from more than a dozen California and State universities offered information about their nursing and allied health programs.

SMBHWN team members supported local and national conferences throughout the year. In August, team members participated in Sharp's 2017 Adult and Neonatal Pulmonary Care Conference, an annual event providing expert education on current trends and advances in pulmonary and critical care medicine. SMBHWN also presented on sudden unexpected infant collapse at the AWHONN California Section Conference in February, as well as on perinatal loss at the national AWHONN Convention in June. In addition, SMBHWN team members provided trainings to community professionals, including an RPS Maternal Newborn Care course and fetal

heart monitoring course for community nurses, as well as a training to prepare San Diego paramedics to safely assess and treat obstetrical trauma patients.

In FY 2017, SMBHWN continued to learn and share its expertise with staff at other hospitals and health agencies through participation in organizations such as AWHONN, CWISH, SCANN, Perinatal Social Work Cluster, Sigma Theta Tau International Honor Society of Nursing, ACNL, RPS and the NICHQ Best Fed Beginnings Learning Collaborative.

FY 2018 Plan

SMBHWN will do the following:

- Continue to serve as a training site for health professions students
- Continue to participate in the HSHMC program
- Continue to participate in local and national collaboratives and share specialty expertise at professional conferences

SMBHWN Program and Service Highlights

- Antenatal Diagnostic Center
- Cord blood banking
- Doula program
- Gynecologic oncology
- High-risk pregnancy care (Perinatal Special Care Unit)
- Lactation services
- Labor and delivery
- Level III Neonatal Intensive Care Unit
- Maternal Infant Services Unit
- Mother's Milk Bank
- NICU and PSCU Navigator Programs
- Neonatal Research Institute
- New Beginnings Boutique & Gift Shop
- Obstetrical and women's triage services
- Pregnancy, childbirth and parent education programs
- Prenatal Diagnostic Center
- Spiritual care services, including Arts for Healing
- Women's and infants' pathology services
- Women's surgery, including minimally invasive robotic gynecology surgery



Supporting the Cancer Community

Sharp Memorial Hospital

Cancer is overwhelming for community members facing the disease, their loved ones and caregivers. The Laurel Amtower Cancer Institute at Sharp Memorial Hospital offers free support groups to help those affected by cancer cope with its unique challenges.

The hospital's support groups provide a safe and welcoming environment to address the needs of individuals facing all types and stages of cancer. Ongoing groups are available for community members living with brain or breast cancer as well as those living with advanced cancer, young cancer patients, and friends and family members of cancer patients. Further, those touched by cancer receive emotional support during the often-difficult holiday season through the hospital's annual Coping With Cancer During the Holidays seminar.

Section

10 Sharp Memorial Hospital

It's gratifying to see the positive impact we're having on our community each day. I work beside exceptional people, and it makes me proud to see all they do to help improve the health and lives of our neighbors. — Tim Smith, Chief Executive Officer, Sharp Memorial Hospital

FY 2017 Community Benefit Program Highlights

Sharp Memorial Hospital (SMH) provided a total of **\$170,666,302** in community benefit in Fiscal Year 2017 (FY 2017). See **Table 35** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697), and **Figure 27** for the distribution of SMH's community benefit among those categories.

**Table 35: Economic Value of Community Benefit Provided
Sharp Memorial Hospital — FY 2017**

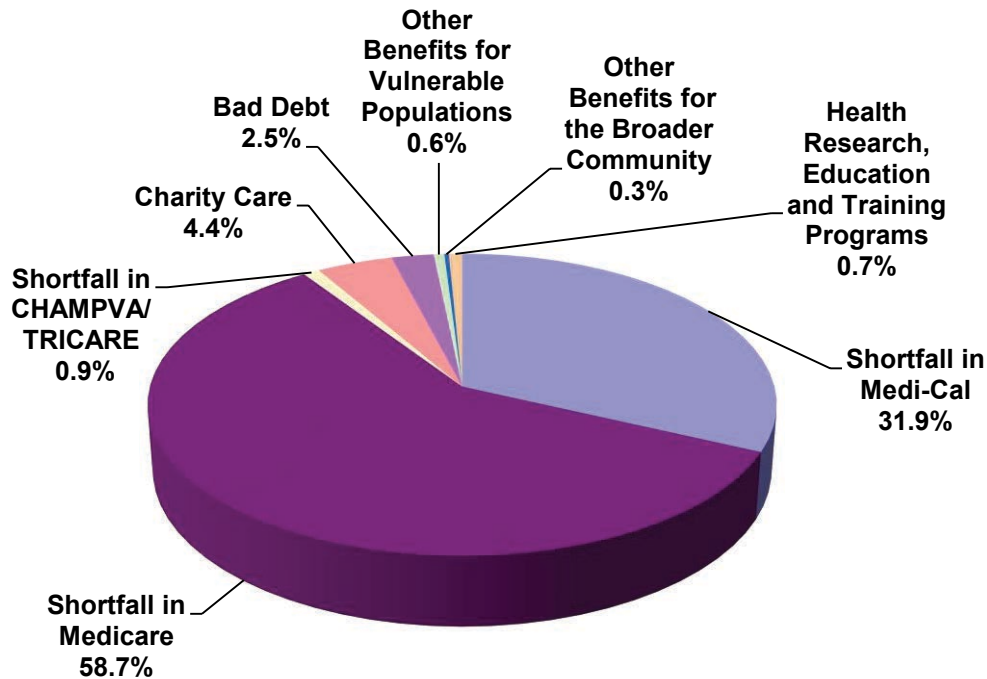
SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2017 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibility forms ¹	\$54,373,572
	Shortfall in Medicare ¹	100,223,596
	Shortfall in San Diego County Indigent Medical Services ¹	692
	Shortfall in CHAMPVA/TRICARE ¹	1,618,791
	Charity Care ²	7,497,729
	Bad Debt ²	4,186,159
Other Benefits for Vulnerable Populations	Patient transportation, Project HELP and other assistance for the needy ³	1,018,661
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	443,956
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	1,303,146
TOTAL		\$170,666,302

¹ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

² Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

³ Unreimbursed costs may include an hourly rate for labor and benefits, plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

**Figure 27: Percentage of Community Benefit by SB 697 Category
Sharp Memorial Hospital — FY 2017**



Key highlights:

- **Medical Care Services** included uncompensated care for patients who are unable to pay for services and unreimbursed costs of public programs, such as Medi-Cal, Medicare and CHAMPVA/TRICARE. In FY 2015, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2014 through December 31, 2016. This resulted in an increased reimbursement of \$1.2 million to SMH. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2017 understate the true unreimbursed medical care services performed for the past fiscal year.
- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; flu vaccinations and specialized education and information for seniors offered by the SMH Senior Resource Center and Sharp Senior Health Centers; Project HELP; contribution of time to Stand Down for Homeless Veterans, Ssubi is Hope, Doors of Change, Promises2Kids, Kitchens for Good, Feeding San Diego and the San Diego Food Bank (Food Bank); the Sharp Humanitarian Service Program; support services for discharged homeless patients in partnership with San Diego Rescue Mission (SDRM); and other assistance for vulnerable and high-risk community members.

- **Other Benefits for the Broader Community** included education and resources on a variety of health topics; participation in community health fairs and events; support groups; health screenings for diabetes, stroke, osteoporosis, blood pressure, depression, body composition, hearing, balance and gait, hand mobility, musculoskeletal health; and community education and resources provided by the Laurel Amtower Cancer Institute at SMH Patient Navigator program. In addition, SMH donated meeting room space to community groups as well as collaborated with local schools to promote student interest in health care careers. SMH staff actively participated in community boards, committees and other civic organizations, including the American Heart Association (AHA), Health Sciences High and Middle College (HSHMC) Board, American College of Healthcare Executives, San Diego Organization of Healthcare Leaders, Association of California Nurse Leaders, Emergency Nurses Association — San Diego Chapter, Association for Clinical Pastoral Education, Community Health Improvement Partners (CHIP) Health Literacy San Diego Task Force, Hospital Association of San Diego and Imperial Counties (HASD&IC), County of San Diego Emergency Medical Care Committee, San Diego County Stroke Consortium, San Diego Blood Bank, Serving Seniors, Community Center for the Blind and Visually Impaired, Aging and Disability Resource Connection, Caregiver Coalition of San Diego, San Diego County Council on Aging (SDCCOA), and various universities and colleges in San Diego County (SDC). See **Appendix A** for a listing of Sharp HealthCare's (Sharp's or SHC's) involvement in community organizations in FY 2017. The category also incorporated costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation.
- **Health Research, Education and Training Programs** included time devoted to education and training of health care professionals, student and intern supervision, and time devoted to generalizable health-related research projects that were made available to the broader health care community.

Definition of Community

- *SMH is located at 7901 Frost Street in San Diego, ZIP code 92123.*
- *Sharp Memorial Outpatient Pavilion (OPP) is located at 3075 Health Center Drive in San Diego, ZIP code 92123.*

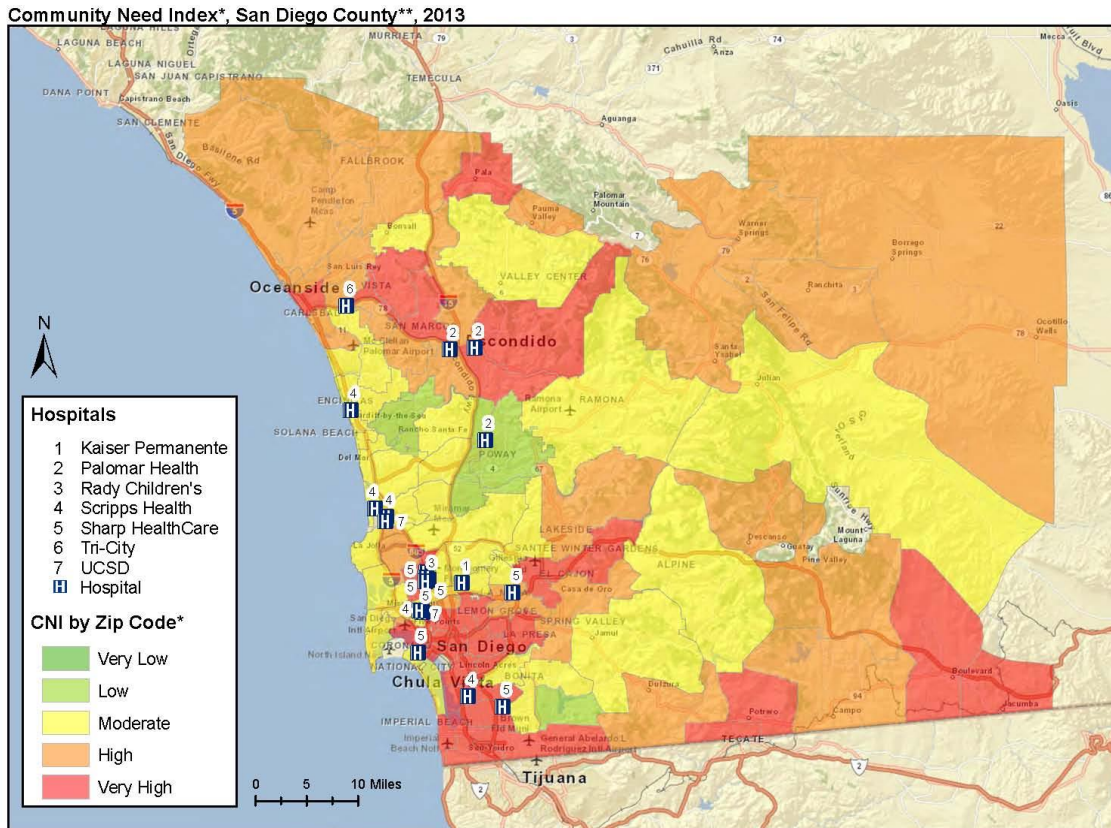
SMH serves the entire county of San Diego; however, the primary communities served by the hospital include the City of San Diego, Chula Vista, the East County region and North Inland communities surrounding Rancho Bernardo. See **Appendix B** for a map of community and region boundaries in SDC.

For SMH's 2016 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States of America (U.S.) based on specific barriers to health care access, including education,

income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations.

According to the CNI, communities served by SMH with especially high need include, but are not limited to, East San Diego, City Heights, North Park, the College Area and Downtown San Diego. **Figure 28** presents a map of the CNI scores across SDC.

Figure 28: CNI Map — SDC



Data Source: *Dignity Health; **SanGIS;
 Basemap: © 2015 OpenStreetMap contributors, and the GIS User Community.

HOSPITAL ASSOCIATION
 of San Diego & Imperial Counties

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 INSTITUTE OF PUBLIC HEALTH

Description of Community Health

In SDC in 2016, 99.7 percent of surveyed children ages zero to 11, 99.5 percent of surveyed children ages 12 to 17, and 90.8 percent of surveyed adults ages 18 to 64 had health insurance, which fall short of the Healthy People 2020 (HP2020) national target¹ of 100 percent health insurance coverage for all individuals under age 65.

¹ The U.S. Department of Health and Human Services' HP2020 initiative represents the nation's prevention agenda for the second decade of the 21st century. HP2020 has four overarching goals: to attain high-quality, longer lives free of preventable disease, disability, injury and premature death; to achieve health equity, eliminate disparities and improve the health of all groups; to create social and physical environments that promote good health for all; and to promote quality of life, healthy development and healthy behaviors across all life stages.

In SDC in 2016, 14.5 percent of adults ages 18 to 64 did not have a usual source of care and 10.6 percent of these adults had health insurance. In addition, 25.3 percent of adults without a usual source of care reported fair or poor health outcomes. See **Table 36** for a summary of key indicators of access to care and **Table 37** for data regarding Medi-Cal eligibility.

In 2015, the unemployment rate for SDC was 10.3 percent.¹ During 2015–2016, 15.5 percent of SDC adults ages 18 to 64 reported living below the federal poverty level (FPL). Among SDC adults with a household income below 200 percent FPL surveyed in 2015–2016, 42.4 percent reported experiencing food insecurity (lack of access to healthy food).

In addition, 17.5 percent of SDC adults with a household income below 300 percent FPL reported participation in CalFresh, the Supplemental Nutrition Assistance Program in California. Further, 8.6 percent of SDC adults with a household income below 300 percent FPL received Supplemental Security Income.

In 2015, there were 397,674 residents ages 65 and older in SDC, representing 12.3 percent of the population. Between 2015 and 2020, it is anticipated that SDC’s senior population will grow by 22 percent.²

Table 36: Health Care Access in SDC, 2016

Description	Rate	HP2020 Target
Current Health Insurance Coverage		
Children 0 to 11 Years	99.7%	100%
Children 12 to 17 Years	99.5%	100%
Adults 18 to 64 Years	90.8%	100%
Regular Source of Medical Care		
Children 0 to 11 Years	96.7%	100%
Children 12 to 17 Years	74.1%	100%
Adults 18 to 64 Years	85.5%	89.4%
Not Currently Insured		
Adults 18 to 64 Years	9.2%	

Source: 2016 California Health Interview Survey (CHIS)

¹ County of San Diego Health and Human Services. Community Health Statistics Unit. 2015.

²This information is sourced from the 2016 California Health Interview Survey (CHIS) Health Profile for SDC, provided by the University of California Los Angeles (UCLA) Center for Health Policy Research. Starting in 2012, CHIS moved to a continuous survey model. CHIS Health Profiles, available annually, include key health statistics for California state, counties, regions, Service Planning Areas, and more. Customized and detailed health statistics are available through *AskCHIS* biennially, with the most recently available information from 2016.

Table 37: Medi-Cal (Medicaid) Eligibility Among Uninsured in SDC (Adults Ages 18 to 64 Years), 2016¹

Description	Rate
Medi-Cal Eligible	13.9%
Not Eligible	86.1%

Source: 2016 CHIS

Cancer and coronary heart disease (CHD) were the top two leading causes of death in SDC in 2015. See **Table 38** for a summary of leading causes of death in SDC. For additional demographic and health data for communities served by SMH, please refer to the SMH 2016 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

Table 38: Leading Causes of Death in SDC, 2015

Cause of Death	Number of Deaths	Percent of Total Deaths
Overall Cancer	5,025	24.3%
Coronary Heart Disease	2,898	14.0%
Alzheimer's Disease and Related Dementias	2,482	12.0%
Unintentional Injuries	1,190	5.8%
Stroke	1,162	5.6%
Chronic Obstructive Pulmonary Disease/Chronic Lower Respiratory Diseases	973	4.7%
Overall Hypertensive Diseases	733	3.5%
Diabetes	708	3.4%
Overdose/Poisoning	360	1.7%
Suicide	342	1.7%
All Other Causes	4,795	23.2%
Total Deaths	20,668	100.0%

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Epidemiology & Immunization Services Branch

¹This information is sourced from the 2014-2015 CHIS Health Profile for SDC, provided by the UCLA Center for Health Policy Research. Starting in 2013, the California state budget required children enrolled in the Healthy Families Program to transition enrollment into Medi-Cal. Formerly, this table included Healthy Family eligibility in San Diego County using pre-ACA data. The Affordable Care Act now determines financial eligibility for Medi-Cal using Modified-Adjusted Gross Income, based on income and number of persons in the household.

Community Benefit Planning Process

In addition to the steps outlined in **Section 3: Community Benefit Planning Process** regarding community benefit planning, SMH:

- Incorporates community priorities and community relations into its strategic plan and develops service-line-specific goals
- Estimates an annual budget for community programs and services, based on community needs, previous years' experience and current funding levels
- Consults with representatives from a variety of departments to discuss, plan and implement community activities

Priority Community Needs Addressed in Community Benefit Report — SMH 2016 CHNA

SMH completed its most recent CHNA in September 2016. SMH's 2016 CHNA was significantly influenced by the collaborative HASD&IC 2016 CHNA process and findings, and details on those processes are available in **Section 3: Community Benefit Planning Process** of this report.

In accordance with federal regulations, the SMH 2016 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women & Newborns (SMBHWN), as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD).

In addition, this year SMH completed its most current implementation strategy — a description of SMH programs designed to address the priority health needs identified in the 2016 CHNA. The most recent CHNA and implementation strategy for SMH are available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

Through the SMH 2016 CHNA, the following priority health needs were identified for the communities served by SMH:

- Behavioral Health (Mental Health)
- Cancer
- Cardiovascular Disease
- Diabetes, Type 2
- High-Risk Pregnancy
- Obesity
- Senior Health

The following pages detail SMH programs, activities and services that specifically address cardiovascular disease (as part of health education and wellness; includes stroke), cancer, diabetes and senior health.

SMH does not have the resources to comprehensively address the elements of community education and support in behavioral health. Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC.

High-risk pregnancy services are addressed at SMBHWN, a specialty hospital providing care for expectant mothers, newborns and women in SDC. Please see **Section 9** of this report for details on SMBHWN's activities that address this identified community need.

Obesity is addressed through general nutrition and exercise education and resources provided at SMH as well as programs that address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise. Sharp Rees-Stealy Medical Group (SRSMG) clinics throughout SDC provide structured weight management and health education programs to community members, such as smoking cessation and stress management; long-term support for weight management and fat loss; and personalized weight-loss programs. For additional details on SMH programs that specifically address the needs identified in the 2016 CHNA, please refer to SMH's implementation strategy available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

In addition, through further analysis of SMH's community programs and consultation with SMH's service line leaders and other team members, this section also addresses the following priority health needs for community members served by SMH:

- General community health education and wellness
- Prevention of unintentional injuries
- Health professions education and training, and promotion of interest in health care careers
- Support during the transition of care for high-risk, underserved patients with complex medical needs

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2017 Report of Activities conducted in support of the objective(s), and Fiscal Year 2018 (FY 2018) Plan.

Identified Community Need: Diabetes Education and Screening

Rationale references the findings of the SMH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SMH 2016 CHNA continued to identify Type 2 diabetes as one of seven priority health issues affecting members of the communities served by SMH.
- The HASD&IC 2016 CHNA continued to identify Type 2 diabetes as one of the top four priority health issues affecting community members in SDC.
- Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to diabetes in more vulnerable communities within SDC, such as City Heights and Downtown (Dignity Health, San Diego Geographic Information Source (SanGIS), OSHPD & SpeedTrack Inc., 2015).
- Sharp diabetes educator discussions conducted as part of the SMH 2016 CHNA process identified several challenges to health improvement among their diabetes patients, including: accessing a physician; finding support programs; getting outpatient needs met (i.e., appointments with psychologists or endocrinologists); and a lack of diabetes education coverage under Medi-Cal.
- The Sharp diabetes educator discussions also identified the following barriers to adopting healthy behaviors among diabetes patients: affordability of glucose testing strips; unmet behavioral health needs; food insecurity; and knowledge of benefits.
- According to data presented in the SMH 2016 CHNA, diabetes is a major cause of heart disease and stroke. The Centers for Disease Control and Prevention (CDC) also identify diabetes as a leading cause of kidney failure, non-traumatic lower-limb amputations and new cases of blindness among adults in the U.S. (CDC, 2014).
- According to diabetes data analyzed in the SMH 2016 CHNA process, among SDC patients with a primary diagnosis of a diabetes-related ICD-9 code in 2013, 'Diabetes...Uncontrolled' was the top inpatient primary diagnosis related to Type 2 diabetes for individuals ages 15 to 24 and ages 45 and older. Among individuals ages 25 to 44, the top inpatient primary diagnosis was 'Abnormal Glucose Tolerance of Mother with Delivery,' followed by 'Diabetes...Uncontrolled.'
- In 2015, diabetes was the eighth leading cause of death in SDC.
- In 2015, there were 708 deaths due to diabetes in SDC overall, an increase when compared to 2014 (583 deaths). The age-adjusted death rate due to diabetes was 21.0 per 100,000 population, which was also higher than the 2014 age-adjusted rate (17.8 per 100,000 population).
- In 2015, there were 4,119 hospitalizations due to diabetes in SDC, which is the same as the number of hospitalizations in 2014. The age-adjusted rate of hospitalization was 123.1 per 100,000 population in 2015, which was slightly lower than the 2014 age-adjusted rate (124.5 per 100,000 population).
- In 2015, there were 4,783 diabetes-related emergency department (ED) discharges in SDC, a slight increase from 2014 (4,748 ED discharges). The age-adjusted rate of diabetes-related ED discharges was 143.5 per 100,000 population in 2015, which was lower than the age-adjusted rate in 2014 (144.6 per 100,000 population).

- According to the 2016 CHIS, 7.8 percent of adults living in SDC indicated that they had ever been diagnosed with diabetes, which was lower than the state of California (9.1 percent). Diabetes rates among seniors were particularly high, with 18.1 percent of SDC adults over 65 reporting that they had ever been diagnosed with diabetes.
- According to 2016 CHIS data, 11.7 percent of SDC residents had been told by their doctor that they have pre- or borderline diabetes.
- According to the 2012 report from the HHS titled *Critical Pathways: The Disease Continuum*, the most common behavioral and social risk factors associated with Type 2 diabetes include substance use, physical inactivity, poor nutrition, poor medical care and irregular health checks (e.g., A1C, dental, eye and foot).
- According to the CDC's 2017 *National Diabetes Statistics Report*, 87.5 percent of adults diagnosed with diabetes were overweight or obese. To prevent or delay the onset of diabetes, the CDC recommends lifestyle changes such as losing weight, eating healthier, and getting regular physical activity.
- A study by the University of California, Los Angeles (UCLA) Center for Health Policy Research found that 13 million adults in California (46 percent) are estimated to have prediabetes or undiagnosed diabetes, while another 2.5 million (9 percent) have already been diagnosed with diabetes (UCLA Center for Health Policy Research, 2016).
- The CDC estimates that 30.2 million people in the U.S. have diabetes. Of those individuals, 23 million have been diagnosed while 7.2 million are undiagnosed (*National Diabetes Statistics Report*, 2017).
- According to the CDC, prevention efforts such as the Diabetes Prevention Program can cut the risk of developing diabetes by more than half. However, California has been slow to devote state money to such programs. A report by the California State Auditor found that in 2012–2013, California's per capita funding for diabetes prevention was the lowest in the nation at just three cents per person (California State Auditor, 2015).
- According to the American Diabetes Association (ADA), diabetes treatment costs California approximately \$27.6 billion per year, with Medi-Cal and Medicare bearing the majority of the state's burden (ADA, 2015).

Objectives

- Provide diabetes education and screening in the central and north central regions of SDC
- Collaborate with community organizations and projects to provide diabetes education to SDC's vulnerable populations
- Participate in local and national professional conferences to share best practices in diabetes treatment and control with the broader health care community

FY 2017 Report of Activities

The SMH Diabetes Education Program is recognized by the ADA for meeting national standards for excellence and quality in diabetes education. The program provides individuals and their support system with the skills needed to successfully self-manage

their diabetes. Small group and one-on-one education options are offered in English and Spanish.

At the Sharp Women's Health Conference, the SHC Diabetes Education Program provided diabetes risk assessments using the ADA's Diabetes Risk Test questionnaire as well as offered resources on prediabetes, diabetes management and nutrition to approximately 1,000 attendees. Also at the conference, a diabetes educator presented on how to control blood sugar levels, diabetes risk factors, behaviors that can reduce the risk of complications, and the long-term investments needed for successful management. The SHC Diabetes Education Program also provided fundraising and team participation for the ADA's Step Out Walk to Stop Diabetes held at the Embarcadero Marina Park South in October.

The SMH Diabetes Education Program provided education and lectures to a variety of community groups in FY 2017. This included a lecture on nutrition, healthy eating and diabetes control to nearly 50 community members at the SMV East County Outpatient Mental Health Services site; education on diabetes awareness and healthy eating to more than 20 senior community members at the Gary and Mary West Senior Wellness Center; and education on diabetes and the power of lifestyle change to more than 10 community members at the Peninsula Family YMCA in Point Loma.

The SMH Diabetes Education Program is actively involved with San Diego's renal health community. In FY 2017, the SMH Diabetes Education Program collaborated with the Balboa Institute of Transplantation to provide ongoing education and support to community members who have undergone kidney transplant or experienced kidney disease.

In addition, the SHC Diabetes Education Program continued to collaborate with Family Health Centers of San Diego (FHCS D) to provide diabetes education to FHCS D diabetic patients at multiple sites throughout SDC, including those in SDC's central region, through FHCS D's Diabetes Management Care Coordination Project (DMCCP). DMCCP provides FHCS D diabetes patients with weekly group health and nutrition education, healthy cooking demonstrations, physical activity classes, and one-on-one support from a nurse practitioner. In addition, project "graduates" offer peer support and education to current project enrollees in both English and Spanish. The project monitors enrollees' physical activity, as well as their A1C and blood glucose levels, which it has proven to successfully maintain and lower. At FHCS D's North Park, Logan Heights and City Heights locations, the SHC Diabetes Education Program provided 15 lectures in English and Spanish to approximately 100 community members. Topics included creating an active lifestyle, nutrition, diabetes self-management, goal setting, and diabetes risk factors, symptoms and treatment. In 2017, participants with more severe cases of diabetes (i.e., higher blood glucose levels) compared to the overall group experienced a decrease of 37 percent in blood glucose levels.

The SHC Diabetes Education Program is an affiliate of the California Diabetes and Pregnancy Program's Sweet Success Program, which provides comprehensive

technical support and education to medical personnel and community liaisons to promote improved outcomes for high-risk pregnant women with diabetes. As an affiliate, the SHC Diabetes Education Program educates underserved pregnant women and breastfeeding mothers with Type 1, Type 2 or gestational diabetes (diabetes developed during pregnancy) on how to manage their blood sugar levels. In collaboration with community clinics, in FY 2017 the team provided these patients with a variety of education and resources, including gestational diabetes statistics; new diagnostic criteria; treatment and management of blood glucose levels; goals for blood sugar levels before and after a meal; insulin requirements; self-care practices; nutrition and meal planning; exercise and weight management; monitoring fetal movement; and the risks and complications of uncontrolled diabetes. Clinic patients also received logbooks to track and manage their blood sugar levels. In addition, the SHC Diabetes Education Program evaluated patients' management of their blood sugar levels and collaborated with community clinics' obstetrician/gynecologists to prevent complications. At SMH, the SHC Diabetes Education Program provided services and education to approximately 330 underserved pregnant women with diabetes.

In FY 2017, the SHC Diabetes Education Program continued to provide services and resources to meet the needs of diverse populations within SDC. Educational resources, included How to Live Healthy With Diabetes; What You Need to Know About Diabetes; All About Blood Glucose for People With Type 2 Diabetes; All About Carbohydrate Counting; Getting the Very Best Care for Your Diabetes; All About Insulin Resistance; All About Physical Activity With Diabetes; Gestational Diabetes Mellitus Seven-Day Menu Plan; and Food Groups. Handouts were provided in Arabic, Somali, Tagalog, Vietnamese and Spanish, and live interpreter services were available in more than 200 languages via the Stratus Video Interpreting iPad application. The team also distributed food diaries and logbooks for blood sugar level tracking to these community members. Further, Sharp team members received education regarding the different cultural needs of these diverse communities.

In FY 2017, the SHC Diabetes Education Program supported the professional health care community through participation in the ADA's 77th Scientific Sessions conference at the San Diego Convention Center. The conference theme was Experience New Horizons in Diabetes, which taught more than 13,000 international attendees about the most significant advances in diabetes care and research. During the conference, the SHC Diabetes Education Program shared an abstract titled Clinical Dashboard to Evaluate and Monitor Institutional Quality and Effectiveness of Diabetes Crisis Management. The abstract was designed to help frontline caregivers decrease variations in care and measure the effectiveness of improving the application of the diabetes crisis algorithm in order to better treat serious metabolic complications of diabetes. The SHC Diabetes Education Program improved the dashboard by adding variables such as the time spent in the emergency room, the time to start insulin infusion, and the transfer time from the intensive care unit. Further, in FY 2017 the SHC Diabetes Education program provided diabetes education to nurse practitioner students at San Diego State University (SDSU).

FY 2018 Plan

The SMH Diabetes Education Program will do the following:

- Provide community members with prediabetes and diabetes information at various community venues in SDC
- Explore additional collaborations to assist and educate food insecure community members
- Participate in Sharp's partnership with the City of San Diego to provide diabetes education and resources to employees and residents in the city's nine districts
- Continue to foster relationships and collaborate with FHCSO to provide education and resources to their diabetic patients
- Continue to provide gestational services and resources to underserved pregnant women, both at the hospital and in collaboration with community clinics
- Participate in Tour de Cure — the ADA's signature fundraising event to fight diabetes and its burdens
- Maintain up-to-date resources to provide community members support with diabetes treatment and prevention, particularly foreign language and culturally appropriate resources for diverse populations
- Continue to participate in local and national professional conferences — including those held by the ADA, American Association of Diabetes Educators and the San Diego Association of Diabetes Educators — to share best practices in diabetes treatment and control with the broader health care community
- Conduct educational outpatient and inpatient symposiums for health care professionals

Identified Community Need: Education, Support and Screening for Stroke

Rationale references the findings of the SMH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SMH 2016 CHNA continued to identify cardiovascular disease (including cerebrovascular disease/stroke) as one of seven priority health issues affecting members of the communities served by SMH.
- The HASD&IC 2016 CHNA continued to identify cardiovascular disease (including cerebrovascular disease/stroke) as one of the top four priority health issues for community members in SDC.
- According to data presented in the SMH 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. About half of all Americans (47 percent) have at least one of these three risk factors. Additional risk factors include alcohol use, obesity, physical inactivity, poor diet, diabetes and genetic factors (CDC, 2015).
- In 2015, stroke was the fifth leading cause of death for SDC overall.

- In 2015, there were 1,162 deaths due to stroke in SDC. The age-adjusted death rate due to stroke was 33.3 per 100,000 population, which was lower than the HP2020 target of 34.8 deaths per 100,000 population.
- In 2015, there were 6,013 hospitalizations for stroke in SDC, with an age-adjusted rate of 178.1 per 100,000 population. This rate has decreased for five straight years.
- In 2015, there were 1,906 stroke-related ED visits in SDC. The age-adjusted rate of ED visits was 56.3 per 100,000 population.
- According to the 2012 HHSA report titled *Critical Pathways: The Disease Continuum*, the most common risk factors associated with stroke include physical inactivity, tobacco use, alcohol or drug use, poor nutrition, poor medical care, stress, depression, high cholesterol and diabetes.
- According to 2016 CHIS data, an estimated 25.3 percent of adults in SDC were obese, 9.3 percent smoked cigarettes, 33.9 percent reported binge drinking in the past year, 16.3 percent reported eating fast food four or more times in the past week, and 58.5 percent did not regularly walk for transportation, fun, or exercise.
- The CDC estimates that up to 80 percent of strokes are preventable through the recognition of early signs/symptoms and the elimination of stroke risk factors.
- The National Institute of Neurological Disorders and Stroke (NINDS) reports that 25 percent of people who recover from their first stroke will have another stroke within 5 years (NINDS, 2016).

Objective

- Provide stroke education, support and screening services for the central region of SDC

FY 2017 Report of Activities

SMH is certified by the Joint Commission as an Advanced Primary Stroke Center (recertified in FY 2017). The program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate. SMH is also a recipient of the AHA/American Stroke Association's (ASA) Get With The Guidelines® (GWTG) — Stroke Gold Plus Quality Achievement Award for excellence in stroke care as well as the Target: Stroke Elite Honor Roll designation. The AHA/ASA's GWTG is a national effort focused on ensuring the use of evidence-based therapies to improve outcomes for stroke patients. The AHA/ASA's Target: Stroke Elite Honor Roll designation focuses on improving the timeliness of intravenous tissue plasminogen activator (IV t-PA) administration to eligible patients.

In September, Sharp's systemwide stroke program participated in Strike Out Stroke Night at the Padres, held at Petco Park. This annual event, organized by the SDC Stroke Consortium, the HHSA, the San Diego Padres and other key partners, promotes an evening of stroke awareness and survivor celebration during the baseball game. Sharp offered stroke and blood pressure screenings during the game while stroke education, including warning signs and how to respond using FAST (Face, Arms,

Speech, Time) — an easy way to remember the sudden signs of stroke — was displayed on the JumboTron to a crowd of more than 39,000 community members.

In May, the SMH Stroke Center partnered with the Sharp Senior Resource Center to provide stroke education and screenings at the Stroke Is a Brain Attack event at Point Loma Community Presbyterian Church. During the event, a Sharp-affiliated vascular neurologist provided education on emergency stroke treatment and how to prevent a stroke to approximately 20 community members, while nurses conducted personal health interviews as well as provided blood pressure and pulse checks.

The SMH Rehabilitation Center continued to provide meeting space for Young Enthusiastic Stroke Survivors, a free monthly support group for survivors of stroke and head injuries and their loved ones, as well as professionals and educators. Education topics included coping skills, adjustment, family and intimacy, work and school re-entry and support. Throughout FY 2017, approximately 25 community members attended the YESS support group each month.

In FY 2017, SMH actively participated in the quarterly San Diego County Stroke Consortium — a collaborative effort to improve stroke care and discuss issues impacting stroke care in SDC. Further, SMH continued collaboration with the County of San Diego Emergency Medical Services (EMS) for the 12th year to provide data for the SDC stroke registry.

FY 2018 Plan

The SMH Stroke Center will do the following:

- Participate in stroke screening and education events in SDC, including events targeting seniors and high-risk adults
- Provide a community presentation on stroke education and prevention featuring a Sharp physician
- Provide education for individuals with identified stroke risk factors
- Continue to participate in Strike Out Stroke Night at the Padres
- Continue to participate with other SDC hospitals in the San Diego County Stroke Consortium
- Continue to provide data to the SDC stroke registry
- Continue to offer stroke support groups through the SMH Rehabilitation Center
- Participate in Sharp's partnership with the City of San Diego to provide stroke education and resources to employees and residents in the city's nine districts

Identified Community Need: Health Education, Screening and Support for Seniors

Rationale references the findings of the SMH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SMH 2016 CHNA continued to identify senior health as one of seven top priority health issues affecting members of the communities served by SMH.
- The HASD&IC 2016 CHNA continued to identify dementia and Alzheimer's disease among the top 15 priority health conditions seen in SDC hospitals.
- As part of the SMH 2016 CHNA, discussions with nurses and social workers at Sharp's Senior Health Centers identified the following challenges to improving the health of seniors in SDC: access to care issues due to aging, decreased driving or loss of support system; difficulty purchasing medications due to financial issues, lack of transportation or lack of motivation; difficulty understanding medical instructions; inability to recognize a health problem exists; memory issues; and the perception that health issues and loneliness are a normal part of aging.
- Sharp senior health discussions held as part of the SMH 2016 CHNA process identified the most common health-related issues or needs as: anxiety; cardiac disease; cognitive impairment and dementia; depression; diabetes; psychosis and chronic mental illness (specific to the population served by the Downtown Senior Health Center); hypertension; increased need for caregivers; isolation, contributing to poor diet, bad habits, and depression; loss of purpose; and substance abuse, particularly for prescription drugs.
- Seniors participating in the SMH 2016 CHNA Health Access and Navigation Survey prioritized the following barriers to accessing health care: understanding health insurance, including confusing terms; knowing where to go for care, especially understanding when to use the ED, urgent care and primary care; using health insurance, including understanding health care costs/bills and knowing what services are covered; getting health insurance; and follow-up care, including understanding next steps and finding available appointments.
- In 2015, Alzheimer's disease was the third leading cause of death in SDC.
- In 2015, the top 10 leading causes of death among seniors ages 65 and older in SDC were (in rank order): overall cancer, Alzheimer's disease and other dementias (ADOD), CHD, stroke, chronic obstructive pulmonary disease (COPD)/chronic lower respiratory diseases, overall hypertensive diseases, diabetes, unintentional injuries, Parkinson's disease and falls.
- In 2015, hospitalization rates among seniors were higher than the general population due to CHD, stroke, chronic lower respiratory diseases, nonfatal unintentional injuries (including falls), overall cancer and arthritis.
- The top three causes of ED utilization among SDC residents ages 65 years and older in 2015 were falls, overall hypertensive diseases, and COPD.
- In 2012, 71,655 calls were made to 911 for seniors in need of emergency medical care in SDC, which represents a call for one out of every five seniors. Seniors in SDC use the 911 system at higher rates than any other age group (HHSA, 2015).

- According to the CDC, 2.8 million older adults are treated in the ED for falls every year. One in five falls causes a serious injury, such as broken bones or a head injury. These injuries may result in serious mobility issues and difficulty with everyday tasks or living independently. The direct medical costs for fall injuries are estimated at \$31 billion annually (CDC, 2017).
- In 2013, an estimated 62,000 San Diegans age 55 years and older were living with ADOD, which accounted for 8.3 percent of this age group. Assuming current trends continue, by 2030 nearly 94,000 residents 55 years and older will be living with ADOD, which is a 51 percent increase from 2013 (*Alzheimer's Disease and Other Dementias in San Diego County*, HHSA, 2016).
- In 2016, an estimated 71.4 percent of SDC residents ages 65 and older reported that they were vaccinated for influenza in the past 12 months (CHIS, 2016). In 2015, 60 out of the 61 recorded influenza deaths in SDC occurred among those 65 and older. The age-adjusted rate of influenza death among this group was 14.5 per 100,000 population (HHSA, 2015).
- Research shows that caregiving can have serious physical and mental health consequences. Findings from the Stress in America survey described in a report titled *Valuing the Invaluable* show that caregivers to older relatives report poorer health and higher stress levels than the general population. Fifty-five percent of surveyed caregivers reported feeling overwhelmed by the amount of care their family member needs (AARP Public Policy Institute, updated July 2015).
- According to a report from the National Alliance for Caregiving (NAC) and the AARP titled *Caregiving in the U.S. 2015*, an estimated 34.2 million adults have provided unpaid care to an adult age 50 or older in the past 12 months. In addition, 60 percent of unpaid caregivers are female, and nearly 1 in 10 caregivers are ages 75 or older (AARP and NAC, 2015).
- The UCLA Center for Health Policy Research conducted a study highlighting the plight of California's "hidden poor," finding 772,000 seniors who live in the gap between the FPL and the Elder Economic Security Standard. The highest proportion of seniors living in this gap includes renters, Latinos, women, and grandparents raising grandchildren (Padilla-Frausto, & Wallace, 2015).

Objectives

- Provide a variety of senior health education and screening programs
- Produce and mail quarterly activity calendars to community members
- In collaboration with community partners, offer seasonal flu vaccinations for seniors and other high-risk populations
- Provide education and community resources to family caregivers
- Maintain and grow partnerships with community organizations to expand community outreach and provide community members with updated information on available services and resources

FY 2017 Report of Activities

Sharp Senior Resource Centers meet the unique needs of seniors and their caregivers by connecting them to a variety of free and low-cost programs and services through phone and in-person consultations. The Sharp Senior Resource Centers' compassionate staff and volunteers provide personalized support and clear, accurate information regarding health education and screenings, community referrals and caregiver resources. In FY 2017, the SMH Senior Resource Center developed and mailed quarterly calendars of its programs and services to more than 3,000 households in San Diego, as well as distributed 2,800 Vials of Life, which are small vinyl sleeves that can be magnetically placed on a refrigerator to provide emergency personnel with critical medical information for seniors and disabled people.

In FY 2017, the SMH Senior Resource Center provided 30 free health education programs to more than 550 community seniors, caregivers and loved ones of the elderly. Programs were presented by experts from community organizations as well as Sharp professionals with expertise in nursing, advance care planning (ACP), physical therapy, rehabilitation, finance, research, neurology, and hospice as well as library services. Educational topics included gait and balance disorders, arthritis in the hands, diabetes, Medicare, memory loss, taxes and estate planning, coping with grief and bereavement, ACP, tools and resources for caregivers, caring for someone with dementia, the aging process, age-related eye conditions, fall prevention, maintaining a healthy voice, wills and trusts, finding reliable health information, stroke education, home and memory care, Alzheimer's disease research and clinical trials, gift annuities and reverse mortgages, hearing loss, and maintaining a healthy back. Programs were offered at Sharp office locations, Sharp Senior Health Centers, Peninsula Family YMCA, Point Loma/Hervey Branch Library, All Souls Episcopal Church, Clairemont Lutheran Church, 2-1-1 San Diego, Harmony Home Medical and Point Loma Community Presbyterian Church. Further, the SMH Senior Resource Center provided presentations to more than 40 community members on senior services at the Sharp Senior Health Center Clairemont, Point Loma Branch Library and All Souls Episcopal Church.

The SMH Senior Resource Center provided health screenings to 140 community seniors at eight health fairs and events during the year. Screenings included blood pressure, hearing, balance and gait, depression, stroke, and hand mobility (arthritis, carpal tunnel, trigger finger, etc.). In addition, free monthly blood pressure screenings were provided to nearly 540 members of the senior community. As a result of these screenings, approximately 50 seniors were referred to physicians for follow-up care. Screenings took place at the Point Loma Community Presbyterian Church, Peninsula Family YMCA and the War Memorial building at Balboa Park.

In FY 2017, the SMH Senior Resource Center reached nearly 1,100 individuals through participation in 11 community health fairs, conferences and seminars. In October, the SMH Senior Resource Center hosted its annual Senior Health and Information Fair at Point Loma Community Presbyterian Church. The event offered free flu shots, health

screenings, health information, Vials of Life and community resources to approximately 200 seniors and family caregivers. Also in October, the SMH Senior Resource Center provided resources and information about Alzheimer's disease, eye health and advances in arthritis treatment to nearly 50 community members at the SDCCOA Head, Shoulders, Knees and Toes Health Fair held at First United Methodist Church in Mission Valley. In May, the SMH Senior Resource Center provided blood pressure screenings, Vials of Life, and caregiver and community resources to lesbian, gay, bisexual and transgender (LGBT) seniors at the San Diego LGBT Community Center's Senior Resource Fair. The SMH Senior Resource Center also provided community resources to more than 60 seniors, family members, social workers and case managers at the SDCCOA Living Well Health Expo held at First United Methodist Church in September. In addition, the SMH Senior Resource Center participated in the Games Day event at All Souls Episcopal Church, an annual fundraiser for the Peninsula Shepherd Center, which provided information, referrals, transportation and outreach to more than 110 seniors in Point Loma.

In FY 2017, the Sharp Senior Resource Centers helped sponsor two conferences for nearly 170 community members who were providing care for a friend or family member. In May, the Sharp Senior Resource Centers collaborated with the Caregiver Coalition of San Diego to provide the Finding the Balance in Caregiving conference at the Chinese Community Center in Tierrasanta. The conference provided education from a social worker, caregiving expert, registered nurse and attorney on a variety of legal and practical caregiving topics, as well as provided a resource fair for caregivers and their loved ones. In August, the Sharp Senior Resource Centers partnered with the Caregiver Coalition of San Diego and National Alliance on Mental Illness to provide a conference at First United Methodist Church called A Day for Caregivers: Caring for an Adult Loved One with Mental Health Challenges. This conference provided presentations about self-care, the group wisdom of caregivers, communication skills, legal issues and peer recovery programs, as well as a resource fair.

In June, the SMH Senior Resource Center served more than 230 community members at the County of San Diego Aging and Independence Services (AIS) 2017 Vital Aging conference held at Liberty Station. The event included presentations on maintaining health through balanced nutrition, exercising for a purpose, caring for yourself while caring for others, and brain health, as well as offered resource exhibitors, including information from the SMH Senior Resource Center on Vials of Life, screening events and programs for seniors and caregivers.

In October, the SMH Senior Resource Center participated in San Diego Community Action Network's (SanDi-CAN) Planning Ahead – Crucial Conversations conference at Balboa Park. Approximately 70 seniors and their family members attended the free conference where they received education to help them identify their end-of-life values and goals of care and acquire the communication skills necessary to make informed health care decisions. The conference also included a resource fair as well as provided information about California's End-of-Life Options Act, a new law that permits terminally ill adult patients to request and receive doctor-prescribed medication to end life. In July,

the SMH Senior Resource Center offered health, wellness and community resources to 100 community members at SanDi-CAN's Wellness & Resource Expo at the War Memorial Building in Balboa Park.

In April, the SMH Senior Resource Center partnered with Sharp HospiceCare and All Soul's Episcopal Church to provide a conference titled Planning for Physical, Mental and Financial Health for community seniors and their families. The free conference provided approximately 80 attendees with educational presentations from a physician, attorney, licensed clinical social worker, ACP specialist, and other experts on how to plan for a healthier, happier and financially sound future. In September, the SMH Senior Resource Center provided senior community resources to more than 60 community members at the Sharp Disaster Preparedness Expo and Fair at Liberty Station.

The SMH Senior Resource Center and Sharp Senior Health Centers¹ continued to coordinate the notification of availability and provision of seasonal flu vaccines for seniors, caregivers and high-risk adults with limited access to care in a variety of community settings through activity calendars, collaborative outreach conducted by the flu clinic site, paper and electronic newspaper notices, and Sharp.com. In FY 2017, the SMH Senior Resource Center and the Sharp Senior Health Centers sponsored five community seasonal flu clinics, serving approximately 260 seniors and other vulnerable community members with chronic illness. Flu clinics were held at the Senior Health Fair at Point Loma Community Presbyterian Church, Orchard Apartments low-income senior housing, Holy Trinity Catholic Church (homeless outreach), and Serving Seniors sites, including the Potiker Family Senior Residence and the Gary and Mary West Senior Wellness Center. At many of these sites, the SMH Senior Resource Center also provided activity calendars detailing upcoming blood pressure screenings, flu clinics and other community events and programs for seniors as well as offered Vials of Life. In addition, the Sharp Senior Health Centers provided education on ACP to flu clinic attendees.

Sharp Senior Health Centers are committed to providing outreach and serving underserved seniors in San Diego. Educational presentations allow the Sharp Senior Health Centers to connect with and provide services to highly vulnerable seniors who need care, education and support. Throughout FY 2017, Sharp Senior Health Centers provided health education, as well as referrals for housing, food, depression, social services, senior centers and other community resources, to more than 1,200 community seniors at the Potiker Family Senior Residence and through a Sharp Speaker Series at the Gary and Mary West Wellness Center. Presentation topics included successful aging, isolation and loneliness, peripheral artery disease, heart failure, caregiving, bedbugs and scabies, Medicare, Medi-Cal, Cal MediConnect, Vials of Life, memory care, Alzheimer's disease, dementia, depression, fall prevention, vaccines, shingles, how to find reliable health information online, end-of-life planning (including advance directives and resources), diabetes, eye health, safety, elder abuse and reporting, finding healthy food, healthy eating, and how to get the most out of a doctor visit. In

¹Sharp Senior Health Center Downtown is located at 956 10th Avenue in San Diego, ZIP code 92101; Sharp Senior Health Center Clairemont is located at 4320 Genesee Avenue, ZIP code 92117.

addition, Sharp Senior Health Centers provided on-site education to more than 40 community seniors on safety, ACP, and the signs and symptoms of Alzheimer's disease as well as hosted a community event titled Coffee with a Cop, where a police officer met with 20 community seniors to discuss issues of concern over coffee. Further, nurses from the Sharp Senior Health Centers provided education on caregiving for a loved one to approximately 30 community members at Harmony Home Medical and more than 70 community members at the Finding the Balance in Caregiving conference held at the Chinese Community Center in Tierrasanta in May.

Sharp Senior Health Centers provided education and resources, including advance directives and senior information to more than 1,200 attendees of numerous community events in FY 2017, including the Sharp Senior Resource Center Senior Health & Information Fair at Point Loma Community Presbyterian Church; SanDi-CAN's Planning Ahead – Crucial Conversations conference at Balboa Park; Caring for the Caregiver Conference at Point Loma Community Presbyterian Church; Sharp HospiceCare's Advanced Illness Management: Referring at the Right Time conference at Paradise Point Resort and Spa; Senior Resource Fair at the San Diego LGBT Community Center; Caring for the Caregiver (Cuidando al Cuidador) — an annual Spanish-language conference at the Logan Heights Public Library; Sharp Disaster Preparedness Expo; and the SanDi-CAN Tech Fair at Balboa Park.

In April, Sharp Senior Health Centers provided education on seniors and isolation during an interview with Newsradio 600 KOGO. In addition, the Sharp Senior Health Centers' collaborated with the Health Insurance Counseling and Advocacy Program (HICAP) — which ensures ongoing networking among community professionals and quality programs for seniors. The collaboration with HICAP included the provision of ongoing counseling and education by a HICAP representative to community members at the Sharp Senior Health Center Clairemont. HICAP staff offered objective counseling on Medicare rights, benefits and insurance policy options to address seniors' questions and concerns.

The Sharp Senior Health Centers continued to partner with the Food Bank to host quarterly Senior Nutrition & Wellness Classes at both Sharp Senior Health Center locations. Instructed by the Food Bank's registered dietitian, the six-week program consisted of hour-long classes that taught seniors the fundamentals of nutrition, including how to read nutrition labels, prepare healthy meals on a budget, and reduce salt and sugar intake, as well as senior-friendly exercises. In addition to receiving vital health and nutrition education, the Food Bank provided attendees with free fresh produce and referrals to Food Bank programs as needed. Evaluation tools included pre- and post-survey questions — in English and Spanish — that used validated items specific to the class population.

In FY 2017, 25 seniors graduated from the Senior Nutrition & Wellness Classes. Twelve percent of participants identified as food insecure (lack of access to healthy food) through a validated, two-item food insecurity screening tool. More than 80 percent of graduates reported increased consumption of fresh fruits and vegetables since taking

the classes and 55 percent reported a decrease in sugary beverage intake. In addition, more than a third of graduates reported increasing their exercise frequency to more than five times per week and more than 35 percent reported that the classes improved their exercise habits. Further, every participant agreed that they would recommend the classes to a friend.

Throughout the year, the SMH Senior Resource Center and Sharp Senior Health Centers maintained active relationships with numerous community organizations, including the Peninsula Shepherd Senior Center, Serving Seniors (including the Potiker Family Senior Residence and the Gary and Mary West Senior Wellness Center), Bayside Community Center, Westminster Tower (senior housing), Jewish Family Service of San Diego, Caregiver Coalition of San Diego, AIS, Adult Protective Services, Southern Caregiver Resource Center, Alzheimer's San Diego, SanDi-CAN, SDCCOA, National Active and Retired Federal Employees Association, Community Center for the Blind and Visually Impaired, Cabrillo Credit Union Supervisory Committee and HICAP.

FY 2018 Plan

The SMH Senior Resource Center and the Sharp Senior Health Centers will do the following:

- Provide information, resources and support to address relevant concerns of seniors and caregivers in the community, including senior mental health issues, ACP, memory loss, advanced illness management, caregiving, senior services, nutrition, healthy aging, and balance and fall prevention
- Provide community health information and resources through educational programs, monthly blood pressure clinics, and a variety of health screening opportunities
- Produce and distribute quarterly calendars for approximately 3,000 San Diego households, highlighting events of interest to seniors and family caregivers
- Provide 3,000 Vials of Life to community seniors
- Provide seasonal flu vaccinations at five sites to seniors and community members who face challenges in accessing care, specifically high-risk adults
- Participate in a pilot project to provide hepatitis A education and vaccinations in partnership with the County, as well as provide hepatitis A information to flu clinic attendees
- Participate in community health fairs and conferences, including the SanDi-CAN end-of-life conference
- In collaboration with the Caregiver Coalition of San Diego, coordinate a conference dedicated to family caregiver issues
- In collaboration with Sharp HospiceCare, host an aging conference for seniors in Point Loma
- Participate in Sharp's partnership with the City of San Diego to provide senior health education and resources to employees and residents in the city's nine districts
- In collaboration with SMV's Senior Intensive Outpatient Program, provide education on holiday blues and depression as well as senior behavioral health

- Collaborate with Serving Seniors and SMV to provide depression screenings and education
- Maintain active relationships with organizations that serve seniors in Point Loma, SDC's north central and central regions, and downtown San Diego
- Continue to participate in a monthly Sharp HealthCare Speaker Series at the Gary and Mary West Senior Wellness Center
- Explore a collaboration with Serving Seniors and the dental clinic at the Gary and Mary West Senior Wellness Center
- Explore opportunities for medication screenings by a pharmacist for vulnerable seniors
- Expand programs offered to senior residences in the downtown area
- Continue collaboration with the Food Bank to provide quarterly Senior Nutrition & Wellness Classes at both Sharp Senior Health Center locations
- Provide quarterly educational presentations to community seniors at Sharp Senior Health Center Clairemont and Potiker Family Senior Residence
- Continue to serve lunch to community seniors at Serving Seniors
- Explore educational opportunities with Paradise Village Retirement Community
- Collaborate with the San Diego Futures Foundation — a nonprofit organization that provides underserved individuals with technology — to provide an educational information technology event for seniors

Identified Community Need: Health Education and Wellness

Rationale references the findings of the SMH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SMH 2016 CHNA identified behavioral health, cardiovascular disease, Type 2 diabetes, obesity, cancer, high-risk pregnancy and senior health among seven priority health issues affecting members of the communities served by SMH.
- The HASD&IC 2016 CHNA process continued to identify the following among the top priority health conditions in SDC hospitals: diabetes, obesity, cardiovascular disease and stroke, mental health and mental disorders, unintentional injury, high-risk pregnancy, asthma, cancer, back pain, infectious disease and respiratory diseases.
- The HASD&IC and SMH 2016 CHNA community engagement activities emphasized 10 social determinants of health as having a serious impact on the four priority health issues in SDC (cardiovascular disease, Type 2 diabetes, behavioral health and obesity). These 10 social determinants are: food insecurity and access to healthy food; access to care or services; homeless/housing issues; physical activity; education/knowledge; cultural competency; transportation; insurance issues; stigma; and poverty.
- Key informant interviews conducted as part of the HASD&IC 2016 CHNA suggested several health improvement strategies to address the four priority health issues identified for SDC. These strategies include: behavioral health prevention and

stigma reduction; education on disease management and food insecurity; integrating physical and mental health care; better coordination of care; greater cultural competence and diversity; and engagement of patient navigators and case managers in the community.

- Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to cardiovascular disease and obesity within SDC's more vulnerable communities, such as City Heights and Downtown (Dignity Health, SanGIS, OSHPD & SpeedTrack Inc., 2015).
- According to data presented in the SMH 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. According to the CDC, about half of Americans (47 percent) have at least one of these three risk factors. Additional risk factors include alcohol use, obesity, diabetes and genetic factors (CDC, 2015).
- HHSA's Live Well San Diego (LWSD) 3-4-50 initiative identified three behaviors (poor diet, physical inactivity and tobacco use) contributing to four chronic conditions (cancer, heart disease/stroke, Type 2 diabetes and pulmonary diseases), which result in more than 50 percent of deaths worldwide. In 2015, 54 percent of all deaths in SDC were attributed to 3-4-50 conditions.
- In 2015, heart disease was the second leading cause of death for SDC.
- According to 2016 CHIS data, the self-reported obesity rate for adults ages 18 and older in SDC was 25.3 percent.
- In 2016, 16.3 percent of adults ages 18 and older in SDC self-reported eating at fast-food restaurants four or more times each week (CHIS, 2016).
- Obesity increases the risk of many health conditions, including: CHD, stroke, Type 2 diabetes and various cancers. Obesity is also linked to environmental factors, such as accessibility and affordability of fresh foods, park availability, social cohesion and neighborhood safety (UCLA Center for Health Policy Research, 2015).
- According to the CDC, some of the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes, and certain types of cancer. In 2015–2016, 39.8 percent of Americans were obese (CDC, 2017).
- In 2015, the number of arthritis-related hospitalizations in SDC totaled 9,170 — an age-adjusted rate of 266.1 per 100,000 population.
- According to the National Institutes of Health (NIH), more than 53 million people in the U.S. either already have osteoporosis or are at high risk due to low bone mass. Along with the financial costs, osteoporosis can reduce quality of life for many people who suffer fractures. It can also affect the lives of family members and friends who serve as caregivers (NIH, 2016–2017).

Objectives

- Host educational classes and support groups for the community on a variety of health and wellness topics
- Offer health literacy resources through the Cushman Wellness Center Community Health Library and outreach at community events

- Participate in community-sponsored events and support nonprofit health organizations

FY 2017 Report of Activities

Throughout the year, the OPP and various SMH departments offered a range of community health education classes and support groups. In FY 2017, classrooms were booked for more than 1,300 hours and served more than 3,000 patients and community members. Classes covered various aspects of health and wellness, including diabetes, cancer, integrative medicine (e.g., healing touch, acupuncture, guided imagery and reflexology), relaxation skills, suicide awareness, and parenting and childbirth. Support groups provided an outlet for community members to share their personal experiences and advice for coping with various challenges, including cancer, stroke, heart transplantation, heart failure, needs of new mothers and families, and nutrition and relapse following bariatric surgery. Further, Sharp Rehabilitation Services (Sharp Rehab) offered weekly adaptive yoga classes for people with physical limitations as well as various support groups at the Sharp Allison deRose Rehabilitation Center, including Women on Wheels (WOW) support group, the Men's Spinal Cord Injury (SCI) support group and the Sharp Players.

Facilitated by two Sharp Rehab social workers, the WOW support group strives to empower women with mobility impairments. In FY 2017, approximately 75 group members gathered monthly to share their thoughts and feelings about their current life challenges, victories and visions. WOW also arranged art therapy sessions, summer parties, lunch outings and museum visits for its members. With a network of numerous disabled women and community partners, WOW is the only support group strictly for women with mobility impairments in SDC. Sixteen individuals participated in the Sharp Players weekly support group in FY 2017, which uses music and drama to facilitate emotional healing and support for individuals with a range of conditions, including brain injury, SCI, spina bifida, cerebral palsy, post-encephalitis, multiple sclerosis, amputation, mental illness, blindness, cancer and stroke. Throughout the year, members performed for approximately 200 community members at St. Paul's Villa assisted living community, San Diego Brain Injury Foundation, Merrill Gardens retirement home, and the Point Loma Community Presbyterian Church Senior Program. Further, the monthly Men's SCI support group offered guest speakers and special outings for its members in FY 2017, including a trip to a Padres game. Group members also offered their own peer support to recently injured patients at SMH. The group served approximately 40 meeting attendees in FY 2017 and included an additional 100 community members through an electronic resource and support network. In addition, Sharp Rehab continued to devote time to the HeadNorth Foundation, a nonprofit organization dedicated to providing essential support and guidance to those affected by SCI.

The OPP offers the Cushman Wellness Center Community Health Library, which features DVDs, CDs, books, pamphlets and internet access to help patients and community members locate reliable health information in various languages. The library

is led by a consumer health librarian with specialized training in community health as well as a store manager with expertise in health-related gifts, assisted devices and community health resources. To keep the public regularly informed of pertinent health news and information, the library publishes and distributes a quarterly newsletter as well as a classroom community calendar for the OPP. Approximately 400 newsletters were mailed and approximately 200 newsletters were electronically delivered to community members each quarter in FY 2017. The library also provides resources to all Sharp entities. Community members can learn more about the Cushman Wellness Center Community Health Library through Sharp.com and may contact the consumer health librarian by email, phone or through the library's webpage.

Community outreach by the Cushman Wellness Center Community Health Library is a high priority. In FY 2017, the consumer health librarian provided education and resources on health literacy topics as well as health-related giveaways, including hot/cold gel packs, women's monthly planners and nutrition guide magnets, to library visitors as well as hundreds of individuals at community health fairs and events. This included the San Diego Earth Fair at Balboa Park, Sharp Senior Resource Centers' Senior Health & Information Fair at Point Loma Community Presbyterian Church, San Diego LGBT Community Center Senior Resource Fair, and the County of San Diego's Vital Aging 2017 Conference. The consumer health librarian also provided health literacy education to approximately 170 seniors and other vulnerable community members. This included presentations for the SMH Senior Resource Center, Sharp Senior Health Center Downtown, San Diego Center for the Blind, and San Diego Regional Center (provides resources and support for individuals with developmental disabilities). Further, the consumer health librarian continued to serve on the Health Literacy San Diego Task Force, a joint effort of CHIP and the San Diego Council on Literacy to improve health communication in SDC.

Throughout the year, SMH provided health screenings, education and resources to hundreds of community members at community-sponsored health fairs and events. This included the provision of blood pressure screenings and education on hypertension at the Men's Health Fair at Bethel Baptist Church in Lemon Grove; rehabilitation education at the San Diego Festival of the Arts; and nutrition education, healthy snacks and cookbooks donated by the AHA at The People's Produce Farmer's Market in Southeast San Diego. In addition, SMH provided first-aid stations at the Padres Pedal the Cause, Empty Cradle Walk to Remember, San Diego Crew Classic, and Finish Chelsea's Run. Various hospital departments also participated in Sharp's annual Women's Health Conference where they provided community members with breast self-exam demonstrations; body fat testing; blood pressure, osteoporosis and musculoskeletal screenings; acupuncture and chair massage; sleep apnea assessments; education on posture, sports-related injury, and repetitive strains and sprains; and education on calcium and Vitamin D requirements as well as exercise for osteoporosis treatment and prevention. In addition, SMH provided coordination, support and related fundraising activities for the AHA Heart & Stroke Walk.

FY 2018 Plan

SMH will do the following:

- Continue to offer educational classes on a variety of health and wellness topics for community members
- Continue to provide support groups for community members on issues such as cancer, rehabilitation, stroke, heart transplantation and heart failure
- Develop and distribute quarterly calendars and newsletters highlighting community health education and screening events
- Continue to partner with local and national organizations to provide health literacy education and resources at a variety of community sites, and share health literacy best practices with industry professionals
- Continue to increase awareness of the Cushman Wellness Center Community Health Library and its resources
- Provide health education, screenings and first-aid stations at community events
- Provide coordination, support and fundraising activities for local nonprofit organizations

Identified Community Need: Cancer Education and Patient Navigator Services

Rationale references the findings of the SMH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SMH 2016 CHNA identified cancer as one of seven top priority health issues for community members served by SMH.
- The HASD&IC 2016 CHNA continued to identify various types of cancer among the top priority health conditions seen in SDC hospitals.
- Sharp cancer navigator discussions conducted as part of the SMH 2016 CHNA process identified the following chief concerns for cancer patients in SDC: cultural differences and language barriers between patient and provider; health literacy; financial issues; knowing where to go for care; availability of reliable transportation; difficulty with end-of-life conversations; and lack of advance care directives among cancer patients.
- According to 2016 Sharp oncology data, 539 (37 percent) of the 1,457 SMH cancer patients who received the cancer psychosocial distress screening scored at a range of moderate to severe distress, and were referred to internal or external resources such as social workers or community cancer resources.
- The most frequently observed cancers at SMH in 2016 were (in rank order): breast cancer, female (gynecology) genitourinary cancer, lung cancer, prostate cancer, and colorectal cancer. In total, there were 2,468 new cases of cancer at SMH in 2016.
- The cancer key informant interview conducted as part of the SMH 2016 CHNA process identified access to insurance, access to appropriate care, and language

barriers for non-English speakers as major challenges facing oncology patients. Additional issues include financial, legal and survivorship issues; emotional, sexual and body image issues; lack of a social network leading to increased need for transportation, in-home support and other treatment-related resources; and end-of-life or palliative care issues.

- The cancer key informant interview recommended the following strategies to address barriers of care for those with cancer: the provision of lay navigators, including integration of navigators into the care process; community coordinators with knowledge of hospital needs and community resources; greater hospital and community partnerships; resources to educate providers on end-of-life and palliative care issues; personnel within the health care system to identify resources and answer questions; financial assistance for co-pays, prescriptions, child care and other bills; and survivorship clinics.
- As part of the SMH 2016 CHNA process, cancer support group patients participating in the Health Access and Navigation Survey suggested the following areas for improvement in cancer care: more time with doctors; more comprehensive educational groups; a navigator staff member or case manager for all oncology patients, not just newly diagnosed; help navigating health insurance options to identify the best coverage for individual needs; and tours specifically for patients who have a serious illness requiring multiple treatments.
- In 2015, cancer was the leading cause of death for SDC residents and was responsible for 24.3 percent of all deaths.
- There were 5,025 deaths due to cancer (all types) in SDC in 2015. The age-adjusted death rate due to cancer was 148.3 deaths per 100,000 population in SDC.
- In 2015, 20 percent of all cancer deaths in SDC were due to lung cancer, 9 percent to colorectal cancer, 7 percent to female breast cancer, 7 percent to pancreatic cancer, 6 percent to prostate cancer, 5 percent to liver cancer, 4 percent to Leukemia and 4 percent to female reproductive cancer (LWSD, 2015).
- According to the American Cancer Society (ACS) 2017 *California Cancer Facts & Figures* report, in 2014 there were 13,625 observed new cancer cases and 4,868 cancer deaths in SDC.
- By 2018, total cancer cases in SDC are expected to grow by 11.7 percent (California Cancer Registry, 2013; Truven Health Analytics Market Discovery Planning).
- According to the ACS Cancer Statistics Center, in 2017 there will be an estimated 27,980 new cases of breast cancer and 4,400 breast cancer deaths for females in California.
- In 2015, the age-adjusted mortality rate of breast cancer in SDC was 19.4 per 100,000 population. This falls slightly below the HP2020 target of 20.7 breast cancer deaths per 100,000 women.
- According to the 2015 *Susan G. Komen for the Cure® San Diego Affiliate Community Profile Report*, in SDC there were 46.1 late-stage cases of breast cancer per 100,000 women, exceeding the HP2020 target of 42.1 cases per 100,000 women. The report projects that SDC will meet the HP2020 target within five years.
- The 2015 *Susan G. Komen for the Cure® San Diego Affiliate Community Profile* also reported that, in 2013, breast cancer mortality rates in SDC were highest among

African American women, at 27.7 deaths per 100,000. This exceeded the mortality rate for Caucasian (23.9), Latina (17.3), and Asian/Pacific Islander (13.2).

- According to 2015–2016 CHIS data, 85.6 percent of women in SDC between the ages of 50 to 74 reported having a mammogram in the past two years. This exceeds the HP2020 target of 81.1 percent for breast cancer screenings. Approximately 2.9 percent of women in this age range in SDC reported that they had never had a mammogram.
- According to the findings of the ACS 2017 *California Cancer Facts & Figures*, screening offers the ability for secondary prevention by detecting cancer early. Regular screenings that allow for the early detection and removal of precancerous growths are known to reduce mortality for cancers of the cervix, colon, and rectum. Five-year relative survival rates for common cancers are 93 to 100 percent if they are discovered before having spread beyond the organ where the cancer began.
- Study findings from the 2015 *Susan G. Komen for the Cure® San Diego Affiliate Community Profile* indicate a critical need for culturally competent outreach, especially for Hispanic, Middle Eastern, and African American women (Susan G. Komen, 2015).
- The American Society of Clinical Oncology (ASCO) emphasizes the importance of patient navigators as part of a multidisciplinary oncology team with the goal of reducing mortality among underserved patients. Some of the tasks a patient navigator may assist with include: psychosocial support; assistance with treatment decisions; assistance with insurance issues; arrangement of transportation; coordination of additional services (i.e., fertility preservation); and tracking of interventions and outcomes. The navigator works with the patient across the care continuum, ensuring coordination and efficiency of care, and removal of barriers to care (ASCO, 2016).

Objectives

- Provide cancer education and support to patients and community members
- Provide cancer resources and education at community events
- Provide cancer patient navigation and support services to the community

FY 2017 Report of Activities

Note: SMH is accredited by the National Accreditation Program for Breast Centers, indicating the highest standard of care for patients with diseases of the breast. Sharp (including SMH, SGH and Sharp Chula Vista Medical Center (SCVMC)) is also accredited by the American College of Surgeons Commission on Cancer as an Integrated Network Cancer Program, demonstrating its commitment to meet rigorous standards and improve the quality of care for patients with cancer.

In FY 2017, the Laurel Amtower Cancer Institute at SMH reached hundreds of community members, patients and their loved ones through the provision of various

support groups and educational classes, as well as through participation in community events.

Free cancer support groups provided a safe environment for more than 300 individuals to discuss their experience with cancer and tools for coping. Monthly groups were offered for friends and family members of cancer patients, individuals living with a brain tumor or brain cancer, and young cancer patients (ages 20 through early 40), while bimonthly groups were available for individuals living with breast cancer and those with advanced cancer. In addition, the Laurel Amtower Cancer Institute offered emotional support during the 2016 holiday season through its Coping With Cancer Through the Holidays community seminar.

Additional emotional support was offered to those with cancer through free classes focused on healing through art, movement and relaxation exercises. This included the monthly Cancer and the Arts class, which served as an outlet to cope through creativity, as well as the weekly Relaxation Skills and Chair Yoga workshop, which taught physical and mental exercises to help participants release stress brought on by their cancer diagnosis. Together, these classes reached more than 230 individuals in FY 2017. In addition, approximately 25 people were served through free Lunch and Learn workshops designed to address the emotional aspects of cancer. This included a monthly workshop for those who were newly diagnosed with cancer, and a monthly workshop for individuals undergoing or nearing the completion of treatment.

Throughout the year, approximately 50 individuals were reached through classes designed to support the nutritional needs of those with cancer. This included a free monthly nutrition class for those who were currently receiving or just finished treatment for breast cancer. The class utilizes resources and guidelines from the National Cancer Institute, American Institute for Cancer Research, ACS and the Environmental Working Group, a nonprofit organization that educates consumers on making safe and informed product purchases. The classes provided education on healthy eating and nutrition before and during breast cancer treatment; addressed common diet and nutrition-related questions and concerns; and shared the most current breast cancer diet and physical activity guidelines. In addition, a free class on maintaining optimal nutrition for the cancer patient was offered in January, May and September. Further, the Laurel Amtower Cancer Institute offered the Cancer Prevention and Survival Series in March and September, which focused on the power of food for preventing and fighting cancer. Led by instructors from Veg-Appeal — a San Diego-based vegan cooking and nutrition class provider — each four-session series provided cancer-related nutrition education, recipes, a cooking demonstration and a plant-based dinner to approximately 40 attendees.

The Laurel Amtower Cancer Institute offered two free educational classes on lymphedema — a condition where part of the body swells due to fluid accumulation resulting from obstructed, impaired or absent lymphatic vessels. Led by a certified lymphedema therapist, the classes were open to anyone in the community with or at risk of developing lymphedema, as well as their caregivers and partners. Approximately

20 people attended the classes in FY 2017, which provided an overview of lymphedema and information on risk reduction and treatment options. Participants also received educational resources, including a guide to local medical vendors for the purchase of a compression garment to help manage their condition. In addition, approximately 90 individuals were reached through free weekly Healthy Steps classes. Utilizing the Lebed Method — an effective therapeutic program of exercise and movement — Healthy Steps classes help increase range of motion and prevent lymphedema among breast cancer survivors, seniors and individuals battling other chronic health conditions.

The Laurel Amtower Cancer Institute provided specialized breast cancer education for both individuals with an existing diagnosis as well as members of the community with an interest in reducing their risk. In October, March and July, free physician-led breast cancer education forums taught approximately 30 individuals with a recent breast cancer diagnosis about the pathological wording and staging of their particular cancer type as well as treatment options. In October, SMH joined SCVMC and SGH's cancer teams to host a free event to educate members of the community about reducing their risk for breast cancer. During the event, approximately 60 community members heard from expert speakers on how adopting healthy lifestyle habits can reduce the risk and recurrence of the disease as well as received community breast cancer resources.

In February and June, the Laurel Amtower Cancer Institute partnered with Sharp HospiceCare to offer a free ACP workshop during which Sharp's ACP professionals educated more than 20 community members about the ACP process and basic tools for developing an advance health care directive. The Laurel Amtower Cancer Institute also provided meeting space for four Look Good Feel Better classes in FY 2017, which are led by the ACS to help women manage the appearance-related side effects of cancer treatment and increase self-confidence.

Throughout the year, staff provided cancer education and resources to hundreds of community members at the Sharp Senior Resource Centers' Senior Health & Information Fair and the Sharp Women's Health Conference. In addition, the team walked in and provided fundraising support for the annual ACS Making Strides Against Breast Cancer Walk as well as the San Diego Brain Tumor Walk. Further, for three days in June, the Laurel Amtower Cancer Institute recognized National Cancer Survivors Day[®] by hosting a celebratory community event for cancer patients and survivors. In October, the Laurel Amtower Cancer Institute participated in the San Diego International Film Festival premiere of *Ma Ma* — a film following the tragedies and miracles experienced by a woman after she is diagnosed with breast cancer — at Arc Light Cinemas La Jolla. Sharp was the presenting sponsor of the film to help highlight the importance of breast cancer prevention. During the event, the Laurel Amtower Cancer Institute provided education on breast cancer to more than 100 community members.

In FY 2017, the Laurel Amtower Cancer Institute supported the educational development of more than 200 community health care providers through participation in professional conferences. This included Sharp's Neuro-Oncology: Current and Emerging Treatment conference in March, which provided education on the detection

and treatment of brain tumors, as well as Sharp HospiceCare's Advanced Illness Management: The Right Care at the Right Time conference in July, a free conference focused on the latest recommendations in advanced illness management and ACP.

The Laurel Amtower Cancer Institute includes the Breast Health Center and the Neuro-Oncology Center, with designated licensed clinical social workers (LCSWs), nurse patient navigators, genetics counselors and dietitians, to support and guide cancer patients and their families from the time of diagnosis through the course of treatment. In FY 2017, the LCSWs provided free psychosocial and emotional support, education and referrals to approximately 2,000 patients and family members. Nurse navigators provided ongoing guidance for patients and families impacted by all cancer diagnoses, including breast, brain and spinal tumors, leukemia and lymphomas, melanoma, sarcoma, head and neck, lung, pancreas, bladder, colorectal, renal, prostate, and gynecological. This included the facilitation of appointment scheduling; explanation of procedures and test results; provision of educational resources and supportive services; assistance with financial resources; and referrals to multiple agencies, including but not limited to San Diego Homecare, Mama's Kitchen, Meals on Wheels San Diego County, Jewish Family Service of San Diego, Cancer Angels of San Diego, Nine Girls Ask, Support for People with Oral and Head and Neck Cancer, Informed Prostate Cancer Support Group, Pancreatic Cancer Action Network, Wigs by Patti Joyce, Hair Unlimited, Women's Health Boutique, My Brighter Side boutique, Free to Breathe, San Diego Brain Tumor Foundation, American Brain Tumor Association, Shades of Pink Foundation California, Head and Neck Cancer Alliance, Oral Cancer Foundation, Leukemia and Lymphoma Society, ACS, NCI, Breast Cancer Angels, and the Cancer Project.

FY 2018 Plan

The Laurel Amtower Cancer Institute at SMH will do the following:

- Continue to provide classes on topics including nutrition, exercise, art and relaxation for patients and community members impacted by cancer
- Offer one new class on nutrition for prostate cancer
- Provide a new monthly lymphedema class for patients and community members
- Increase frequency of nutrition class for individuals with breast cancer from once a month to twice a month
- Continue to provide support groups for community members, patients and their loved ones, including groups for breast cancer, brain tumors and brain cancer, advanced cancer, young cancer patients, and friends and family of cancer patients
- Continue to provide meeting space for four ACS Look Good Feel Better classes
- Continue to participate in community walks, health fairs and events
- Provide a free community event to educate community members about breast health and lifestyle choices for reducing breast cancer risk
- Participate in oncology-related continuing education opportunities for community physicians and other health care professionals
- Through philanthropic support, expand transportation services for cancer patients in need of assistance to and from treatment appointments

- Continue to seek funding to support the Laurel Amtower Cancer Institute

Identified Community Need: Prevention of Unintentional Injuries

Rationale references the findings of the 2016 SMH CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC 2016 CHNA continued to identify unintentional injury as one of the top 15 priority health conditions among SDC hospitals.
- In 2015, accidents (unintentional injuries) were the fourth leading cause of death for SDC overall. Unintentional injuries — due to motor vehicle accidents, falls, pedestrian-related incidents, firearms, fire/burns, drowning, explosions, poisoning (including drugs and alcohol, gas, cleaners and caustic substances), choking/suffocation, cut/pierce, exposure to electrical current/radiation/fire/smoke, natural disasters and workplace injuries — are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region.
- Between 2011 and 2015, over 5,200 San Diegans died as a result of unintentional injuries.
- In 2015, there were 1,190 deaths due to unintentional injury in SDC. The county's age-adjusted death rate due to unintentional injury was 34.3 deaths per 100,000 population. In 2015, unintentional injury accounted for 5.8 percent of total deaths in SDC.
- In 2015, there were 19,812 hospitalizations related to unintentional injury in SDC. The age-adjusted rate of hospitalizations due to unintentional injury was 586 per 100,000 population.
- In 2015, there were 162,945 unintentional injury-related ED discharges in SDC. The age-adjusted rate of discharges due to unintentional injury was 5,017.7 per 100,000 population.
- Unintentional injury was the leading cause of death for children ages zero to 14 years in 2015. The effects of safety campaigns, educational strategies, and change in parenting practices have all had a positive impact on the safety and well-being of children in the San Diego community (HHSA, 2012).
- Traumatic injury is the leading cause of death among children, with many survivors enduring the consequences of brain and spinal cord injuries. The physical, emotional, psychological and learning problems that affect injured children, along with the associated costs, make reducing traumatic injuries a high priority for health and safety advocates throughout the nation. Educational programs like ThinkFirst increase knowledge and awareness of the causes and risk factors of brain and spinal cord injury, injury prevention measures, and the use of safety habits at an early age (www.thinkfirst.org/kids, 2015).
- According to HP2020, most events resulting in injury, disability or death are predictable and preventable. There are many risk factors for unintentional injury and violence, including individual behaviors and choices, such as alcohol use or risk-taking; the physical environment both at home and in the community; access to health services and systems created for injury-related care; and the social

environment, including individual social experiences (social norms, education, victimization history), social relationships (parental monitoring and supervision of youth, peer group associations, family interactions), the community environment (cohesion in schools, neighborhoods and communities) and societal factors (cultural beliefs, attitudes, incentives and disincentives, laws and regulations).

- The California Department of Public Health's *Burden of Chronic Disease and Injury Report: California, 2013* indicates that unintentional injuries are the leading cause of death in children and adults ages 1 to 44 in California.
- The same report states that injuries cause more than 16,000 deaths, 75,000 cases of permanent disability, 240,000 hospitalizations, and 2.3 million ED visits annually in California.
- In 2014, unintentional injuries accounted for 84 percent of all injury deaths among adults ages 65 and older in the U.S. (National Center for Health Statistics, 2016).
- A 2016 National Vital Statistics Report titled: *Deaths: Final Data for 2014* indicates that 59.4 percent of injury deaths in the U.S. in 2014 were attributed to three causes: poisoning (26 percent), motor-vehicle traffic accidents (16.9 percent), and falls (16.5 percent). In 2014, the age-adjusted rate of death from unintentional injury in the U.S. was 40.5 deaths per 100,000 population (CDC, 2016).

Objective

- Offer an injury and violence prevention program for children, adolescents and young adults throughout SDC

FY 2017 Report of Activities

With the partnership and financial support of the Health and Science Pipeline Initiative (HASPI), ThinkFirst/Sharp on Survival speakers connected with students from schools throughout SDC, including Mar Vista High School, Coronado High School, Vista High School, Bonsall High School, Oceanside High School and San Diego High School of Science and Technology (formerly San Diego High). Reaching more than 350 students, the program offered a variety of classroom presentations that included personal testimonies from individuals with traumatic brain injury (TBI) or spinal cord injury (SCI), known as Voices for Injury Prevention (VIPs). Educational topics included the consequences of poor decision-making, injury prevention, and disability awareness. These presentations aligned with HASPI's main goals of increasing health and medical career awareness and improving science proficiency in school.

ThinkFirst/Sharp on Survival also presented on injury prevention, TBI, SCI, and disability awareness to more than 1,000 college students in SDSU's Disability in Society course. An additional presentation on injury prevention was delivered to 80 students enrolled in the public health program at SDSU. After the presentation, students were provided with the opportunity to ask questions relating to the challenges nonprofit organizations face when conducting public health education and outreach.

In April, ThinkFirst/Sharp on Survival team members attended the annual ThinkFirst Conference on Injury Prevention in Los Angeles, California. Coinciding with the annual scientific meeting of the American Association of Neurological Surgeons — the founding organization of ThinkFirst — the theme of the 2017 conference was Promoting a Culture of Safety. Directors and VIP speakers from both U.S. and international ThinkFirst chapters were invited to the conference to learn about new ThinkFirst programs, presentation techniques, injury prevention research and grant writing. During the conference, a Sharp Rehab social worker as well as ThinkFirst/Sharp on Survival's community health educator and VIPs presented on the Sharp Rehab VIP Ambassador program, including how organizations can develop and maintain Ambassador-type programs of their own. The Sharp Rehab VIP Ambassador program was developed to assist recently disabled individuals transition into their new life and help them understand that they can live a rewarding life following disability.

FY 2018 Plan

ThinkFirst/Sharp on Survival will do the following:

- With funding support from grants, provide educational programming and presentations for local schools and organizations
- With grant funding, increase community awareness of ThinkFirst/Sharp on Survival through attendance and participation at community events and health fairs
- Continue to evolve program curricula to meet the needs of health career pathway classes as part of the HASPI partnership
- Grow partnership with HASPI through participation in conferences and roundtable events
- As appropriate and with funding, explore opportunities to incorporate concussion education into school and community-based presentations
- As grant funding allows, continue to build HASPI partnerships and expand educational presentations to schools in North County, South Bay, Coronado and Imperial Valley
- Explore further opportunities to provide education to health care professionals and college students interested in health care careers, including public health students at SDSU
- As appropriate and with funding, continue to explore opportunities to utilize ThinkFirst/Sharp on Survival curricula to serve varied populations throughout SDC

Identified Community Need: Health Professions Education and Training, and Collaboration with Local Schools to Promote Interest in Health Care Careers

Rationale references the findings of the SMH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- According to the 2017 San Diego Workforce Partnership (SDWP) *Health Care Priority Sector* report, the health care industry in SDC experienced a 44 percent increase in employment growth between 2006 and 2016, higher than the 38 percent growth rate seen by the state of California (SDWP, 2017).
- The same report indicated that the six fastest-growing health care occupations in SDC between 2013 and 2016 were physician’s assistants (22 percent), medical assistants (18 percent), health care social workers (15 percent), home health aides (13 percent), licensed vocational nurses (12 percent), and medical and clinical lab technicians (11 percent). Registered nurses (RNs) accounted for 1,366 added jobs during this period, which was the largest increase in total jobs among all health care occupations (SDWP, 2017).
- The *Health Care Priority Sector* report also found that health care employers identified RNs, physicians and surgeons, and health technicians as the most difficult positions to fill. The most frequently cited reason for hiring difficulties were lack of experience, small applicant pools and insufficient non-technical skills (SDWP, 2017).
- A 2014 SDWP labor market analysis indicated an increase in the number of health care training providers in SDC, but a shortage of clinical training facilities where applicants can gain necessary experience. The scarcity of clinical facilities offering prerequisite training has made it increasingly difficult for employers to find qualified workers.
- The 2017 SDWP *Nonprofit Sector Employment Trends and Career Opportunities* report recommends that nonprofit sector health care training and education programs in SDC emphasize soft skills such as being a team player, interpersonal and communication skills, big-picture thinking with the ability to plan and forecast, problem solving, and the ability to adapt to a variety of situations. It also recommends incorporating more training on data management and technology into curriculums in order for graduates to meet the needs of this increasingly data-driven sector.
- In its *Employment Projections — 2016–2026* report, the U.S. Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/ technical occupations will contribute about one-fifth of all new jobs and account for almost half of the 30 fastest-growing occupations. There are several factors leading to the increased demand for these professions, including: projected population growth in the next decade; aging of the U.S. population; greater numbers of people living with chronic conditions, such as diabetes or obesity; improvements in medicine and technology; and federal health insurance reform, which has increased the total number of Americans with health insurance coverage (BLS, 2016).
- Total employment in California is projected to increase by 6.5 percent, or 9.8 million, from 2014 to 2024. The health care and social assistance sector is expected to be the fastest-growing service industry, increasing its employment share from 12 percent in 2014 to 13.6 percent in 2024. Occupations and industries related to health care are projected to add the most new jobs, with an increase of 2.3 million jobs (BLS, 2015).

- As of 2015, SDC was one of 26 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (OSHPD *Healthcare Atlas*, 2017).
- As of 2015, the California Health Care Almanac reported that 44 percent of the employed RN workforce was over the age of 50. As this age group moves away from patient care and approaches retirement, it will be critical to have younger RNs trained and in place to handle the turnover (California Health Care Foundation, 2017).
- The BLS projects employment of more than 300,000 RNs in California in 2024, which would be an increase of 17 percent from 2014. Compared to other health care practitioners and technical health care operators, RNs are projected to have the most opportunity for employment in 2020 (BLS, 2014).
- The BLS projects that the demand for home health aides in California will grow 39 percent from 2014 to 2024. Older individuals often have health problems and need help with daily activities. Thus, as the U.S. population ages, the demand for home health aides will continue to increase (BLS, 2014).
- According to forecasts performed by the Healthforce Center at University of California, San Francisco (UCSF), the demand for primary care clinicians in Californian will increase 12 to 17 percent by 2030. These forecasts predict that the southern border region will experience some of the highest levels of clinician shortages in the state (UCSF, 2017).
- A 2014 report from the California Hospital Association titled *Critical Roles: California's Allied Health Workforce Follow-Up Report* emphasizes the importance of local hospitals providing clinical training for nurses and allied health professionals, as well as programs to support mentoring and hospital work experience for interns and high school students. In the coming decades, such programs will have a tremendous impact on the lives of individuals, families and the San Diego community at large.

Objectives

- In collaboration with local schools, colleges and universities, offer opportunities for students to explore and train for a vast array of health care professions
- Provide training for local, national and international health care professionals

FY 2017 Report of Activities

SMH offered students and interns throughout SDC various placement and professional development opportunities. In FY 2017, nearly 500 nursing students and more than 280 ancillary students from a variety of colleges and universities spent more than 116,600 hours at SMH. Program partners included Abilene Christian University, Alliant International University, Azusa Pacific University, Boston University, Brown University, California College San Diego, California State University San Marcos, Calvin College, College of St. Scholastica, Columbia University, Concorde Career College, Creighton University, Emory University, EMSTA College, Grand Canyon University, Grossmont

College, Grossmont Health Occupations, Iowa State University, Lesley University, Loma Linda University, Metropolitan State University, National University, Nova Southeastern University, Palomar College, Pima Medical Institute, Point Loma Nazarene University, Sacred Heart University, San Diego Continuing Education, San Diego Mesa College, SDSU, San Jose State University, Southwestern College (SWC), Tennessee State University, Touro University, UC San Diego, University of Pennsylvania, University of Phoenix, University of San Diego, University of Southern California, University of St. Augustine, University of Utah, University of Washington, Utah State University, West Coast Ultrasound Institute, and Western University.

In addition, various departments at SMH provided educational presentations to community students. Team members from SMH's Clinical Pastoral Education (CPE) program presented on spiritual care in the hospital setting to 50 nursing students from SDSU, while Sharp Rehab provided education on psychological adjustment to SCI to 125 physical and occupational therapy students at the University of St. Augustine in San Marcos.

Through affiliations with EMSTA College, Palomar Community College, SWC and the San Diego Fire-Rescue Department's paramedic training program, SMH provided both clinical training and observation hours for 34 emergency paramedic interns in FY 2017. Each student completed 144 hours of clinical training primarily in the ED, with scheduled rotations in the trauma center, catheterization lab, operating rooms, labor and delivery, and pulmonary services. ED staff contributed nearly 4,900 hours of clinical training and supervision to these specialized community programs in FY 2017.

SMH and SGH continued to provide one of only two mobile intensive care nurse (MICN) training programs in SDC. Together, the hospitals offered extensive six-week training programs for San Diego base station emergency nurses. Participants received certification through EMS upon successful completion of a 48-hour classroom component, a passing score of 85 percent or higher on the County EMS final examination of SDC protocols, and completion of mandatory ride-along hours in a paramedic unit. In addition, as a radio base station, the Sharp Prehospital/EMS department provided two continuing education Joint Base Regional Care Conferences for EMS personnel and MICN trained RNs in SDC.

SMH continued to participate in the HSHMC program to provide early professional development for high school students. During the school year, 128 students in 9th through 12th grade were supervised for approximately 30,700 hours between SMH and the OPP. Students shadowed staff in a variety of hospital departments, including nursing, ED, post-anesthesia care unit, laboratory, pathology, radiology, imaging, endoscopy, catheterization lab, and pulmonary and cardiac rehabilitation. Students were also oriented to hospital operations, including the cafeteria, supply chain, security and patient transporter services. Further, SMH has incorporated education on patient- and family-centered care and the culture of a professional work environment into the HSHMC experience. In addition to placement at SMH, 20 HSHMC students devoted

nearly 7,700 hours to shadowing pediatric, orthopedic and electrocardiogram services at the SRSMG facility located adjacent to SMMC.

Sharp Rehab provided professional development opportunities for community and Sharp professionals in FY 2017, including free Compassion Cultivation Training (CCT) and Mindful Self-Compassion (MSC) courses. Developed by the Center for Compassion and Altruism Research and Education at the Stanford University School of Medicine, CCT is a nine-week course designed to help professionals develop compassion for themselves and others. Through lectures, guided compassion cultivation exercises and group discussions, CCT can improve communication, increase resilience to stress and enhance participants' feelings of well-being. Designed by professionals at the University of Texas and Harvard Medical School — Cambridge Health Alliance, MSC is an eight-week course that teaches mindfulness, self-kindness and self-compassion skills to help health professionals recognize difficult situations and respond with greater stress resilience. The CCT and MSC courses trained approximately 50 health professionals in FY 2017.

SMH is a Planetree Patient-Centered Hospital Designated with Distinction, representing the highest level of patient-centered care. The Planetree philosophy upholds that care should be organized first and foremost around the needs of the patient. With this recognition, SMH provides hospital tours to share its experience in patient- and family-centered care upon request from various local, national and international hospitals, nonprofit organizations and universities. In FY 2017, guests toured various hospital units as well as the Cushman Wellness Center Community Health Library to learn about SMH's unique programs and design properties that promote patient- and family-centered care, a healing environment, workforce efficiency and effective use of technology. Tour participants may then use these lessons to improve service delivery and customer experience within their own organizations. SMH team members also shared their expertise in the Planetree philosophy of care at the annual Planetree International Conference on Patient-Centered Care in Baltimore, Maryland. SMH team members presented on staff engagement in patient safety, preparing patients for discharge, safe hospitalization and discharge through patient and family empowerment, and an acute brain injury rehabilitation care model based on patient/caregiver empowerment and engagement.

FY 2018 Plan

SMH will do the following:

- Continue to provide professional development opportunities for health professions students and interns throughout SDC
- Continue to collaborate with HSHMC to provide opportunities for high school students to explore careers in health care
- Continue to provide clinical training for chaplain interns and residents through the CPE program
- Continue to offer CCT and MSC courses for community health professionals

- Continue to provide education and hospital tours for the local, national and international health care community on patient- and family-centered care
- Provide continuing education lectures to community physicians, residents, interns and Navy at the SMH Hip Preservation Center
- Provide a two-day conference for orthopedic nurse certification

Identified Community Need: Support During the Transition of Care Process for High-Risk, Underserved Patients With Complex Medical Needs

Rationale references the findings of the SMH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- As part of the SMH 2016 CHNA process, discussions with Sharp's Community-based Care Transitions Program/Care Transitions Intervention (CTI) staff identified the following strategies for improving the health of SDC's vulnerable, high-risk, or medically underserved patients: coaching; educating patients about their disease and the health care system; providing education tailored to specific cultural and linguistic groups; providing transportation, support, hope, and love; and providing a personal health record with resources and information about their medications.
- A key informant interview conducted as part of the SMH 2016 CHNA process identified the home environment, transportation and medication management as challenges for vulnerable patients. Recommendations included connecting patients to community resources as part of their transition from hospital to home, expediting services for discharged patients with immediate needs, and developing methods to finance hospital/community partnerships for expedited services.
- The HASD&IC 2016 CHNA identified 10 social determinants of health that impact the four priority health needs in SDC (behavioral health, cardiovascular disease, obesity and Type 2 diabetes). These social determinants are: food insecurity and access to healthy food; access to care or services; homeless/housing issues; physical activity; education/knowledge; cultural competency; transportation; insurance issues; stigma; and poverty.
- Key informant interviews conducted as part of the HASD&IC 2016 CHNA suggested the following strategies for improving health and removing barriers to care: behavioral health prevention and stigma reduction; education on disease management and food insecurity; improving diversity and cultural competency; coordinating services across the continuum; integrating physical and mental health; and engaging case managers and patient navigators in the community and incorporating them as a routine part of the continuum of care.
- Participants in the HASD&IC 2016 CHNA community partner discussions recommended strengths-based case management, greater availability of multicultural providers and translators, and better coordination of discharge procedures as strategies for improving and maintaining health in SDC.
- Members of Sharp's Patient Family Advisory Council participating in the SMH 2016 CHNAs Health Access and Navigation survey identified the following top barriers to

care: understanding health insurance; making an appointment for care; follow-up care and/or appointments; using health insurance; knowing where to go for care; and picking up prescriptions. Overall, these findings were aligned with feedback collected through the HASD&IC 2016 CHNAs Health Access and Navigation Survey.

- As of November 2017, the overall unemployment rate in SDC was 3.3 percent, which was below the unemployment rate for the state of California (4.0 percent) and below the national rate (3.9 percent) during the same period (Labor Market Information, State of California Employment Development Department, 2017).
- The Regional Task Force for the Homeless' January 2017 *WeAllCount* campaign counted 9,116 homeless individuals in SDC, roughly 62 percent of whom were unsheltered. The most commonly cited cause of homelessness was loss of a job (26 percent), followed by "other" (21 percent), money issues (15 percent), and kicked out/ran away (10 percent).
- The Kaiser Family Foundation's 2016 Employer Health Benefits Survey indicated that the average health insurance premium for a single adult in 2016 is \$536 per month, or \$6,435 annually. The average health insurance premium for a family in 2016 is \$1,512 per month, or \$18,142 annually. The average family premium in 2016 is now 20 percent higher than the average family premium in 2010 and 58 percent higher than the average family premium in 2006.

Objectives

- Collaborate with community organizations to provide follow-up medical care, financial assistance, and psychiatric and social services to chronically homeless individuals
- Assist economically disadvantaged individuals through transportation and pharmaceutical assistance

FY 2017 Report of Activities

SMH provides post-acute care facilitation for high-risk patients, including those who are homeless or lack a safe home environment. Advocacy for safe discharge from the hospital is a top priority, regardless of funding.

SMH continued to collaborate with the SDRM to provide services to chronically homeless patients. Through the partnership, in FY 2017, SMH discharged 34 homeless patients to the SDRM's Recuperative Care Unit (RCU), which is a temporary shelter program that addresses the needs of homeless men and women who are newly released from the hospital yet still in need of supervision. Through the RCU, these patients can receive case management, social work and counseling services as well as referrals for community-based medical and psychiatric services, long-term housing, and other community support programs. Funded completely by SMH, the program provides a safe discharge plan for homeless individuals who require a stable living environment for their continued recovery.

SMH also assists high-risk, underserved patients with transportation and placement; connections to community resources; and financial support for medical equipment, medications, outpatient dialysis and nursing home stays. In addition, clinical social work services for the homeless population include assessment for individuals at risk for psychiatric disorders, developmental disorders and substance abuse issues. Referrals are provided as needed for housing, medication management and supportive community services. Further, in FY 2017 the SMH Auxiliary provided approximately 200 items of clothing to homeless individuals upon discharge. The Auxiliary also continued to fund an initiative to provide clothing to other patients who lack clothing when they leave the hospital.

Finally, in FY 2017 SMMC assisted economically disadvantaged individuals through the provision of approximately \$140,700 in free medications and transportation through its Project HELP program.

FY 2018 Plan

SMH will do the following:

- Continue to collaborate with community organizations to provide medical care, financial assistance, clinical social work services and community resources for chronically homeless patients
- Explore collaborations with Society of St. Vincent de Paul and Connections Housing to provide post-discharge housing and services to chronically homeless patients
- Continue to administer Project HELP funds to those in need; evaluate program to ensure it meets the needs of the population served
- With funding from the SMH Auxiliary, provide clothing for patients who lack usable clothing at discharge
- Continue to provide financial assistance for prescription copayments and other personal items
- Explore the provision of temporary caregivers to support vulnerable elderly patients with the transition from hospital to home

SMH Program and Service Highlights

Sharp Memorial Hospital:

- 24-hour Emergency and Trauma Center, including heliport and base station
- Acute care, including a dedicated inpatient oncology unit
- Bioethics consultation
- Cardiovascular rehabilitation
- Catheterization lab, including a hybrid procedure room
- Clinical trials, including cancer, heart and vascular
- Community Care Partner Program
- Chest Pain Center, specializing in emergency chest pain treatment
- Congestive Heart Failure Management Program
- Critical care
- Electrocardiogram
- Electroencephalography
- Health Information Ambassadors
- Heart and vascular care, including mechanical circulatory support devices and heart transplantation
- Heart Valve Surgery Center
- Home health¹
- Home infusion services
- Hospice²
- Imaging services, including interventional radiology
- Intensive Care Unit
- Interpreter Services
- Laboratory services
- Open medical records program
- Organ transplantation, including kidney, heart and pancreas
- Orthopedics, including joint replacement surgery
- Pain Management Center
- Palliative care
- Pathology services
- Pharmacy services for inpatients
- Pre-Anesthesia Evaluation Services
- Robotic surgery
- Senior Resource Center
- Sharp Allison deRose Rehabilitation Center, including inpatient and outpatient physical, occupational and speech therapy
- Sharp and Children's MRI Center
- Sleep Disorders Center
- Spiritual care services, including Arts for Healing and Integrative Healing
- Stroke care — recognized by the AHA
- Surgical services, including thoracic (lung) and head and neck surgery

¹ Provided through Sharp Home Health, located at: 8080 Dagget Street in San Diego, ZIP code 92111.

² Provided through Sharp HospiceCare.

- Van transportation services
- Warfarin management
- Weight Loss (Bariatric) Surgery
- Wound and Ostomy Inpatient Center

Sharp Memorial Outpatient Pavilion:

- Cancer services, including nutrition and genetic counseling, nurse navigators, licensed clinical social workers, radiation therapy, infusion services and diagnostic imaging
- Cushman Wellness Center, including:
 - Cushman Wellness Center Community Health Library
 - Health assessments and screenings
 - Executive Health Program
 - Holistic therapies, including acupuncture, guided imagery, Healing Touch, massage, and Reiki
 - Fitness assessments
- Diabetes education and management — recognized by the ADA
- Laurel Amtower Cancer Institute, including the Breast Health Center for breast cancer and other breast conditions, and Neuro-Oncology Center for brain and spinal cord cancer
- Oncology Associates of San Diego
- Outpatient Imaging Center, including computed tomography (CT) scan, virtual CT colonoscopy, and digital and 3-D tomosynthesis mammography
- Outpatient Surgery Center, including pre-anesthesia evaluation services
- SRSMG Surgical Eye Consultants, including ophthalmology and optometry
- Summerfelt Endoscopy Center
- Vision Laser Center, including ophthalmology, diagnostic and laser treatment

Sharp Senior Health Center Downtown:

- Community health education programs
- Community health screenings services
- Primary and comprehensive physical and mental health care services to seniors

Sharp Senior Health Center Clairemont:

- Community health education programs
- Community health screenings and services
- Primary and comprehensive physical and mental health care services to seniors



Shining a Light on Behavioral Health

Sharp Mesa Vista Hospital and Sharp McDonald Center

One in five adults in San Diego County faces behavioral health issues, and nearly 65,000 live with Alzheimer's disease. Through free mental health screenings, education and outreach, Sharp Mesa Vista Hospital empowers community members to identify and overcome these challenging conditions.

The hospital provides depression screenings at community events and sites throughout the year, including during Check Your Mood Week — an annual effort hosted by the County of San Diego Health and Human Services Agency to increase mental health awareness and reduce stigma. Community members receive confidential screenings to detect risk factors for depression as well as information on local mental health resources.

In partnership with Alzheimer's San Diego, Sharp Mesa Vista conducts memory screenings throughout the community to help individuals recognize the warning signs of memory loss and dementia. Team members also educate community members about opportunities to participate in Alzheimer's research to support the hospital's commitment to prevent, treat and cure this devastating disease.

Section

11 Sharp Mesa Vista Hospital and Sharp McDonald Center

Change in your community happens when you realize you are the community. That it starts with you. When you realize the symbiotic relationship between you and the community, and that by going out there, by giving back, by getting active and having a voice, lending a hand — you are helping the larger community and in turn helping yourself. — Dara Schwartz, Clinical Program Director, Sharp Mesa Vista Hospital

FY 2017 Community Benefit Program Highlights

Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) provided **\$18,024,214** in community benefit in Fiscal Year 2017 (FY 2017). See **Table 39** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697) and **Figure 29** for the distribution of SMV and SMC’s community benefit among those categories.

**Table 39: Economic Value of Community Benefit Provided
Sharp Mesa Vista Hospital and Sharp McDonald Center — FY 2017**

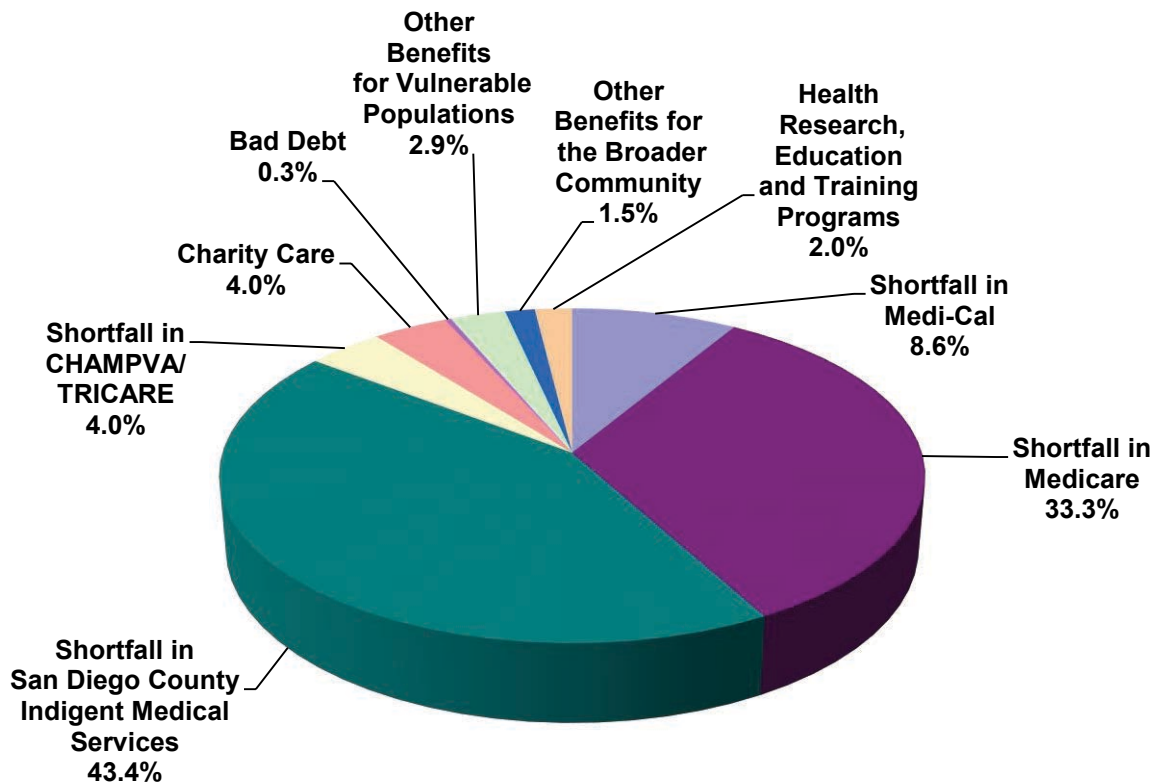
SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2017 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$1,563,784
	Shortfall in Medicare ¹	5,998,706
	Shortfall in San Diego County Indigent Medical Services ¹	7,819,380
	Shortfall in CHAMPVA/TRICARE ¹	721,983
	Charity Care ²	708,670
	Bad Debt ²	58,934
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy ³	522,956
Other Benefits for the Broader Community	Health education and information, support groups, participation in community events, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	278,986
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	350,815
TOTAL		\$18,024,214

¹ Methodology for calculating shortfalls in public programs is based on Sharp’s payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

² Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

³ Unreimbursed costs may include an hourly rate for labor and benefits, plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

**Figure 29: Percentage of Community Benefit by SB 697 Category
Sharp Mesa Vista Hospital and Sharp McDonald Center — FY 2017**



Key highlights:

- **Medical Care Services** included uncompensated care for patients who were unable to pay for services and unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services and CHAMPVA/TRICARE.
- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; free psychiatric assessments and referrals; programs to address barriers to mental health services for disadvantaged, culturally diverse urban seniors; contribution of time to Stand Down for Homeless Veterans, Feeding San Diego, Habitat for Humanity, Ssubi is Hope and the San Diego Food Bank; the Sharp Humanitarian Service Program; and other assistance for community members facing inequities.
- **Other Benefits for the Broader Community** included health education and information on a variety of behavioral health and chemical dependency topics, participation in community health and behavioral health events, and collaboration with local schools to promote interest in health care careers. SMV also offered meeting room space at no charge to community groups. In addition, staff at the

hospital actively participated in community boards, committees and other civic organizations, such as Mental Health America (MHA), National Alliance on Mental Illness (NAMI), Community Health Improvement Partners (CHIP) Behavioral Health Work Team, CHIP Suicide Prevention Council, San Diego Military Family Collaborative (SDMFC), San Diego Mental Health Coalition, San Diego County Older Adult Council, Alzheimer's Project Safety Workgroup, Employee Assistance Professionals Association (EAPA), A New PATH (Parents for Addiction Treatment and Healing), Psychiatric Emergency Response Team (PERT), VA (United States of America (U.S.) Department of Veterans Affairs) San Diego Mental Health Council and San Diego Workforce Partnership (SDWP). See **Appendix A** for a listing of Sharp HealthCare's (Sharp's or SHC's) involvement in community organizations in FY 2017. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessment (CHNA) development and administration.

- **Health Research, Education and Training Programs** included education and training of health care professionals and student and intern supervision.

Definition of Community

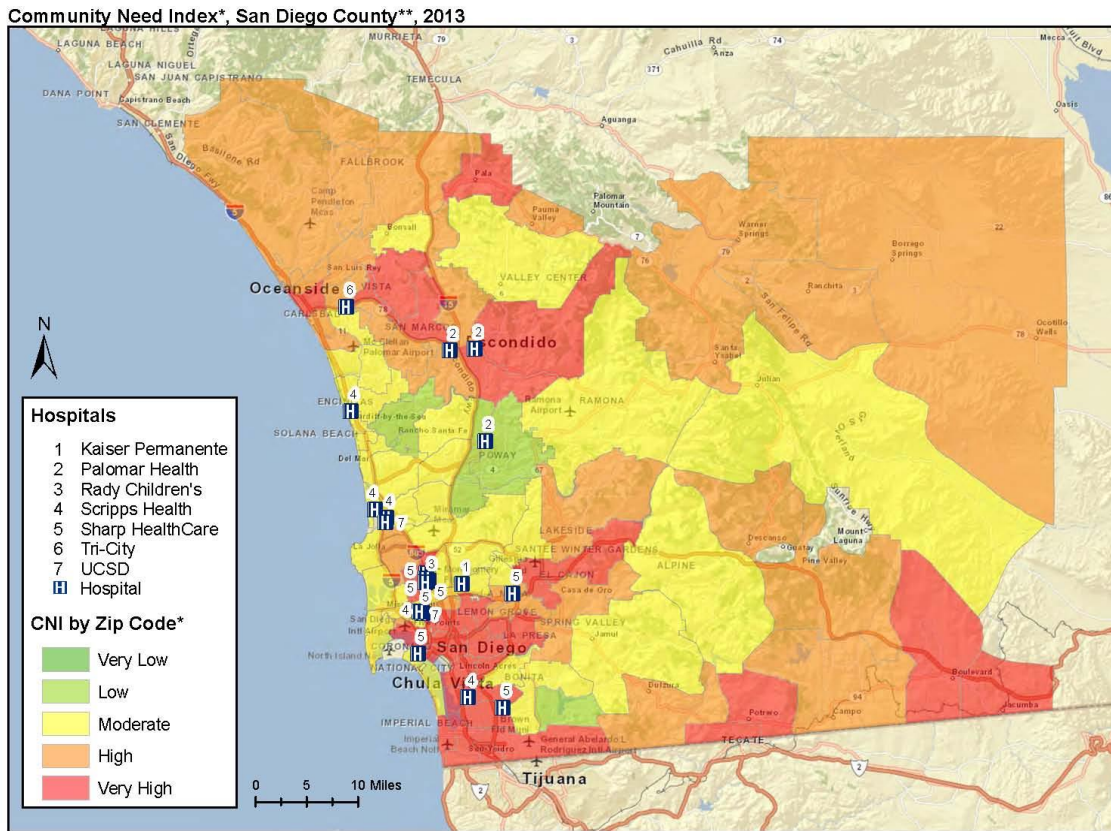
- *SMV is located at 7850 Vista Hill Avenue in San Diego, ZIP code 92123.*
- *SMC is located at 7989 Linda Vista Road in San Diego, ZIP code 92111.*
- *SMV Mid-City Outpatient Programs are located at 4275 El Cajon Boulevard, Suite 100 in San Diego, ZIP code 92105; SMV East County Outpatient Programs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

As specialty hospitals, SMV and SMC serve the community of San Diego County (SDC). The primary communities served by SMV and SMC include the City of San Diego, Chula Vista, the east region, and north inland communities surrounding Rancho Bernardo. See **Appendix B** for a map of community and region boundaries in SDC.

For SMV's and SMC's 2016 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within SDC. The CNI identifies the severity of health disparity for every ZIP code in the U.S. based on specific barriers to health care access including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care and preventable hospitalizations.

According to the CNI, communities served by SMV with especially high need include but are not limited to East San Diego, City Heights, North Park, the College Area, and Downtown San Diego. **Figure 30** presents a map of the CNI scores across SDC.

Figure 30: CNI Map — SDC



Data Source: *Dignity Health; **SanGIS;
 Basemap: © 2015 OpenStreetMap contributors, and the GIS User Community.



Description of Community Health

In SDC in 2016, 99.7 percent of surveyed children ages zero to 11, 99.5 percent of surveyed children ages 12 to 17, and 90.8 percent of surveyed adults ages 18 to 64 had health insurance, which fall short of the Healthy People 2020 (HP2020) national target¹ of 100 percent health insurance coverage for all individuals under age 65.

In SDC in 2016, 14.5 percent of adults ages 18 to 64 did not have a usual source of care and 10.6 percent of these adults had health insurance. In addition, 25.3 percent of adults without a usual source of care reported fair or poor health outcomes. See **Table 40** for a summary of key indicators of access to care and **Table 41** for data regarding Medi-Cal eligibility.

¹ The U.S. Department of Health and Human Services' HP2020 initiative represents the nation's prevention agenda for the second decade of the 21st century. HP2020 has four overarching goals: to attain high-quality, longer lives free of preventable disease, disability, injury and premature death; to achieve health equity, eliminate disparities and improve the health of all groups; to create social and physical environments that promote good health for all; and to promote quality of life, healthy development and healthy behaviors across all life stages.

In 2015, the unemployment rate for SDC was 10.3 percent.¹ Further, 40.7 percent of adults ages 18 to 64 living at 200 percent below the federal poverty level reported as food insecure (lack of access to healthy food).²

Table 40: Health Care Access in SDC, 2015

Description	Rate	Year 2020 Target
Current Health Insurance Coverage		
Children 0 to 11 Years	99.7%	100%
Children 12 to 17 Years	99.5%	100%
Adults 18 to 64 Years	90.8%	100%
Regular Source of Medical Care		
Children 0 to 11 Years	96.7%	100%
Children 12 to 17 Years	74.1%	100%
Adults 18 to 64 Years	85.5%	89.4%
Not Currently Insured		
Adults 18 to 64 Years	9.2%	

Source: 2016 California Health Interview Survey (CHIS)

Table 41: Medi-Cal (Medicaid) Eligibility Among Uninsured in SDC (Adults Ages 18 to 64 Years), 2015³

Description	Rate
Medi-Cal Eligible	13.9%
Not Eligible	86.1%

Source: 2016 CHIS

Among SDC adults ages 18 to 64 surveyed in 2015, 38.9 percent reported an episode of binge drinking in the past year. In 2016, five percent of SDC teens reported an episode of binge drinking during the previous month. Also in 2016, 14.8 percent of SDC adults ages 18 to 64 reported seeing a health care provider for mental-emotional or drug-alcohol issues, while 44.7 percent reported that they needed help but did not receive treatment of any kind. Among SDC seniors, 9.2 percent of those surveyed in 2016 reported needing help for mental-emotional or alcohol-drug issues in the past year.

¹ County of San Diego Health and Human Services. Community Health Statistics Unit. 2015.

²This information is sourced from the 2016 California Health Interview Survey (CHIS) Health Profile for SDC, provided by the University of California Los Angeles (UCLA) Center for Health Policy Research. Starting in 2012, CHIS moved to a continuous survey model. CHIS Health Profiles, available annually, include key health statistics for California state, counties, regions, Service Planning Areas, and more. Customized and detailed health statistics are available through *AskCHIS* biennially, with the most recently available information from 2016.

³This information is sourced from the 2014-2015 CHIS Health Profile for SDC, provided by the UCLA Center for Health Policy Research. Starting in 2013, the California state budget required children enrolled in the Healthy Families Program to transition enrollment into Medi-Cal. Formerly, this table included Healthy Family eligibility in San Diego County using pre-ACA data. The Affordable Care Act now determines financial eligibility for Medi-Cal using Modified-Adjusted Gross Income, based on income and number of persons in the household.

In 2015, the age-adjusted rate of discharges from the emergency department (ED) for self-inflicted injury in SDC overall was 78.3 per 100,000 population, although this rate was lower among seniors ages 65 and older (17.6 per 100,000 population). The rate of hospitalization for self-inflicted injury among seniors was 21 per 100,000 population. During the same year, the age-adjusted death rate due to suicide in SDC was 10.16 deaths per 100,000 population, slightly lower than the HP2020 target of 10.2 deaths per 100,000 population, however the suicide rate among seniors was much higher (18.6 per 100,000 population).

An analysis of 2015 mortality data for SDC revealed Alzheimer’s disease (and related dementias) and suicide as the third and 10th leading causes of death for SDC, respectively. See **Table 42** for a summary of leading causes of death in SDC. For additional demographic and health data for communities served by SMV and SMC, please refer to the 2016 CHNAs for these entities, available at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

Table 42: Leading Causes of Death in SDC, 2015

Cause of Death	Number of Deaths	Percent of Total Deaths
Overall Cancer	5,025	24.3%
Coronary Heart Disease	2,898	14.0%
Alzheimer’s Disease and Related Dementias	2,482	12.0%
Unintentional Injuries	1,190	5.8%
Stroke	1,162	5.6%
Chronic Obstructive Pulmonary Disease/Chronic Lower Respiratory Diseases	973	4.7%
Overall Hypertensive Diseases	733	3.5%
Diabetes	708	3.4%
Overdose/Poisoning	360	1.7%
Suicide	342	1.7%
All Other Causes	4,795	23.2%
Total Deaths	20,668	100.0%

Source: County of San Diego Health and Human Services Agency (HHS), Public Health Services, Epidemiology & Immunization Services Branch

Community Benefit Planning Process

In addition to the steps outlined in **Section 3: Community Benefit Planning Process** regarding community benefit planning, SMV and SMC:

- Incorporate community priorities and community relations into their strategic plans and develop specific programmatic goals
- Estimate an annual budget for community programs and services based on community needs, the prior year's experience and current funding levels
- Host a bimonthly committee to discuss, plan and implement community activities

Priority Community Needs Addressed in Community Benefit Report — SMV 2016 CHNA and SMC 2016 CHNA

Both SMV and SMC completed their most recent CHNAs in September 2016. These CHNAs were significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2016 CHNA process and findings, and details on those processes are available in **Section 3: Community Benefit Planning Process** of this report.

In addition, this year SMV and SMC completed their most current implementation strategies — a description of programs designed to address the priority health needs identified in their 2016 CHNAs. The most recent CHNAs and implementation strategies for both SMV and SMC are available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

Through the SMV 2016 CHNA and the SMC 2016 CHNA, behavioral health was identified as the number one priority health need for SDC, including the behavioral health needs specifically for seniors.

Although additional priority health needs were identified for Sharp hospitals through the 2016 CHNA process, as specialty hospital facilities providing behavioral health and chemical dependency programs and services, these additional identified health issues (cardiovascular health, cancer, diabetes, obesity, etc.), fall outside the scope of services provided by SMV and SMC. Thus, these identified health needs are not addressed in the community benefit report for these two hospitals. For additional details on SMV and SMC programs that specifically address the needs identified in the 2016 CHNA, please refer to SMV's and SMC's respective implementation strategies available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

In alignment with the identified need of behavioral health, the following pages detail programs that specifically address:

- Mental health and substance abuse education and support for the community
- Improving behavioral health outcomes for seniors at risk
- Mental health and substance abuse education for health care professionals and students, and collaboration with local schools to promote interest in health care careers

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2017 Report of Activities conducted in support of the objective(s), and Fiscal Year 2018 (FY 2018) Plan.

Identified Community Need: Behavioral Health and Substance Use Education for the Community

Rationale references the findings of the SMV and SMC 2016 CHNAs, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SMV and SMC 2016 CHNAs identified behavioral health as the priority health issue for community members served by SMV and SMC.
- The HASD&IC 2016 CHNA identified behavioral health as the top priority health issue for community members in SDC.
- The following conditions were identified in the SMV and SMC 2016 CHNAs as priority behavioral health issues in SDC: Alzheimer's disease, anxiety, drug and alcohol issues and mood disorders.
- Community partner discussions conducted as part of the HASD&IC 2016 CHNA process identified stigma as a significant barrier to improving behavioral health in SDC. Specifically, fear that disclosing a mental illness would yield repercussions, such as job loss, was identified as a barrier to accessing behavioral health care. Reducing stigma related to mental health, building relationships with patients, and teaching families about the signs and symptoms of mental health issues were recommended.
- According to data from the Office of Statewide Health Planning and Development (OSHDP) presented in the SMV and SMC 2016 CHNAs, anxiety disorders were the top primary diagnosis for behavioral health-related ED discharges among those ages 5 to 44 and ages 65 and older. For those ages 45 to 64, the top ED discharge for behavioral health was alcohol-related disorders, followed by anxiety and mood disorders.
- In general, data analysis in the SMV and SMC 2016 CHNAs revealed a higher rate of behavioral health hospital discharges in SDC's more vulnerable communities (Dignity Health, San Diego Geographic Information Source (SanGIS), OSHPD & SpeedTrack Inc., 2015).
- According to 2016 CHIS data, 9.5 percent of adults in SDC have ever seriously thought about committing suicide.

- In 2015, there were 1,067 hospitalizations due to overdose/poisoning in SDC. The age-adjusted rate of hospitalizations due to overdose/poisoning was 31.4 per 100,000 population.
- In 2015, the age-adjusted rate of overdose/poisoning-related ED discharges in SDC was 116.6 per 100,000 population. Age-adjusted rates for overdose/poisoning-related ED discharges were higher among males, Blacks and individuals ages 15 to 24 years in comparison among groups.
- Approximately 10.2 million adults have co-occurring mental health and addiction disorders in the U.S. (NAMI, 2016).
- According to HP2020, the effects of substance abuse contribute to costly social, physical, mental and public health problems, including teenage pregnancy, sexually transmitted diseases, motor vehicle accidents, physical fights, suicide and crime, including domestic violence, child abuse and homicide.
- Approximately eight percent of the population will develop post-traumatic stress disorder (PTSD) during their lifetime; however, these figures are higher among veterans and active duty servicemembers. According to the VA, in a given year, approximately 11 to 20 percent of veterans of Operations Iraqi Freedom and Enduring Freedom and 12 percent of Gulf War veterans have PTSD, while it is estimated that 30 percent of Vietnam veterans have had PTSD in their lifetime.
- Both active duty servicemembers and veterans face barriers to treatment for behavioral health issues, including long wait times to receive treatment; embarrassment, shame or stigma around service-related disabilities; a lack of understanding or awareness about behavioral health problems and treatment options; logistical issues, such as travel difficulties; concerns over the VA's care offerings; and demographic barriers such as age or gender (National Veterans Foundation, 2016).
- In 2014–2015, 12.3 percent of California adolescents ages 12 to 17 experienced a Major Depressive Episode (MDE). This rate has increased 3.1 percent since 2011–2012 (Substance Abuse and Mental Health Services Administration (SAMHSA), *Behavioral Health Barometer – California Volume 4*, 2015).
- From 2011 to 2015, an average of only 32.1 percent of California adolescents ages 12 to 17 with a MDE in the past year received treatment (SAMHSA, *Behavioral Health Barometer - California Volume 4*, 2015).

Objectives

- Provide behavioral health and substance use education for patients, their loved ones and the community
- Support the behavioral health community through sponsorship of and participation in community events

FY 2017 Report of Activities

During FY 2017, SMV and SMC hosted numerous on-site community speaking engagements and workshops to increase awareness of behavioral health and substance use issues. Education addressed a variety of topics, including cognitive therapy, chemical dependency, life transitions, domestic violence and child and geriatric psychiatry. This included SMV's monthly cognitive therapy lecture series designed to educate participants about cognitive behavioral therapy — a research-based treatment approach to mood disturbances and behavior problems that is used to treat anxiety, anger, depression, panic disorder, bipolar disorder, phobias, relationship problems, grief and loss, and other difficulties that bring people to therapy. Further, in response to the need for information and support for caregivers of individuals with mental illness, SMV provided educational materials, local behavioral health resources and information on behavioral health support to family and friends in the hospital lobby through NAMI San Diego's Friends in the Lobby program.

Throughout the year, SMV provided specialized services to active duty servicemembers, veterans and their families. These programs provide a safe environment for veterans to learn effective methods for managing symptoms of PTSD, acute stress disorder and mood-related disruptions. SMV's military-specific programs also decrease the use of maladaptive coping skills through evidence-based practices and include services for spouses and family members who experience distress when a loved one returns with symptoms related to the trauma of war. Team members provide education and resources to reduce the stigma surrounding behavioral health issues in the military community. During FY 2017, SMV's military-specific programs supported approximately 600 veterans and community members.

In addition, SMV and SMC collaborated with partners in the military community to provide behavioral health education and resources to more than 500 community members at events throughout SDC. Events included the VA San Diego Healthcare System 2017 Community Mental Health Summit, Sharp HospiceCare's We Honor Veterans Recognition, Education and Resource Expo, the Live Well San Diego (LWSD) 2016 Veterans Forum: Fostering Collaboration to Connect San Diego County Veterans, and the Veterans' Resource Fair at Silverado Memory Care Community in Encinitas, which was sponsored by San Diego County Hospice-Veteran Partnership and the Caregiver Coalition of San Diego. Further, in FY 2017 SMV provided education and resources about opportunities for participation in PTSD and depression research to physicians in the VA Trauma Program. SMV also continued to participate in the SDMFC, which meets monthly to discuss community-based services for military servicemembers and their families, as well as the Hidden Heroes campaign, which raises awareness and support for caregivers of veterans and active duty servicemembers.

In FY 2017, SMV provided a specialized Transitional Age Youth (TAY) Program for young adults, ages 18 to 26, with behavioral health issues. Through the TAY Program, SMV offered education and resources to empower and support the continued health

and well-being of these young adults. In April, the SMV TAY Program hosted a croquet tournament at Balboa Park benefitting Impact Young Adults, an organization that empowers young adults with behavioral health challenges through social activities, mentorship, and leadership opportunities. SMV provided behavioral health resources to approximately 40 community members at the event. SMV also provided TAY with education and resources at a festival titled From the Ground Up benefitting Urban Beats, a creative arts program for TAY experiencing behavioral health issues, as well as at the Oasis Clubhouse youth center's Ducky Award Resource Fair. In addition, SMV collaborated with Planned Parenthood to provide three classes on safe sex practices to more than 60 attendees. Further, the SMV TAY Program partnered with the Consumer Center for Health Education and Advocacy to assist more than 30 TAY with insurance and legal forms and help them understand their rights.

SMV provided a variety of behavioral health educational opportunities and resources to community groups throughout the year. In October, SMV collaborated with Coronado SAFE (Student and Family Enrichment) to provide a lecture on prescription drug abuse to 20 community members at Coronado Unified School District. Also in October, SMV provided an educational session on the connection between domestic violence and behavioral health to more than 100 community members at the Conviva y Aprende (Share and Learn) educational series held at the San Diego Country Club in Chula Vista. In September, an SMV clinician delivered a lecture on women and stress in the workplace to approximately 100 employees of a La Jolla-based risk management company, as well as participated in the HHS's mental health forum discussion about the behavioral health challenges facing SDC and potential strategies to address community needs. Approximately 50 community members attended the forum at the Marina Village Conference Center. In March, SMV provided resources to approximately 20 community members at the SafeTALK Suicide Alertness Training, a free event at the Sharp Memorial Outpatient Pavilion designed to prepare individuals to identify people who may have thoughts of suicide, ask them directly about the possibility of suicide and then connect them to life-saving resources. Team members also provided education about opportunities for individuals with schizophrenia to enroll in clinical research trials. This included residents of Carroll's Community Care, an assisted living facility for mentally ill adults located in El Cajon, as well as health professionals at The Meeting Place, an organization that provides support to adults living with behavioral health disorders in SDC.

Throughout the year, SMV and SMC provided behavioral health education to the community through interviews with local news outlets, including CW6 San Diego, KUSI News, CBS News 8 – San Diego, FOX 5 San Diego, 10News – ABC San Diego, Newsradio 600 KOGO, and Televisa Tijuana Oficial. Interview topics included helping children cope with negative media imagery; navigating post-election feelings; veterans and PTSD; drinking in moderation and approaching a loved one about concerning habits; positively progressing into the new year; risks surrounding the increasing trend of binge drinking among older women; the connection between substance use and behavioral health disorders; the impact of new marijuana legislation on behavioral health providers; new guidelines for alcohol use; the health effects of long-term drug

usage; the increasing prevalence of alcoholism and how to seek help; and bullying. Professionals with expertise in a variety of disciplines, including clinical psychology, chemical dependency, marriage and family therapy (MFT) and clinical child psychology shared information through these news outlets.

In FY 2017, SMV and SMC provided behavioral health education, resources and presentations to approximately 1,400 community members through participation in health and wellness fairs, conferences and events. This included the Community Resource Fair at Balboa Park, which was sponsored by the San Diego Commission on Gang Prevention and Intervention, and the San Diego Unified School District's Counseling and Guidance Department and Office of Secondary Schools; a health fair sponsored by the Philippine Nursing Association as part of the Lunar New Year Tet Festival at San Diego County Credit Union Stadium; the Jewish Family Service of San Diego (JFS) Behavioral Health Committee's annual Behavioral Health Panel and Luncheon; NAMI North Coastal San Diego County Chapter's annual resource fair at St. Michael's by the Sea Episcopal Church in Carlsbad; the Recovery Awareness Resource Fair at La Maestra Community Health Center; the second annual Critical Issues in Child and Adolescent Mental Health Conference at the Crowne Plaza San Diego hotel in Mission Valley; the International Bullying Prevention Association's summit in support of lesbian, gay, bisexual, transgender and queer youth titled "Inclusion Through Kindness and Compassion" at the Marina Village Conference Center; and the 2017 SDC Wellness and Recovery Summit at the Joe & Vi Jacobs Center. Additionally, SMV provided behavioral health resources as well as an educational presentation about self-care, mindfulness and stress reduction at the Caregiver Coalition of San Diego and NAMI's A Day for Caregivers: Caring for a Loved One with Mental Health Challenges conference held at the First United Methodist Church in Mission Valley. Lastly, SMV collaborated with CHIP for the Suicide Prevention Council Mental Health Month event that featured local behavioral health organizations and their work in prevention, intervention and aftercare at United Way of San Diego County. The event highlighted the continuum of behavioral health care in the community and the connection between behavioral health and suicide prevention.

In FY 2017, SMV sponsored and participated in several events benefitting behavioral health organizations across SDC. Events included NAMI's 13th annual Color Ball and Inspiration Awards at the San Diego Air & Space Museum; the International Bipolar Foundation's Starry Night fundraising event at Liberty Station and luncheon at the Hyatt Regency; San Diego Psychological Association's 2016 Fall Conference at the Handlery Hotel; the Healthy Lives Safe Communities: Justice Connected event at the Crowne Plaza San Diego hotel in Mission Valley; the Behavioral Health Recognition Dinner, which recognizes individuals who work to help community members achieve recovery without stigma; and the Strut for Sobriety event benefitting A New PATH, a nonprofit organization focused on reducing stigma associated with addictive illness through education. In addition, SMV sponsored and participated in MHA's 19th and 20th annual Meeting of the Minds Conference and Resource Fair events held at the Sheraton San Diego Hotel & Marina in October 2016 and September 2017. These events included prominent researchers and health care experts who shared the latest advances and

research in behavioral health. At the October event, SMV presented on banishing doubt, boosting self-esteem to improve self-worth, and living an authentic life to approximately 300 attendees. At the September event, SMV provided behavioral health resources as well as education on current clinical research and study referral and recruitment to 300 attendees at the event's resource fair. In October 2016 and August 2017, SMV sponsored the SDMFC's Annual Conferences, and provided PTSD resources and information about SMV's behavioral health services to more than 600 community members. Further, in January, SMV sponsored the JFS behavioral health panel event titled Raising Resilient Kids. During the event, more than 150 community members received behavioral health resources from SMV as well as information from a panel of experts on how to address challenging behaviors, form realistic expectations, and support a successful start to school.

Throughout the year, SMV and SMC sponsored and participated in 10 walks to increase awareness and raise funds for behavioral health services, including the San Diego County NAMI Walk, San Diego NEDA (National Eating Disorders Association) Walk, American Foundation for Suicide Prevention's Out of the Darkness Community Walk, Survivors of Suicide Loss' Save a Life San Diego/San Diego Chapter of Yellow Ribbon Suicide Prevention Program[®] Community Walk, Alzheimer's San Diego's annual Walk4ALZ, McAlister Institute's Walk for Sobriety, the Heroes in Recovery 6K Run/Walk, the MCCS Camp Pendleton Suicide Prevention Walk, the Travis Manion Foundation's 9/11 Heroes Run/Walk and the American Heart Association's (AHA) 2017 San Diego Heart & Stroke Walk. With the exception of the AHA 2017 San Diego Heart & Stroke Walk, SMV and SMC provided a booth with behavioral health resources during these events. At the Walk to End Alzheimer's, SMV offered education on Alzheimer's disease, clinical trials and community resources to more than 500 attendees.

In FY 2017, SMV continued its involvement in and support of an important initiative to improve housing conditions for community members living with serious, persistent mental illness. In 2012, the County of San Diego offered a three-year contract to a work team, including SMV, CHIP, housing organizations and other community partners for the establishment of an Independent Living Registry and an Independent Living Association (ILA). Through this initiative, the work team developed a four-prong approach to address the challenges to safe and healthy independent living facilities (ILFs), which included a registry of participating ILFs to be a central resource for consumers, family members and health care professionals; educational curriculums for members of the ILA; peer review and accountability through site visits; and advocacy. Following the conclusion of the contract, these efforts continue to maintain quality standards and seek improvement of conditions for ILFs and the community members who reside there. This includes linking residents with essential services and providers, and reducing crime and unnecessary arrest rates. The ILA is an initiative of the CHIP Behavioral Health Work Team, in which SMV is an active participant, and the registry continues to expand with new participating ILFs. In addition, SMV partnered with Community Research Foundation, PERT, ILA and the CHIP Behavioral Health Work Team to improve collaboration with patients in the community, promote recovery and decrease the stigma of mental illness and co-occurring substance use problems.

SMV continues to maintain a Client Advisory Board, which obtains feedback from the hospital's outpatients on how to improve programs, empower patients, promote advocacy and better serve the community. During FY 2017, Client Advisory Board members and patients encouraged community members, staff, current and former patients, friends and family to join their walking team, the Mighty Mesa Vista Movers, in the annual San Diego County NAMI Walk to raise awareness and reduce stigma around behavioral health.

FY 2018 Plan

SMV or SMC will do the following:

- Continue to explore opportunities for outreach to multicultural and at-risk groups through increased community involvement and education
- Continue serving as the media's go-to experts for information on behavioral health conditions and treatment
- Host and provide a variety of educational events and programs for community members
- Participate in community events to raise awareness and funds for behavioral health services
- Participate in key behavioral health events and activities alongside patients
- Explore and expand collaborations with law enforcement and housing planning committees to provide better outcomes for community members living with mental illness and substance use issues
- Continue to collaborate with community providers and provide education to ILFs to improve living conditions for individuals with mental illness
- Participate in Sharp's partnership with the City of San Diego to provide behavioral health education and resources to employees and residents in the city's nine districts

Identified Community Need: Behavioral Health and Substance Use Screenings and Support for the Community

Rationale references the findings of the SMV and SMC 2016 CHNAs, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SMV and SMC 2016 CHNAs identified behavioral health as the priority health issue for community members served by SMV and SMC.
- The HASD&IC 2016 CHNA identified behavioral health as the top priority health issue for community members in SDC.
- The following conditions were identified in the SMV and SMC 2016 CHNAs as priority behavioral health issues in SDC: Alzheimer's disease, anxiety, drug and alcohol issues, and mood disorders.

- Discussions with Alpine Special Treatment Center as part of the HASD&IC 2016 CHNA identified the following challenges to the behavioral health of vulnerable populations: lack of available placements for patients ready to leave facilities; overburdened case managers; difficulty with the disability application process; and difficulty managing patients' physical health problems.
- Respondents of the Health Access and Navigation Survey administered during the SMV and SMC 2016 CHNA processes identified the following barriers to accessing behavioral health care: getting, using and understanding health insurance; knowing where to go for care, especially understanding when to use the ED, urgent care and primary care; and making appointments, specifically availability of appointments and wait time issues.
- Key informant interviews conducted as part of the SMV and SMC 2016 CHNA processes identified the following resources that should be developed to address substance use and related issues: early prevention programs that emphasize the dangers of alcohol; increased accessibility of treatment programs; presence of psychologists in the ED to provide screening, brief intervention, and referrals; available beds for those who cannot pay; and long-term aftercare.
- According to OSHPD data presented in the SMV and SMC 2016 CHNAs, anxiety disorders were the top primary diagnosis for behavioral health-related ED discharges among those ages 5 to 44 and ages 65 and older. For those ages 45 to 64, the top ED discharge for behavioral health was alcohol-related disorders, followed by anxiety and mood disorders.
- In general, data analysis in the SMV and SMC 2016 CHNAs revealed a higher rate of behavioral health hospital discharges in SDC's more vulnerable communities (Dignity Health, SanGIS, OSHPD & SpeedTrack Inc., 2015).
- According to 2016 CHIS data, 9.5 percent of adults in SDC have ever seriously thought about committing suicide.
- In 2015, there were 1,067 hospitalizations due to overdose/poisoning in SDC. The age-adjusted rate of hospitalizations due to overdose/poisoning was 31.4 per 100,000 population.
- In 2015, the age-adjusted rate of overdose/poisoning-related ED discharges in SDC was 116.6 per 100,000 population. Age-adjusted rates for overdose/poisoning-related ED discharges were higher among males, Blacks and individuals ages 15 to 24 years in comparison among groups.
- Among adults served by California's public mental health system in 2015, 79.4 percent of those ages 18 to 20, 78.6 percent of those ages 21 to 64, and 95.5 percent of those ages 65 or older were not in the labor force (SAMHSA, *Behavioral Health Barometer - California Volume 4*, 2015).
- In the U.S., approximately 26 percent of homeless adults staying in shelters live with serious mental illness and an estimated 46 percent live with severe mental illness and/or substance use disorders (NAMI, 2016).

Objectives

- Provide behavioral health and substance use screenings to the community
- Provide support for members of the community impacted by behavioral health and substance use issues

FY 2017 Report of Activities

During FY 2017, SMV and SMC supported community members impacted by behavioral health and substance use issues by providing a variety of screenings, both on-site and in partnership with local organizations. Throughout the year, SMV psychiatric evaluation and intake teams provided approximately 15,000 free psychiatric evaluations and referrals for the general community via phone calls and walk-ins. SMC also provided extensive community outreach and support through assessments and referrals to community organizations. During FY 2017, SMC spent more than 1,500 hours offering free chemical dependency assessments, educational materials and community referral resources to more than 700 community members. The free assessments were facilitated by a licensed mental health professional, who provided individuals with recommendations for appropriate programs and levels of care.

Check Your Mood Week is an annual event held in conjunction with National Depression Screening Day in October to raise behavioral health awareness, fight stigma, and encourage community members to assess their emotional well-being. During Check Your Mood Week, SMV partnered with CHIP and LWSD to provide Check Your Mood screenings — a brief questionnaire aimed at assessing risk for depression — and resources at events across SDC. At the North County Health Services clinic in San Marcos, SMV provided Check Your Mood screenings as well as education on behavioral health and related services, community resources, self-care and depression to approximately 25 community members. SMV also offered Check Your Mood Screenings at SDMFC's Annual Conference, an event with more than 300 attendees held in October 2016. Additionally, SMV collaborated with Amigas Punto Com and Sharp Multicultural Services to provide Check Your Mood screenings to approximately 20 community members during the Conviva y Aprende (Share and Learn) educational series at the San Diego Country Club in Chula Vista. Finally, SMV provided Check Your Mood screenings as well as senior-focused behavioral health resources to 100 community seniors and family members at the Lakeside Community Center's annual Senior Health Fair.

SMV and SMC also provided behavioral health screenings and resources at several community events throughout the year. SMV and SMC assisted in planning Sharp Chula Vista Medical Center's Changing Minds — Minds Matter South County Behavioral Health Resource Fair, a free event during which more than 40 community partners gathered to educate South Bay community members about behavioral health challenges and raise awareness of available community services and resources. During the event, SMV and SMC provided workshops on substance use and behavioral health, as well as Check Your Mood screenings and behavioral health resources to

approximately 120 community members. SMV and SMC also provided nearly 30 Check Your Mood screenings and offered behavioral health resources to approximately 1,000 attendees at the 2016 Sharp Women's Health Conference in April. Further, in recognition of National Recovery Month, SMV provided behavioral health and substance use resources and screenings to approximately 200 community members at HHS's annual Recovery Happens: Celebration in the Park event to support those on the journey to recovery.

Throughout the year, SMV offered a variety of support groups for community members with behavioral health challenges. A weekly Mood Disorders support group was available for individuals, family and friends impacted by depression, bipolar disorder, PTSD or anxiety. A National Association of Anorexia Nervosa and Associated Disorders support group was also offered weekly for individuals and families affected by an eating disorder. Further, a biweekly Dialectical Behavioral Therapy (DBT) support group utilized DBT ideas and skills to help attendees manage severe emotional reactions, intense anxiety, impulsivity, self-harm, suicidal thoughts and high-conflict relationships. SMV also offered a free support group to provide psychoeducation and support for veterans and their families. More than 1,800 community members attended these support groups in FY 2017.

SMV further supported the community by providing free space for a variety of self-help groups to meet each week. The hospital's meeting spaces were booked for more than 1,800 hours in FY 2017 for groups including: Narcotics Anonymous; the Narcotics Anonymous Family group; Alcoholics Anonymous; Al-Anon; Cocaine Anonymous; Pills Anonymous; Project SMILE 12 Step Recovery Workshop; SMART Recovery San Diego; Co-Dependents Anonymous; Obsessive Compulsive Disorder support group; Hoarders Working support group; Shyness and Social Anxiety group; San Diego Phobia Foundation; Concerned United Birthparents; the California Board of Registered Nursing's Nursing support group; A New PATH; and the SMV and SMC Aftercare and Lifetime Support meetings.

For more than 50 years, the San Diego Rescue Mission (SDRM) has helped San Diego's homeless and poor population create better lives for themselves through comprehensive programs, including services that address housing, hunger, behavioral health and other education and awareness programs. SMV continued to support the SDRM by donating food three times weekly to help support approximately 400 men, women and children living in the shelter. Each week during FY 2017, SMV collected and donated more than 300 pounds of food for the SDRM.

FY 2018 Plan

SMV or SMC will do the following:

- Provide free psychiatric assessments, substance use screenings and referrals for the community
- Continue to participate in psychiatric rehabilitation programs and activities

- Explore further collaborations and partnerships with community partners
- Host and facilitate various support groups and provide free meeting space for use by a variety of community self-help groups

Identified Community Need: Improving Behavioral Health Outcomes for Seniors at Risk

Rationale references the findings of the SMV and SMC 2016 CHNAs, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SMV, SMC and HASD&IC 2016 CHNA processes continued to identify behavioral health as a priority health concern for SDC, including Alzheimer's disease and dementia.
- According to HHS's 2015 *Alzheimer's Disease and Other Dementias in San Diego County* report, Alzheimer's disease is the third leading cause of death in SDC, the fifth leading cause of death in California, and the sixth leading cause of death in the U.S.
- The same report projects that the number of SDC residents living with Alzheimer's disease and other dementias will increase from 60,000 to approximately 94,000 people between 2012 and 2030, representing a 55.9 percent increase.
- In SDC, rates of anxiety disorder, mood disorders, schizophrenia and other psychotic disorders as well as self-inflicted injury were consistently highest among those ages 55 to 64 compared to those age 65 and older in both ED and inpatient settings in 2012.
- According to HHS's 2015 *Senior Health Report*, suicide is the leading cause of non-natural death for SDC residents ages 55 to 64, and the second leading non-natural cause of death among adults ages 75 and older.
- According to 2016 CHIS data, 5.2 percent of SDC adults over the age of 65 thought about committing suicide in the past year. Of those, only 28.3 percent reported that they had sought help in the past year.
- ED discharges related to chronic alcohol use among SDC seniors ages 65 and older increased 132.3 percent between 2011 and 2015. Compared to other age groups, this was the largest percentage increase during this time period.
- The 2015 hospitalization rate for acute substance-related disorders was 15.7 per 100,000 among those over the age of 65, which was the highest rate among all age groups. Only 6.5 per 100,000 received inpatient treatment, which was the lowest among all age groups.
- Certain circumstances of aging, such as loss of family, social isolation and infirmity can be triggers for the onset of mental illnesses, including alcoholism and serious depression, among older people. Older persons with mental illnesses also face the loss of family and other caregivers as well as the insufficiency of geriatric health practitioners, including mental health practitioners (NAMI, 2016).
- According to the University of California (UC) Davis Medical Center's *Community-Defined Solutions for Latino Mental Health Care Disparities* report, barriers to

addressing the unmet mental health needs of the senior Latino community in SDC include housing, transportation, social support, exposure to violence, stigma surrounding mental illness, and cultural emphasis on masculinity. Additional barriers to meeting mental health needs include: language and cultural barriers secondary to a lack of translators, lack of information about available services, and scarcity of culturally competent medical providers (UC Davis Medical Center, 2012).

- The 2012 San Diego Association of Governments *Survey of Older Americans Living in San Diego County* reports that almost half of respondents (46 percent) either strongly or somewhat agreed that isolation and/or loneliness affects their quality of life, while more than one out of four (27 percent) respondents said they suffered from emotional problems during the month before the survey was taken.
- Results from the *Survey of Older Americans Living in San Diego County* also indicated that the greatest percentage (26 percent) of respondents considered medical ailments/issues to be the biggest problems impacting them, including depression, mental health concerns and memory loss, among others.
- Behavioral and cognitive symptoms often present differently in older adults compared to younger adults. Many medications have side effects that may present as symptoms of another illness, and the interaction of multiple medications may exacerbate symptoms or cause additional health problems (SAMHSA, 2016).

Objectives

- Provide culturally competent outreach services to high-risk seniors in SDC's disadvantaged communities
- Provide education and screening to senior community members
- Collaborate with community organizations to address the behavioral health needs of SDC seniors and other community members facing inequities

FY 2017 Report of Activities

Throughout FY 2017, SMV clinicians collaborated with Serving Seniors to provide more than 1,000 hours of clinical services to senior clients at the Gary and Mary West Senior Wellness Center. Seniors received a variety of early intervention services, including examination by a nurse or psychiatrist; medication; referrals or counseling to reduce the risk of hospitalization and homelessness; and behavioral health screenings including Montreal Cognitive Assessments, which detect cognitive impairment.

SMV also continued to collaborate with the Gary and Mary West Senior Wellness Center beyond the provision of clinical services. At this site, SMV provided free prevention and early intervention initiatives designed to improve the utilization and effectiveness of behavioral health services for high-risk, culturally diverse seniors and address barriers to accessing behavioral health care, including stigma, isolation and lack of available services. These services were further enhanced with free education as well as a weekly healthy aging support group led by an SMV clinician, which focused on aging and behavioral health issues, including depression, anxiety and coping with loss.

SMV's Senior Intensive Outpatient Program (SIOP) is designed for older adults experiencing depression, anxiety, addiction or other behavioral health disorders. Using an educational approach, SIOP clinicians help seniors develop healthy coping strategies, maximize communication and conflict resolution skills, understand and change unhealthy thoughts, and use relaxation techniques to manage anxiety and improve sleep. Throughout the year, SMV's SIOP staff provided education and outreach to community members in an effort to debunk the myths associated with older adulthood, such as 'depression is a normal part of aging' and 'growing old is characterized by loss and pain.' Seven educational sessions were offered in FY 2017 addressing the following topics: Coping with Grief and Loss; Coping with Life Transitions; Mindfulness; and Coping Tools for Managing Anxiety. Lectures were delivered to more than 150 community members at JFS College Avenue Senior Center, the George Stevens Senior Center, Tierrasanta Village of San Diego's Villa Monterey Clubhouse, Toby Wells YMCA and Rancho Peñasquitos Branch Library.

Throughout the year, SMV's SIOP provided behavioral health resources, memory screenings, and information about the hospital's senior services at numerous senior health fairs and community events in SDC, including: San Diego County Council on Aging's Head, Shoulders, Knees & Toes Senior Health and Resource Fair; the Point Loma Senior Health Fair; the JFS Health Fair and Flu Shot Event; the East County Senior Services Providers 18th annual Senior Health Fair; the San Diego LGBT Community Center's 11th annual Senior Resource Fair; and a health fair at La Vida Real, a senior living community in Rancho San Diego. In FY 2017, nearly 900 seniors and their family members were reached through the SIOP's participation in these community events.

SMV's SIOP both provided behavioral health resources and presented at senior health-focused conferences throughout SDC, serving more than 1,500 community members in FY 2017. Events included: Sharp HospiceCare and the Sharp Senior Resource Centers' Annual Aging Conference: Planning for Physical, Mental and Financial Health events at the La Mesa Community Center and All Souls Episcopal Church; Sharp Women's Health Conference at the Sheraton San Diego Hotel & Marina; Sharp HospiceCare's Advanced Illness Management conference at Paradise Point Resort & Spa; and the County of San Diego Aging and Independence Services Vital Aging 2017: Steps for Success Conference at Liberty Station. At these conferences, SIOP clinicians presented on a variety of topics, including attitudes and aging, reducing emotional suffering and brain health.

In FY 2017, SMV partnered with Alzheimer's San Diego to provide a variety of screenings, behavioral health education and resources to community members. In October, approximately 120 community members learned about the latest research on reducing the risk of dementia at the Keeping Your Brain Healthy Conference held at Sharp's corporate office location in Kearny Mesa. In January, March and April, SMV educated 60 seniors about the latest in Alzheimer's disease research, including prevention and treatment, through three lectures at Alzheimer's San Diego. In September, SMV provided 400 community members with behavioral health resources

and information about participation in clinical trials at Alzheimer's San Diego's Date with a Cure event at the University of San Diego's (USD) Shiley Theatre. In November, February, May and August, SMV and Alzheimer's San Diego offered free memory screenings — a wellness tool that helps identify possible changes in memory and cognition — to community members who were concerned about memory loss or interested in establishing a baseline to detect future changes. Further, SMV clinicians, including a psychiatrist, provided education and research on the early signs of Alzheimer's disease as part of Alzheimer's San Diego's Take Charge! Early Memory Loss Program, an educational support series for people living with early-stage memory loss and their care partners.

Additionally, throughout FY 2017, SMV clinicians provided educational materials and lectures on advances in Alzheimer's research and opportunities to enroll in clinical research studies to more than 300 community members at locations across SDC, including Point Loma/Hervey Branch Library, Scripps Miramar Ranch Library, La Mesa Community Center, the JFS College Avenue Senior Center, Gary and Mary West Senior Wellness Center and George G. Glenner Alzheimer's Family Centers.

FY 2018 Plan

SMV will do the following:

- In collaboration with Serving Seniors, provide outreach and education to seniors without stable housing
- Continue to address the behavioral health needs of high-risk, culturally diverse seniors
- Through SMV's SIOP, provide education and support to community members around senior behavioral health issues
- Continue to collaborate with community organizations to address the behavioral health needs of SDC seniors and other community members facing inequities

Identified Community Need: Behavioral Health and Substance Use Education for Health Care Professionals and Students, and Collaboration with Local Schools to Promote Interest in Health Care Careers

Rationale references the findings of the SMV and SMC 2016 CHNAs, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- Key informant interviews conducted as part of the HASD&IC 2016 CHNA process recommended internship/workforce training programs with local educational institutions and HHSA as a strategy for addressing behavioral health needs and modifiable risk factors in SDC.

- A 2014 SDWP labor market analysis indicated an increase in the number of health care training providers in SDC, but a shortage of clinical training facilities where applicants can gain necessary experience. The scarcity of clinical facilities offering prerequisite training has made it increasingly difficult for employers to find qualified workers.
- According to a 2014 OSHPD report titled *Analysis of Mental Health Workforce Supply*, California's public mental health system suffers from a critical shortage of qualified mental health personnel to meet the needs of the diverse populations they serve. There are critical issues such as the poor distribution, lack of diversity and under-representation of practitioners across disciplines with cultural competencies, including consumers and family members with lived experience to provide consumer and family-driven services that promote wellness, recovery and resilience.
- A 2014 report from the California Hospital Association titled *Critical Roles: California's Allied Health Workforce Follow-Up Report* emphasizes the importance of local hospitals providing clinical training for nurses and allied health professionals, as well as programs to support mentoring and hospital work experience for interns and high school students. In the coming decades, such programs will have a tremendous impact on the lives of individuals, families and the San Diego community at large.
- According to the U.S. Bureau of Labor Statistics (BLS), employment of mental health social workers is projected to grow 18 percent from 2016 to 2026, much faster than the average for all occupations. Employment will grow as more people seek treatment for mental illness and substance use disorders. Because drug offenders are increasingly being sent to treatment programs rather than jail, use of substance abuse treatment programs is expected to grow, increasing demand for these specialists (BLS, 2015).
- The BLS also projects that employment of substance abuse and behavioral disorder counselors will grow 20 percent from 2016 to 2026. Growth is expected as addiction and mental health services are increasingly covered by insurance policies.
- According to a 2017 report from the National Council for Behavioral Health, the pool of psychiatrists working with public sector and insured populations declined by 10 percent between 2003 and 2013, due to reasons such as aging of the current workforce, low reimbursement rates, burnout, burdensome documentation requirements and regulatory restrictions that make it difficult to coordinate care. In addition, the supply of psychiatrists who work in inpatient and outpatient psychiatric facilities has declined significantly, with 40 percent of psychiatrists now practicing in cash-only private practices.
- According to the University of Washington's Center for Health Workforce Studies, challenges contributing to the nation's behavioral health workforce crisis include the aging of certain occupations, low compensation and perceptions of low status for jobs requiring less formal education, and high burnout and stress due to the nature of the work (Center for Health Workforce Studies, 2016).
- In 2016, there were 453 designated Mental Health Care Health Professional Shortage Areas (HPSAs) in California, representing approximately 6.5 million residents. The Kaiser Family Foundation estimates that 252 new practitioners would

need to be added to the behavioral health workforce to remove HPSA designation from all areas.

Objectives

- Collaborate with local schools to provide opportunities for students to explore health care professions
- Collaborate with the behavioral health community — including other behavioral health educational institutions — to provide education and training for health care professionals

FY 2017 Report of Activities

Throughout the year, SMV participated in internship and clinical training programs for trainees and students in various health care disciplines, including clinical dietary/nutrition, psychology, clinical social work, social work administration, MFT, pharmacy, health information technology (HIT), music therapy, clinical chaplains, medicine and nursing. SMV provided clinical supervision and training for 26 psychology trainees, including 16 graduate students, 7 doctoral interns, and 3 postdoctoral fellows, as well as 8 MFT and 8 Master of Social Work (MSW) student interns. In FY 2017, SMV continued to provide a nine-month internship for a student completing a dual master's degree in Music Therapy and Professional Counseling. In total, all ancillary (non-nursing) students served 29,870 hours on the SMV campus. In addition, nearly 400 nursing students worked clinical rotations of 6 to 8 hour shifts and spent more than 27,600 hours at SMV. Nursing students were placed in all inpatient units and several of the outpatient programs at SMV and SMC. SMV offers two clinical rotations in one day, including morning and evening shifts, and nursing students are on campus seven days a week. Including time spent with groups and individual preceptors, nursing students served nearly 29,800 hours at SMV in FY 2017. Academic institution partners included, but were not limited to, Alliant University, Argosy University, Azusa Pacific University (APU), Catholic University of America, California State University San Marcos (CSUSM), National University, Point Loma Nazarene University (PLNU), San Diego City College, San Diego State University (SDSU), Southwestern College, Touro University, University of Cincinnati, USD, University of Southern California (USC) and University of the Pacific. Nursing students from various universities and colleges were also provided free meeting space as needed.

In FY 2017, SMV received nearly 160 applications for seven doctoral intern positions available through Sharp's year-long American Psychological Association–accredited doctoral internship in clinical psychology. Selected interns rotated through three four-month rotations that included experience in SMV's adult inpatient and outpatient programs, as well as inpatient and outpatient senior behavioral health and child and adolescent programs. Interns also rotated through SMC. The hospitals offered these interns a unique opportunity to receive intensive training in psychological assessment and neuropsychological screening. With this training, psychology doctoral students provided approximately 75 detailed psycho-diagnostic assessments throughout the

year. In addition, psychology trainees provided more than 5,300 hours of group therapy and more than 2,400 hours of individual therapy. Psychology trainees were also integrally involved in clinical staff training as well as program development and evaluation efforts throughout the hospital.

At SMV and SMC, psychologists, licensed marriage and family therapists and licensed clinical social workers provided more than 19,300 hours of direct clinical supervision to trainees. SMV provided two hours of lectures every week for psychology doctoral interns. These lectures were also open to trainees and staff throughout the hospital. Lectures included, but were not limited to: Assessment and Treatment of Self Injurious Behaviors; The Culture of Poverty; Culturally and Clinically Competent Work With Transgendered People; Sex and Aging; Psychology of Men; Psychological Treatment of Functional Gastrointestinal Disorders; Child Abuse and Tarasoff Reporting; Assessing Psychosis in Children and Adolescents; Evaluating Personality Disorders in Adolescents; and Evaluating Complex Trauma in Children.

Throughout the year, SMV provided specialized learning opportunities for its MSW students. MSW students working with inpatients attended an intensive two-day orientation to become familiar with social work in the hospital setting. During the first semester, students spent two months shadowing SMV social workers, before earning the opportunity to work under supervision. Students attended case presentations, in-services, staff meetings, treatment team meetings, huddles and more as part of their learning experience. During the second semester, MSW students rotated for one to two weeks through additional units at SMV. Students also had the opportunity to shadow social workers in various locations throughout the Sharp system. MFT/MSW students working specifically with outpatients also attended quarterly two-hour trainings.

SMV also continued to participate in the Health Sciences High and Middle College (HSHMC) program in FY 2017. The program provided three 11th grade and two 12th grade students with professional development opportunities within SMV's nursing units (Intensive Treatment Program, Mood Disorders, Senior Behavioral Health, SIOP and Chemical Dependency Recovery) as well as nutrition services. In addition, students received instruction on educational and job requirements as well as career ladder development. During FY 2017, HSHMC students spent approximately 1,900 hours at SMV.

Throughout the year, SMV provided behavioral health resources to more than 800 students at the Grossmont College Health and Wellness Fair, the UC San Diego Annual Health Fair, the SDSU Health Expo, the APU Practicum Fair and the San Diego City College Health and Wellness Expo. At the 2017 Agency Internship Fair hosted by SDSU, USC and CSUSM, SMV provided approximately 100 behavioral health students, graduate students and clinicians with behavioral health resources and information about student internships. SMV also provided two lectures to more than 45 San Diego Mesa College HIT students in April and May. Topics included psychiatric and behavioral health, substance use, dependency record-keeping and Health Insurance Portability and Accountability Act privacy laws.

SMV and SMC provided continuing education classes, conferences and trainings for behavioral health care professionals in FY 2017, including psychologists, psychiatrists, community physicians, social workers, nurses and other health and human service providers, as well as for the community at large. In October, SMV provided a lecture on suicide prevention to more than 40 health professionals from outpatient behavioral health clinics throughout SDC at the HHS Behavioral Health Services Clinical Standards meeting. At the seventh annual Primary Care and Behavioral Health Integration Summit in December, SMV presented the topic of integrating suicide risk assessment tools into treatment processes. SMV provided behavioral health resources to more than 300 attendees of the annual Early Childhood Mental Health We Can't Wait Conference in September. During FY 2017, SMV hosted and participated in the EAPA to increase knowledge and education in the behavioral health professional community. SMV and SMC also hosted educational events for the EAPA, where they provided resources and education regarding current concerns in behavioral health care, evidence-based therapies and emerging treatment models to approximately 50 community members throughout the year.

SMV clinicians shared knowledge and best practices with the larger professional health care community through the development of educational materials on behavioral health and patient care. With grant funding, in FY 2017, SMV's SIOF continued to work on a book about seniors coping with life transitions. SMV also assisted with the development of geriatric behavioral health and dementia care curricula for SDSU's Behavioral Health Education & Training Academy. In addition, an SMV clinician contributed a chapter on quality and safety to a textbook for nursing professionals titled *Leadership and Nursing Care Management*.

SMV continued its collaboration with PERT through participation in PERT roundtables, monthly meetings and community-oriented trainings. SMV staff also supported approximately 600 SDC police officers at the quarterly PERT Academy Resource Fair. During these events, SMV team members provided officers with educational resources on understanding psychiatric emergencies and community psychiatric services. The police officers were subsequently paired with licensed mental health clinicians to help them evaluate and assess an individual's behavioral health condition and needs, and, if appropriate, transport the individual to a hospital or refer the individual to a community resource or treatment facility.

Throughout FY 2017, staff at SMV and SMC regularly led or attended various community and professional health boards, committees, and advisory and work groups, including A New PATH, Alzheimer's San Diego Client Advisory Board, Alzheimer's Project Safety Workgroup, American Academy of Nursing, American Nurses Association, American Psychiatric Nurses Association, Association for Ambulatory Behavioral Healthcare, Association of California Nurse Leaders, California Association of Marriage and Family Therapists San Diego Chapter, LWSD Check Your Mood Committee, CHIP Behavioral Health Work Team, CHIP ILA Advisory Board and Peer Review Advisory Team, CHIP Suicide Prevention Council, City of San Diego Park &

Recreation — Therapeutic Recreation Services Disabled Services Advisory Council, EAPA forums, Hidden Heroes Campaign Committee, HASD&IC, Inner City Action Network, JFS Behavioral Health Committee, JFS Public Affairs Committee, MHA Board, NAMI, PERT, PLNU, Residential Care Committee, San Diego Community College District, San Diego County Older Adult Council, San Diego County Falls Prevention Task Force, San Diego Health Information Association, San Diego Mental Health Coalition, San Diego Mental Health History Planning Team, SDMFC, San Diego Psych-Law Society, SDWP, SDWP Work Well Committee, Sigma Theta Tau International Honor Society of Nursing — Gamma Gamma Chapter, Special Needs Trust Foundation and VA San Diego Mental Health Council.

FY 2018 Plan

SMV or SMC will do the following:

- Offer internship and clinical training programs and/or placement for clinical dietary/nutrition, psychology, clinical social work, social work administration, MFT, medicine, music therapy, HIT, clinical chaplains and pharmacy students
- Provide lectures on behavioral health issues to the local academic community
- Continue the behavioral health careers curriculum within the HSHMC program and provide students with experience in a broad range of programs including therapeutic activities services, environmental services and health information services
- Provide educational offerings for behavioral health care professionals, community groups and community members

SMV and SMC Program and Service Highlights

Sharp Mesa Vista Hospital:

- Child, adolescent, adult and older adult inpatient, partial hospitalization, and outpatient psychiatric and chemical dependency services
- On- and off-campus specialty outpatient programs treating seniors, eating disorders, trauma, chronic pain, opiate and prescription drug dependence and dual diagnosis
- Cognitive behavioral therapy, electroconvulsive therapy, and dialectical behavioral therapy programs
- Outreach to active duty military, veterans and their families through programs geared specifically toward servicemembers, including the VA-supported Veterans Choice Program
- Transportation services and complimentary lunches
- Practicum programs for graduate MSW and MFT interns
- Clinical supervision site for graduate psychology doctoral interns
- Medication research studies and clinical trials

Sharp McDonald Center at Sharp HealthCare:

- Chemical dependency and substance abuse inpatient and outpatient treatment services for children, teens, adults and seniors
- Residential treatment services for adults and seniors
- Inpatient detoxification services
- Dual-diagnosis outpatient treatment services for teens, adults and seniors
- Continuing care and alumni support programs
- Family counseling programs
- Sober living and substance abuse education programs

Sharp Mesa Vista Mid-City Outpatient Programs:

- Care for adults with severe and persistent behavioral health issues
- Individualized treatment planning and medication management
- Group, family and expressive therapies
- Psychiatric rehabilitation services
- Transitional Age Youth Program

Sharp Mesa Vista East County Outpatient Programs:

- Care for adults with severe and persistent behavioral health issues
- Individualized treatment planning and medication management
- Group and expressive therapies
- Psychiatric rehabilitation services
- Adult, senior and adolescent programs



Empowering San Diego's Diverse Community

Sharp Health Plan

Sharp Health Plan is dedicated to enriching the quality of life for all San Diegans through service on community boards and committees, volunteering, and financial support.

Sharp Health Plan proudly supports the Chicano Federation — one of San Diego's leading social service agencies committed to empowering San Diego's diverse community, especially low-income families and seniors.

For the past 10 years, Sharp Health Plan has sponsored the Chicano Federation's Unity Luncheon. This annual community gathering raises proceeds for programs and services to support child education, affordable housing, and health and nutrition, including efforts to increase access to healthy food and end hunger. Through the annual Unity Luncheon, Sharp Health Plan helps the Chicano Federation provide lifesaving programs and services to more than 8,000 community members every year.

Section

12 Sharp Health Plan

At Sharp Health Plan, we recognize that to impact our community, we must be dedicated and accountable to our fellow San Diegans. It is only through collaboration that we can implement true change, and when we support and work with organizations that care for our community members in need, we can truly make our community a better place. — Stephen Chin, Manager of Account Management and Community Relations, Sharp Health Plan

Sharp Health Plan (SHP) is located at 8520 Tech Way, Suite 200 in San Diego, ZIP code 92123. SHP is not required to develop a community benefit plan as part of Senate Bill 697 (SB 697), nor are they required to participate in a community health needs assessment (CHNA). However, SHP partnered with and provided support to a variety of organizations in the San Diego community during Fiscal Year 2017 (FY 2017), a selection which are highlighted in this section. SHP services include health plans for both large and small employers, and individual family plans.

FY 2017 Community Benefit Program Highlights

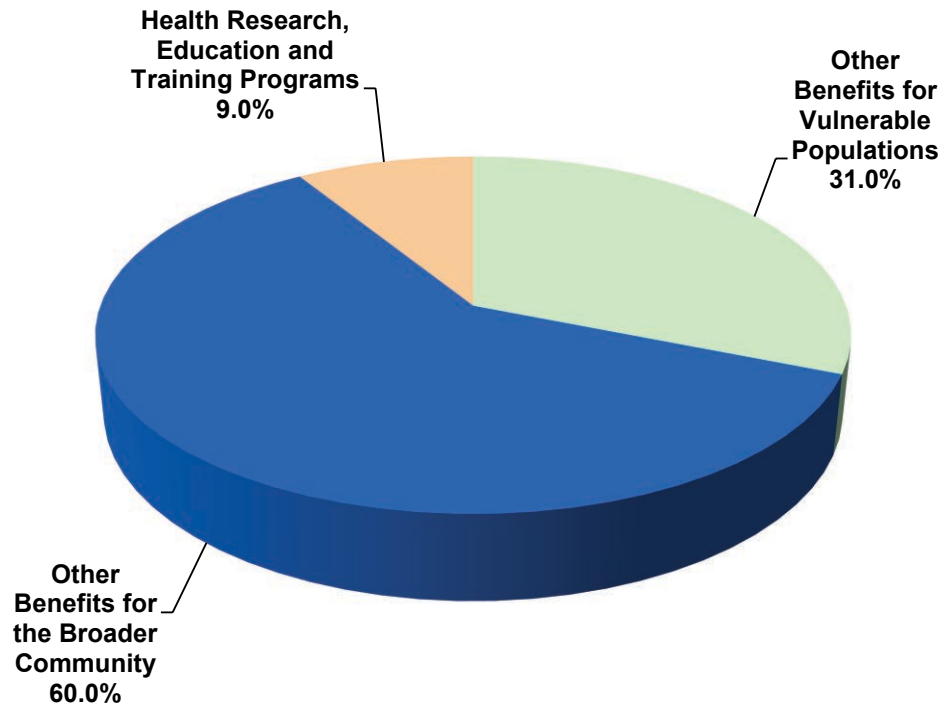
SHP provided a total of **\$69,220** in community benefit in FY 2017. See **Table 43** in this section for a summary of unreimbursed costs for SHP based on the categories identified in SB 697, and **Figure 31** for the distribution of SHP's community benefit among those categories.

**Table 43: Economic Value of Community Benefit Provided
Sharp Health Plan — FY 2017**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2017 Unreimbursed Costs
Other Benefits for Vulnerable Populations	Donations to community health centers and other agencies serving the needy, and contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank ¹	\$21,488
Other Benefits for the Broader Community	Health education programs, donations to community organizations, meeting room space, and participation in community organizations ¹	41,566
Health Research, Education and Training Programs	Support of education and training programs for students, interns and health care professionals ¹	6,166
TOTAL		\$69,220

¹ Unreimbursed costs may include an hourly rate for labor and benefits and costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants, and/or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

**Figure 31: Percentage of Community Benefit by SB 697 Category
Sharp Health Plan — FY 2017**



Key highlights:

- **Other Benefits for Vulnerable Populations** included contribution of time to Ssubi is Hope, Feeding San Diego, Kitchens for Good and the San Diego Food Bank (Food Bank); donations to community health centers and other agencies to support low-income and underserved populations; and other assistance for vulnerable and high-risk community members.
- **Other Benefits for the Broader Community** included health education, donations to community organizations, and participation by senior leadership and other staff on community boards, committees and civic organizations, including American Heart Association (AHA), Alliance for African Assistance, BAME Renaissance, Inc. (BAME CDC), Chicano Federation of San Diego County, Family Health Centers of San Diego (FHCS), Girl Scouts San Diego and others. See **Appendix A** for a listing of Sharp HealthCare’s (Sharp’s) involvement in community organizations in FY 2017. In addition, the category includes costs associated with planning and operating community benefit programs, such as CHNA and administration as applicable.
- **Health Research, Education and Training Programs** included education and training of health care professionals, and student and intern supervision.

Identified Community Need: Support of Community Nonprofit Health Organizations

Rationale

- The Sharp 2016 CHNAs identified behavioral health, cardiovascular disease, Type 2 diabetes, obesity, cancer and senior health as the priority health issues affecting members of the communities served by SHP.
- The Hospital Association of San Diego & Imperial Counties (HASD&IC) and Sharp 2016 CHNA community engagement activities emphasized 10 social determinants of health as having a serious impact on the priority health issues identified in Sharp's 2016 CHNAs. These 10 social determinants are: food insecurity and access to healthy food; access to care or services; homeless/housing issues; physical activity; education/knowledge; cultural competency; transportation; insurance issues; stigma; and poverty.
- According to the County of San Diego Health and Human Services Agency, in 2015, there were more than 605,300 children (ages 0 to 14 years) living in SDC. Of these, 18 percent under 6 years of age and 19 percent ages 6 to 11 lived 100 percent below the federal poverty level.
- The HASD&IC 2016 CHNA process identified collaboration with community organizations as a critical strategy to effectively improve community health in San Diego.
- The American Hospital Association (AHA) recognizes that collaborations, specifically partnerships between hospitals/health care and community organizations, are essential to address community health issues and create a greater impact. Fostering effective and sustainable partnerships is integral to expanding opportunities for community health improvement (*A Playbook for Fostering Hospital-Community Partnerships to Build a Culture of Health*, Health Research & Educational Trust, Robert Wood Johnson Foundation, AHA, 2017).

Objective

- Participate in community-sponsored events and support nonprofit community health and social service organizations through financial donations, board service and other contributions

FY 2017 Report of Activities

SHP supports San Diego's community-based organizations through a variety of activities, including: participation in and coordination for community-sponsored events; service on community boards and committees; and financial support and fundraising for health- and social-related causes. SHP provided financial support to numerous organizations in FY 2017, including but not limited to: Alliance for African Assistance, American Heart Association, The Arc of San Diego, Asian Business Association, BAME CDC, Center on Policy Initiatives, Chicano Federation, FHCSD, Food Bank, Friends of

Scott Foundation, George G. Glenner Alzheimer's Family Centers, Inc., Girl Scouts San Diego, Hands United for Children, Health Industry Collaboration Effort, Inc., Helix Charter High School, Home Start, Inc. (Home Start), La Maestra Community Health Centers, Las Patronas, Neighborhood House Association, North San Diego Business Chamber, Pacific Arts Movement, San Diego Humane Society, SAY San Diego, Second Chance, County of San Diego, St. Paul's Retirement Home Foundation, Union of Pan Asian Communities (UPAC) and the YMCA. Among the many community organizations supported by SHP in FY 2017, several are devoted to San Diego's most vulnerable populations, including the disabled, the homeless and other community members facing inequities in SDC.

SHP is dedicated to investing in services that support the healthy development and safety of children in San Diego. In FY 2017, SHP's support of and collaboration with the Chicano Federation, Home Start, and SAY San Diego demonstrate this commitment to San Diego youth. As one of San Diego's leading social service agencies, the Chicano Federation provides empowering opportunities for San Diego's diverse community, including children. The organization provides child education, nutrition, health, and affordable housing programs to more than 8,000 San Diegans each year. Quality education and child care provided by the Chicano Federations helps foster optimal development and builds a strong foundation for a successful future. The organization also works to end hunger, increase access to healthy food and decrease obesity in children by providing balanced meals and snacks and education about healthy eating habits. For the past decade, SHP has sponsored the Chicano Federation's annual Unity Luncheon to support the organization's programs and services that help people build a better life for themselves, their families and their communities. In May, more than 400 community members attended the event at the Wyndham San Diego Bayside.

Since 1972, Home Start, a nonprofit child abuse prevention and treatment agency, has strengthened and developed SDC families, communities and systems of care with a vision of every child having a safe, stable and nurturing home. In 2016, Home Start provided support, information and social services for more than 28,000 people through various programs, including: housing for pregnant women and families facing homelessness; mental health services; in-home parent education for parents as well as pregnant women and their families; case management services; and a continuum of care to help move individuals and families toward self-sufficiency. These services help improve stability and parenting skills, while protecting children and helping them thrive. In April, SHP sponsored Home Start's Blue Ribbon Gala at the Estancia La Jolla Hotel & Spa, an annual event held in recognition of Child Abuse Prevention Month to raise funds for Home Start's programs.

SAY San Diego partners with youth, adults, families and communities to help them reach their full potential. SAY San Diego's vision is opportunity, equity and well-being for all San Diegans. The organization engages the community to work collaboratively, and partners with systems including law enforcement, schools and local government to create positive change. Services offered by SAY San Diego include: access to health care; employment; self-sufficiency; substance and child abuse prevention and family

support; school programs for children; collaborative partnerships for military families, refugee and immigrant families, students and parents; youth development and more. SAY San Diego serves more than 70,000 San Diegans annually. Since 2013, SHP has sponsored SAY San Diego through participation in Play 4 SAY, the organization's annual fundraiser at Liberty Station in Point Loma. Play 4 SAY provides a fun and meaningful way for professionals to be "kids for a day," by competing in a friendly sports tournament to raise funds for SAY San Diego's services.

Throughout the year, SHP continued to partner with and support a diverse array of other nonprofit community organizations that improve the quality of life for SDC's children and families. This included Neighborhood House Association, which is dedicated to enriching lives through a continuum of education and wellness services, as well as organizations that provide medical services for the local community, including FHCS, La Maestra Community Health Centers and UPAC. In addition, SHP supported programs provided by Girl Scouts San Diego and the YMCA, youth scholarships from the Asian Business Association, arts education from Pacific Arts Movement, and programs for at-risk populations from Second Chance.

Fiscal Year 2018 Plan

SHP will do the following:

- Participate in community-sponsored events to address identified health needs for San Diegans and provide health information and education
- Provide coordination, financial support and fundraising-related activities for local nonprofit organizations — particularly organizations that support San Diego community members who face inequities
- Continue to serve on various community boards that support the health and well-being of the community

Appendices

Appendix A

Sharp HealthCare Involvement in Community Organizations

Community boards, committees and civic organizations where Sharp HealthCare executive leadership and staff participated on the organization's behalf.

Appendix B

Map of Sharp HealthCare Locations

Appendix C

Map of the County of San Diego

A map of San Diego County communities and regions served by Sharp HealthCare.

Appendix

A Sharp HealthCare Involvement in Community Organizations

The list below shows the involvement of Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2017. Community organizations are listed alphabetically.

- 2-1-1 San Diego Board
- A New PATH (Parents for Addiction, Treatment and Healing)
- Adult Protective Services
- Aging and Disability Resource Connection
- Alliance for African Assistance
- Altrusa International Club of San Diego
- Alzheimer's Project Safety Workgroup
- Alzheimer's San Diego
- Alzheimer's San Diego Client Advisory Board
- American Academy of Nursing
- American Association of Colleges of Nursing
- American Association of Critical Care Nurses, San Diego Chapter
- American Cancer Society
- American College of Healthcare Executives
- American Diabetes Association
- American Foundation for Suicide Prevention
- American Heart Association
- American Hospital Association
- American Lung Association
- American Nurses Association
- American Psychiatric Nurses Association
- American Red Cross of San Diego
- Angels Foster Family Network
- The Arc of San Diego
- Asian Business Association
- Association for Ambulatory Behavioral Healthcare
- Association for Clinical Pastoral Education
- Association of California Nurse Leaders
- Association of Fundraising Professionals – San Diego Chapter
- Association of Women's Health, Obstetric and Neonatal Nurses
- Azusa Pacific University
- BAME Renaissance, Inc. (BAME CDC)
- Bayside Community Center
- Beacon Council's Patient Safety Collaborative
- Boys and Girls Club of South County

- Cabrillo Credit Union Sharp Division Board
- Cabrillo Credit Union Supervisory Committee
- California Academy of Nutrition and Dietetics – San Diego District
- California Association of Health Plans
- California Association of Hospitals and Health Systems Committee on Volunteer Services and Directors’ Coordinating Council
- California Association of Marriage and Family Therapists San Diego Chapter
- California Association of Physician Groups
- California Board of Behavioral Health Sciences
- California College San Diego
- California Department of Public Health (CDPH)
- CDPH Healthcare Acquired Infections/Antimicrobial Stewardship Program subcommittee
- CDPH Healthcare Associated Infection Advisory Committee
- CDPH Joint Advisory Committee
- California Dietetic Association
- California Emergency Medical Services Authority
- California Health Care Foundation
- California Health Information Association
- California Hospice and Palliative Care Association
- California Hospital Association (CHA)
- CHA Board of Trustees
- CHA Center for Behavioral Health
- CHA Emergency Management Advisory Committee
- CHA Hospital Quality Institute Regional Quality Leaders Network
- CHA Workforce Committee
- California Library Association
- California Maternal Quality Care Collaborative
- California Perinatal Quality Care Collaborative
- California Society for Clinical Social Work Professionals
- California State University San Marcos
- California Teratogen Information Service
- Caregiver Coalition of San Diego
- Center on Policy Initiatives
- Chicano Federation
- Community Health Improvement Partners (CHIP) Behavioral Health Work Team
- CHIP Health Literacy San Diego Task Force
- CHIP Independent Living Association Advisory Board and Peer Review Advisory Team
- CHIP Suicide Prevention Council
- Chula Vista Chamber of Commerce
- Chula Vista Community Collaborative
- Chula Vista Police Foundation
- City of Chula Vista Wellness Program
- City of San Diego
- City of San Diego Park & Recreation – Therapeutic Recreation Services Disabled Services Advisory Council

- Community Center for the Blind and Visually Impaired
- Community Emergency Response Team
- Consortium for Nursing Excellence, San Diego
- Coronado Fire Department
- Coronado Public Library
- Coronado SAFE (Student and Family Enrichment)
- Coronado Senior Center Planning Committee
- Doors of Change
- Downtown San Diego Partnership
- East County Action Network
- East County Senior Service Providers
- Emergency Nurses Association — San Diego Chapter
- Employee Assistance Professionals Association
- EMSTA College
- Family Health Centers of San Diego
- Feeding San Diego
- Friends of Scott Foundation
- Gary and Mary West Senior Wellness Center
- George G. Glenner Alzheimer's Family Centers, Inc.
- Girl Scouts San Diego
- Greater San Diego East County Advisory Board
- Grossmont College
- Grossmont College Occupational Therapy Assistant Advisory Board
- Grossmont College Respiratory Advisory Committee
- Grossmont Healthcare District Community Grants and Sponsorships Committee
- Grossmont Healthcare District Independent Citizens' Bond Oversight Committee
- Grossmont Imaging LLC Board
- Grossmont Union High School District
- Hands United for Children
- Health Care Communicators Board
- Health Industry Collaboration Effort, Inc.
- Health Insurance Counseling and Advocacy Program
- Health Sciences High and Middle College (HSHMC)
- Helix Charter High School
- Hidden Heroes Campaign Committee
- Home Start, Inc.
- Hospice and Palliative Nurses Association — San Diego Chapter
- Hospital Association of San Diego and Imperial Counties (HASD&IC)
- HASD&IC Community Health Needs Assessment Advisory Group
- HSHMC Board
- Hunger Advocacy Network
- I Love a Clean San Diego
- Inner City Action Network
- International Association of Eating Disorders Professionals
- The Jacobs & Cushman San Diego Food Bank
- Jewish Family Service of San Diego (JFS)

- JFS Behavioral Health Committee
- JFS Public Affairs Committee
- John A. Davis Family YMCA Board of Management
- Kitchens for Good
- Kiwanis Club of Bonita
- La Maestra Community Health Centers
- La Mesa Lion's Club
- La Mesa Parks and Recreation
- Lantern Crest Senior Living Advisory Board
- Las Damas de San Diego International Nonprofit Organization
- Las Patronas
- Las Primeras
- Life Rolls On Foundation
- Live Well San Diego Check Your Mood Committee
- Mama's Kitchen
- March of Dimes
- Meals on Wheels San Diego County
- Meals on Wheels San Diego County East County Advisory Board
- Mental Health America
- Miracle Babies
- MRI Joint Venture Board
- National Active and Retired Federal Employees Association
- National Alliance on Mental Illness
- National Association of Hispanic Nurses, San Diego Chapter
- National Association of Neonatal Nurses
- National Association of Orthopedic Nurses
- National Hospice and Palliative Care Organization
- National Institute for Children's Health Quality
- National Kidney Foundation
- National University
- Neighborhood Healthcare
- Neighborhood House Association
- North County Community Action Network
- North San Diego Business Chamber
- Pacific Arts Movement
- Palomar Community College
- Partnership for Smoke-Free Families
- Peninsula Shepherd Senior Center
- Perinatal Safety Collaborative
- Perinatal Social Work Cluster
- Planetree Board of Directors
- Point Loma Nazarene University
- Practice Greenhealth
- Promises2Kids
- Psychiatric Emergency Response Team
- Regional Perinatal System

- Residential Care Committee
- Ronald McDonald House Operations Committee
- Rotary Club of Chula Vista
- Rotary Club of Coronado
- San Diego Association of Diabetes Educators
- San Diego Association of Directors of Volunteer Services
- San Diego Association of Governments
- San Diego Black Nurses Association
- San Diego Blood Bank
- San Diego Community Action Network
- San Diego Community College District
- San Diego County Breastfeeding Coalition
- San Diego County Breastfeeding Coalition Advisory Board
- San Diego County Civilian/Military Liaison Work Group
- San Diego County Coalition for Improving End-of-Life Care
- San Diego County Council on Aging
- San Diego County Emergency Medical Care Committee
- San Diego County Falls Prevention Taskforce
- San Diego County Health and Human Services Agency
- San Diego County Hospice-Veteran Partnership
- San Diego County Medical Society Bioethics Commission
- San Diego County Older Adult Behavioral Health System of Care Council
- San Diego County Older Adult Council
- San Diego County Perinatal Care Network
- San Diego County Social Services Advisory Board
- San Diego County Stroke Consortium
- San Diego County Taxpayers Association
- San Diego County Unified Disaster Council
- San Diego Covered California Collaborative
- San Diego Dietetic Association
- San Diego East County Chamber of Commerce
- San Diego Eye Bank Nurses' Advisory Board
- San Diego Fire-Rescue Department
- San Diego Food System Alliance, Healthy Food Access Committee
- San Diego Freedom Ranch
- San Diego Habitat for Humanity
- San Diego Health Information Association
- San Diego Healthcare Disaster Coalition
- San Diego Housing Commission
- San Diego Human Dignity Foundation
- San Diego Humane Society
- San Diego Hunger Coalition
- San Diego Immunization Coalition
- San Diego-Imperial County Council of Hospital Volunteers
- San Diego Lesbian, Gay, Bisexual, and Transgender Community Center, Inc.
- San Diego Mental Health Coalition

- San Diego Mental Health History Planning Team
- San Diego Military Family Collaborative
- San Diego North Chamber of Commerce
- San Diego Older Adult Council
- San Diego Organization of Healthcare Leaders
- San Diego Physician Orders for Life-Sustaining Treatment Coalition/San Diego Coalition for Compassionate Care
- San Diego Psych-Law Society
- San Diego Regional Chamber of Commerce
- San Diego Regional Healthcare Sustainability Collaborative
- San Diego Regional Home Care Council
- San Diego Rescue Mission
- San Diego River Park Foundation
- San Diego State University
- San Diego Workforce Partnership (SDWP)
- SDWP Work Well Committee
- Santee Chamber of Commerce
- Santee-Lakeside Rotary Club
- SAY San Diego
- Second Chance
- Serving Seniors
- Sharp and Children's MRI Board
- Sharp and UC San Diego Health's Joint Venture Board
- Sigma Theta Tau International Honor Society of Nursing
- South Bay Community Services
- South County Action Network
- South County Economic Development Council
- Southern California Association of Neonatal Nurses
- Southern Caregiver Resource Center
- Southwestern College
- Special Needs Trust Foundation
- Special Olympics
- Ssubi
- St. Paul's Retirement Home Foundation
- SuperFood Drive
- The Meeting Place
- THE UNBATTLE PROJECT
- Trauma Center Association of America
- Union of Pan Asian Communities
- University of California, San Diego
- University of San Diego
- University of Southern California
- VA San Diego Healthcare System
- VA San Diego Mental Health Council
- Veterans Home of California, Chula Vista
- Veterans Village of San Diego

- Vista Hill ParentCare
- We Honor Veterans
- Westminster Tower
- Women, Infants and Children Program
- Wreaths Across America — San Diego
- YMCA
- YWCA Becky's House®
- YWCA Board of Directors
- YWCA Executive Committee
- YWCA Finance Committee
- YWCA In the Company of Women Event

Appendix

B Map of Sharp HealthCare Locations



SAN DIEGO COUNTY MAP

Sharp has approximately 2,600 affiliated physicians on medical staffs and in medical groups. They provide quality medical services in a variety of settings, ranging from primary care in private offices or clinics to outpatient surgery and inpatient care at Sharp hospitals.

HOSPITALS

† With Emergency Department

- 1 Sharp Chula Vista Medical Center†
- 2 Sharp Coronado Hospital†
- 3 Sharp Grossmont Hospital†
- 4 Sharp Mary Birch Hospital for Women & Newborns
- 5 Sharp Memorial Hospital†
- 6 Sharp Mesa Vista Hospital
- 7 Sharp McDonald Center

SKILLED NURSING LOCATIONS

- ▲ Birch Patrick Convalescent Center
- ▲ Villa Coronado Skilled Nursing Facility
- Sharp Grossmont Hospital Transitional Care Unit

MEDICAL OFFICE LOCATIONS

* Urgent care services available

- 1 Sharp Rees-Stealy Medical Center • Carmel Valley
- 2 Sharp Rees-Stealy Medical Center • Chula Vista*
- 3 Sharp Rees-Stealy Medical Center • Chula Vista Rehabilitation Services
- 4 Sharp Rees-Stealy Medical Center • Del Mar
- 5 Sharp Rees-Stealy Medical Center • Downtown*
- 6 Sharp Rees-Stealy Medical Center • El Cajon
- 7 Sharp Rees-Stealy Medical Center • Frost Street
- 8 Sharp Rees-Stealy Medical Center • Frost Street North
- 9 Sharp Rees-Stealy Medical Center • Genesee
- 10 Sharp Rees-Stealy Medical Center • La Mesa*
- 11 Sharp Rees-Stealy Medical Center • La Mesa West
- 12 Sharp Rees-Stealy Medical Center • Mira Mesa
- 13 Sharp Rees-Stealy Medical Center • Mount Helix
- 14 Sharp Rees-Stealy Medical Center • Murphy Canyon
- 15 Sharp Rees-Stealy Medical Center • Otay Ranch
- 16 Sharp Rees-Stealy Medical Center • Point Loma
- 17 Sharp Rees-Stealy Medical Center • Rancho Bernardo*
- 18 Sharp Rees-Stealy Medical Center • San Carlos
- 19 Sharp Rees-Stealy Medical Center • San Diego
- 20 Sharp Rees-Stealy Medical Center • Scripps Ranch
- 21 Sharp Rees-Stealy Medical Center • Sorrento Mesa*
- 22 Sharp Rees-Stealy Surgical Eye Consultants • Sharp Memorial Outpatient Pavilion
- 23 SharpCare Coronado
- 24 SharpCare Kearny Mesa

SPECIALIZED FACILITIES/CENTERS

- ▼ Douglas & Nancy Barnhart Cancer Center at Sharp Chula Vista Medical Center
- ▼ David and Donna Long Center for Cancer Treatment at Sharp Grossmont Hospital
- ▼ Sharp Grossmont Hospital Rehabilitation Center
- ▼ Sharp HospiceCare BonitaView Home
- ▼ Sharp HospiceCare LakeView Home
- ▼ Sharp HospiceCare ParkView Home
- ▼ Sharp Allison deRose Rehabilitation Center
- ▼ Sharp Memorial Outpatient Pavilion
- ▼ Sharp Senior Health Center – Clairemont
- ▼ Sharp Senior Health Center – Downtown

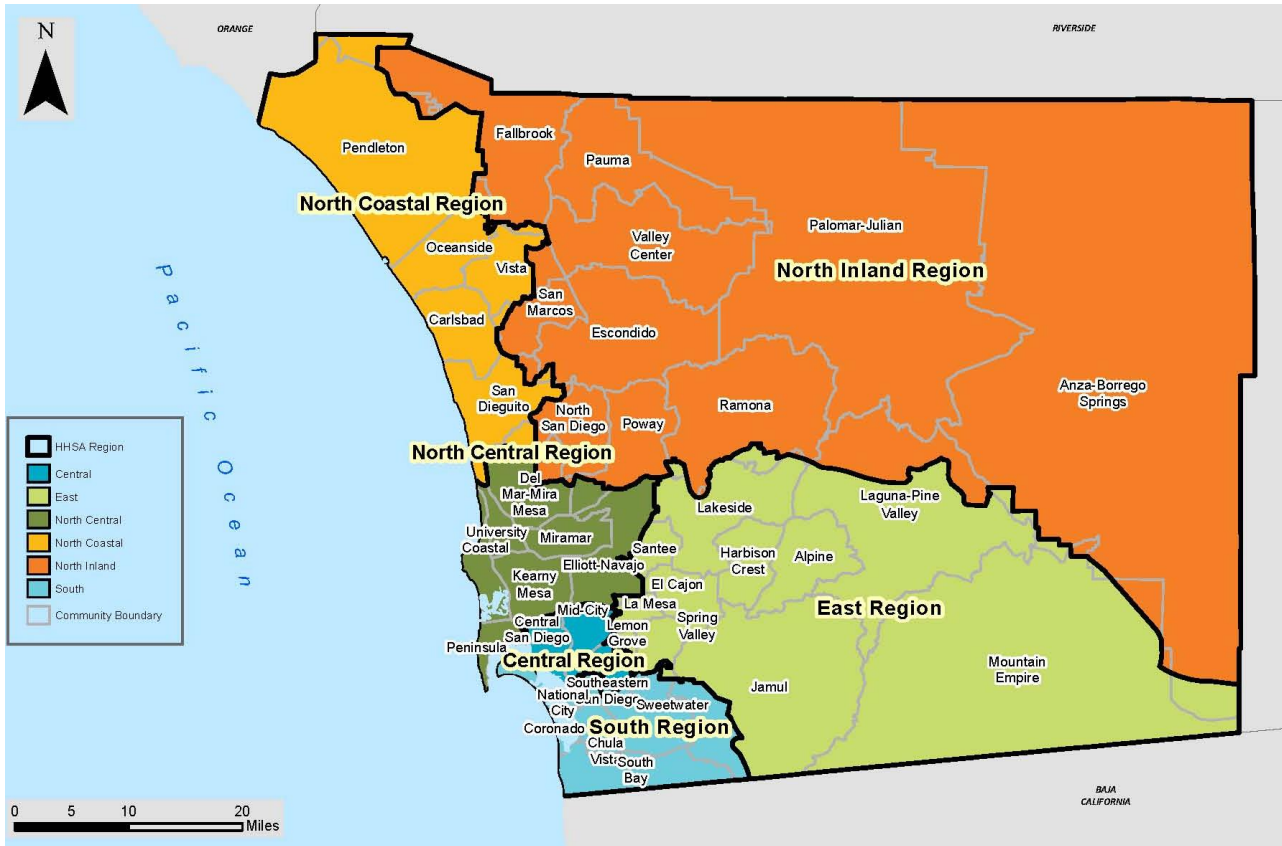


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MAP NOT TO SCALE

Appendix

C

Map of Community and Region Boundaries in San Diego County



Source: County of San Diego:

[https://www.sandiegocounty.gov/content/dam/sdc/live_well_san_diego/indicators/Map and Regional Data.pdf](https://www.sandiegocounty.gov/content/dam/sdc/live_well_san_diego/indicators/Map_and_Regional_Data.pdf)



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