

Sharp HealthCare Community Benefit Plan and Report

Fiscal Year 2019



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

SHARP

**Sharp HealthCare
Community Benefit Plan and
Report
Fiscal Year 2019**

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.

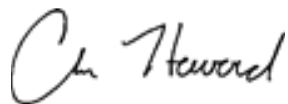
To honor his son, Thomas E. Sharp made a generous donation in 1950 to fund the first Sharp hospital, with the promise that the new hospital be named the Donald N. Sharp Memorial Community Hospital and be “dedicated to all servicemen who sacrificed their lives.” It was to be a health care organization 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 2019 *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 more than 118,000 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 2019, Sharp's community benefit contributions totaled \$462,155,993 and included such vital community support as uncompensated care, benefits for vulnerable populations, 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.



Chris Howard
President and Chief Executive Officer

Preface

Sharp HealthCare prepared this Community Benefit Report for fiscal year 2019 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 — an organization that connects individuals with community services

A

A New PATH

Parents for Addiction Treatment and Healing

AA

Alcoholics Anonymous

AAHPM

American Academy of Hospice and Palliative Medicine

AAHRPP

Association for the Accreditation of Human Research Protection Programs

AAP

American Academy of Pediatrics

AARP

American Association of Retired Persons

ACNL

Association of California Nurse Leaders

ACOG

American College of Obstetricians and Gynecologists

ACP

Advance Care Planning

ACS

American Cancer Society

ACT

Acceptance and Commitment Therapy

ADA

American Diabetes Association

ADRD

Alzheimer's disease and related dementias

Advance Directives

Advance health care directives

AHA

American Heart 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

APG

America's Physician Groups

APU

Azusa Pacific University

ART

Alzheimer's Response Team

ASA

American Stroke Association

ASP

Antimicrobial Stewardship Program

AWHONN

Association of Women's Health,
Obstetric and Neonatal Nurses

B**Barnhart Cancer Center**

Douglas & Nancy Barnhart Cancer
Center at SCVMC

BBB

Better Business Bureau

BCCTP

Breast and Cervical Cancer Treatment
Program

B.E. F.A.S.T.

Balance, Eyes, Face, Arms, Speech,
Time

BFCHC

The Breastfeeding-Friendly Community
Health Centers project — a County of
San Diego HHSA LWSD 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.

BHW

U.S. Department of Health and Human
Services Bureau of Health Workforce

BLS

U.S. Bureau of Labor Statistics

BMI

Body Mass Index

C**CAD**

Coronary Artery Disease

CAHHS

California Association of Hospitals and
Health Systems

CalFresh

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

Cancer Centers of Sharp

Cancer Centers of Sharp HealthCare

CAPC

Center to Advance Palliative Care

Caregiver Coalition

Caregiver Coalition of San Diego

CBT

Cognitive behavioral therapy

CCCC

Coalition for Compassionate Care of
California

CCP

Community Care Partner

CCT

Compassion Cultivation Training

CCTP

Community-based Care Transitions
Program

CDA

California Department of Aging

CDC

Centers for Disease Control and
Prevention

CDPH
California Department of Public Health

CEP
Central Energy Plant

CFHWC
California Future Health Workforce
Commission

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 Health Care 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

CHP
California Highway Patrol

CHS
Coronado High School

CIE
Community Information Exchange

CME
Continuing Medical Education

CMS
County Medical Services

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.

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

CVD
Cardiovascular Disease

CWISH
Council of Women's and Infants'
Specialty Hospitals

D

David and Donna Long Cancer Center
David and Donna Long Center for
Cancer Treatment at SGH

DBT
Dialectical Behavioral Therapy

DHHS
U.S. Department of Health and Human
Services

DMCCP
Diabetes Management Care
Coordination Project; a program of
FHCS

DME
Durable Medical Equipment

E

EBPI
Evidence-Based Practice Institute

ECAN
East County Action Network

ECSSP
East County Senior Service Providers

ED
Emergency Department

EDD
Employment Development Department

EMCC
County of San Diego Emergency
Medical Care Committee

EMS
County of San Diego Emergency
Medical Services

EMSA
Emergency Medical Services Authority

EOLOA
End of Life Options Act

EPA
U.S. Environmental Protection Agency

ES
Energy Star, an international standard
for energy efficiency

EVC
Electric vehicle chargers

EWA
Elder Workforce Alliance

F

FHCS
Family Health Centers of San Diego

FOD

Foreign Object Damage

Food Bank

San Diego Food Bank

FPL

Federal Poverty Level

FSD

Feeding San Diego

FY

Fiscal year (as of and for the year ended September 30)

G

GHD

Grossmont Healthcare District

GHX

Global Healthcare Exchange

GUHSD

Grossmont Union High School District

GWTG

AHA/ASA'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

HOPE

Homeless Outreach Programs for Entitlement

HOPPs RCx

San Diego Higher Opportunity Projects and Programs Retrocommissioning Program

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. HP 2020 was developed through a broad consultation process, based on the best scientific knowledge and designed to measure programs over time.

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

HSAG

Health Services Advisory Group

HSHMC

Health Sciences High and Middle College

HVAC

Heating, ventilation and air-conditioning

HVP

San Diego County Hospice Veteran Partnership

I**ILA**

Independent Living Association

ILFs

Independent living facilities

IOP

Intensive Outpatient Program at SMV

IPH

Institute for Public Health

IRB

Institutional Review Board

IT

Information technology

IV t-PA

Intravenous Tissue Plasminogen Activator

J**JFS**

Jewish Family Service of San Diego

JONS

Journal of Oncology Navigation & Sponsorship

K**kWh**

Kilowatt-hour

L**Las Damas de San Diego Foundation**

Las Damas de San Diego International Nonprofit Organization

LBW

Low Birth Weight

Lbs.

Pounds

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 health care 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.

MAT

Medication Assisted Treatment

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

MICN

Mobile Intensive Care Nurse

MRI

Magnetic Resonance Imaging

MSC

Mindful Self-Compassion

MSW

Master of Social Work

N

NA

Narcotics Anonymous

NAMI

National Alliance on Mental Illness

NCHS

National Center for Health Statistics

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

NU

National University

NRI

Neonatal Research Institute

NRI-PAB

NRI Parent Advisory Board

O

OB-GYN

Obstetrician-gynecologist

OPP

Sharp Memorial Outpatient Pavilion

ORI

Sharp HealthCare Outcomes Research Institute

OSHPD

California Office of Statewide Health Planning and Development

P

PACE

Program of All-Inclusive Care for the Elderly

PERT

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

PET

Positron Emission Tomography

PFS

Patient Financial Services

PharmD

Doctor of Pharmacy

Planetree

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

PTSD

Post-traumatic stress disorder

R

RCU

Recuperative Care Unit

RD

Registered Dietitian

RN

Registered Nurse

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

SART

Sexual Assault Response Team

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.

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

SDBIF

San Diego Brain Injury Foundation

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

SDMFC

San Diego Military Family Collaborative

SDOH

Social Determinants of Health

SDPA

San Diego Psychological Association

SDRM

San Diego Rescue Mission

SDSU

San Diego State University

SDWP

San Diego Workforce Partnership

SEA

Sharp Equality Alliance

SEEC

Sustainable Early Episode Clinic

SGH

Sharp Grossmont Hospital

Sharp

Sharp HealthCare

Sharp Rehab

Sharp Rehabilitation Services

SHP

Sharp Health Plan

SIOP

Senior Intensive Outpatient Program at SMV

SJSU

San Jose State University

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 SMH, SMBHWN, SMC, SMV and the OPP.

SMV

Sharp Mesa Vista Hospital

SNAP

Supplemental Nutrition Assistance Program

SNF

Skilled Nursing Facility

SoCAN

South County Action Network

SOSL

Survivors of Suicide Loss

SPC

Suicide Prevention Council

SRSMC

Sharp Rees-Stealy Medical Centers

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

UHF

United Health Foundation

U.S.

United States

USD

University of San Diego

V

VA

U.S. Department of Veterans Affairs

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.

VLBW

Very Low Birth Weight

VOICe

Vascular Outcomes Improvement Collaborative

W

WebEOC

Web Emergency Operations Center

WHV

We Honor Veterans

WIC

Women, Infants, and Children

WME

World's Most Ethical

WOW

Women on Wheels

WW

Formerly Weight Watchers®

Y

YESS

Young Enthusiastic Stroke Survivors



Care Beyond Our Walls

Sharp's mission is to improve the health of the San Diego community with a commitment to excellence in all that we do. Extensive research reinforces the significant impact that social determinants of health (SDOH) — the conditions where people live, learn, work and play — have on individual and community health. As an extension of our mission, Sharp has embarked on an exciting, systemwide pilot with 2-1-1 San Diego's Community Information Exchange (CIE) to better understand and address the SDOH that affect our community members.

The CIE is comprised of more than 70 community partners — including health care, food banks, housing and other social service agencies — who use an integrated technology platform to support proactive, holistic, person-centered care. The CIE's shared community member records enable partners to evaluate an individual's SDOH needs and their current use of community programs and services, and make referrals to additional necessary resources. As CIE partners, Sharp's hospitals, medical groups and health plan will help provide critical insight into the impact of addressing SDOH on the health and well-being of our community.

Section

1 An Overview of Sharp HealthCare

The people of San Diego County place tremendous trust in Sharp HealthCare to deliver extraordinary care in some of life's most vulnerable moments. As a not-for-profit organization, we honor that trust daily and help pay it back by investing in community benefit programs that improve health outcomes for our entire region. This is the commitment we've made to our community over the past six decades serving as San Diego's health care leader and the role we look forward to serving for many years to come. — Chris Howard, President and Chief Executive Officer, Sharp HealthCare

Sharp HealthCare (Sharp) 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; 28 medical centers; five urgent care centers; three skilled nursing facilities (SNF); 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 coverage through Sharp Health Plan (SHP). Serving a population of approximately 3.3 million in San Diego County (SDC), as of September 30, 2019, Sharp is licensed to operate 2,084 beds and has more than 2,700 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 region, 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, subacute 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 region 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 behavioral health hospital in San Diego, Sharp Mesa Vista Hospital (SMV) provides services to treat anxiety, depression, substance abuse, eating disorders, bipolar disorder and more for patients of all ages.

Sharp McDonald Center (16 licensed beds)²

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 Centers (SRSMC) are included under 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 under 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.

² 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 nearly two decades, 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.

Supported by its extraordinary culture, 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 60 years.

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.



Enhance market position and drive 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. 31 on *Forbes*’ 2019 listing of Best Employers in California, as well as No. 58 on its list of Best Employers for Women and No. 201 on its list of Best Employers for Diversity.



Becker’s Hospital Review recognized Sharp as one of “150 Top Places to Work in Healthcare” in 2017 and 2018. The list recognizes hospitals, health systems and organizations committed to fulfilling missions, creating outstanding cultures and offering competitive benefits to their employees.



In 2019, Sharp ranked No. 33 in the large employer category as one of the “Best Places to Work” for information technology (IT) professionals by the International Data Group’s *Computerworld* survey. Sharp was also ranked in the top 10 on this list from 2013 to 2018. The list is compiled by evaluating a company’s benefits, training, retention, career development, average salary increases, employee surveys, workplace morale and more.



In 2019, SMH and SCVMC were recognized on Newsweek’s first ever list of the top 1,000 hospitals worldwide. Among all United States (U.S.) hospitals included in the ranking, SMH was ranked No. 89 and SCVMC was ranked No. 137.



In 2015 and 2017 to 2019, Sharp was ranked "San Diego's Best Hospital Group" in the annual *San Diego Union-Tribune* Readers Poll. In 2017 and 2019, SMH was ranked "San Diego's Best Hospital," and in 2018, Sharp's Weight Management Programs ranked first for "Best Weight Loss Clinic/Counseling." Sharp Rees-Stealy Medical Group (SRSMG) was ranked "Best Hearing Aid Store" in 2019 for the third year in a row, as well as "Best Medical Group," "Best Laser Eye Center," "Best In-Home Care (Medical)," and "Best Pharmacy." Sharp Community Medical Group (SCMG) was ranked "San Diego's Best Medical Group" from 2015 to 2018.



In 2016, 2017 and 2019, 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 have 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. SGH first received the designation in 2006, and was most recently re-designated in 2017. SMBHWN received its current designation in 2015. SMH was first designated in 2008, and received its most recent re-designation in 2018.



Sharp was named one of the nation's "Most Wired" health care systems from 2012 to 2019 by the College of Healthcare Information Management Executives' 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. SCHHC became a Designated Planetree Person-Centered Hospital in 2007, and was re-designated in 2017 for the fourth consecutive time. SMH became a Planetree Person-Centered Hospital in 2012 and was re-designated in 2015. SCVMC joined SCHHC and SMH as a Designated

Planetree Person-Centered Hospital in 2014, and was re-designated in 2018. Also in 2014, SCHHC and SMH each achieved Planetree Designation with Distinction for demonstrating leadership and innovation in patient-centered care. In addition, Planetree awarded the Gold Certification for Excellence in Person-Centered Care to SGH in 2018 and SMH in 2019.



**CENTER of
EXCELLENCE**

In 2019, SMBHWN became one of only 40 institutions in North America to receive a Center of Excellence designation from the Society for Obstetric Anesthesia and Perinatology. The designation honors hospitals that demonstrate excellence and safety in obstetric anesthesiology and achieve a high level of clinical care.



SCHHC and SCVMC received Energy Star (ES) designation from the U.S. Environmental Protection Agency (EPA) for outstanding energy efficiency. Buildings that receive ES certification use an average of 40% less energy than other buildings and release 35% less carbon dioxide (CO₂) into the atmosphere. SCHHC first earned ES certification in 2007, and was re-certified for the eighth time in 2019. SCVMC was first certified in 2009 and was most recently re-certified in 2018.



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.



Sharp received the Environmental Stewardship Award in the large business category from the Better Business Bureau (BBB), serving San Diego, Orange and Imperial counties, as part of BBB's 2017 Torch Awards. The award recognizes businesses that increase efforts toward a more sustainable footprint and green initiatives.



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 nine awardees in San Diego to receive a 2018 EMIES UnWasted Food award by the San Diego Food System Alliance for its collaboration as an innovator and early adopter with upstream "unusual but usable" procurement, soup stock program, organic gardens, animal feed and composting. Sharp was also recognized in 2016 for developing best practices in waste prevention, composting, recycling, food donation and source reduction efforts in partnership with the Sodexo Food and Nutrition team.



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



PRESS GANEY® From 2013 to 2019, the Press Ganey organization recognized multiple Sharp 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 Sharp entities in the Employee Engagement category included SCVMC, SCHHC, SGH, SMBHWN, SMH, Sharp Memorial Outpatient Pavilion (OPP), SMV, Sharp HospiceCare, SRSMG, SCMG and Sharp Home Health, while SCHHC, SMH, OPP and SMBHWN have been awarded for Patient Experience and SCHHC, SMBHWN and SMV have received awards for Physician Engagement.



PRESS GANEY® Press Ganey also recognized multiple Sharp 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 categories of Patient Experience, Employee Engagement, Physician Engagement and Clinical Quality Performance. Between 2013 and 2019, Press Ganey recognized SMH five times for Patient Experience. From 2013 to 2015, Sharp was recognized for Employee Engagement. In 2013, SCHHC and SMV were recognized for Physician Engagement.



SHP has maintained a National Committee for Quality Assurance's (NCQA) Private Health Insurance Plan Rating of 4.5 out of 5 each year since 2016, making it one of the highest-rated health plans in the nation. SHP also maintained the NCQA's highest level "Excellent" Accreditation status for service and clinical quality each year from 2013 to 2018. The NCQA awards accreditation status based on compliance with rigorous requirements and performance on Healthcare Effectiveness Data and Information Set and Consumer Assessment of Healthcare Providers and Systems measures.



Covered California is California's official health insurance marketplace, offering individuals and small businesses the ability to purchase health coverage at federally subsidized rates. SHP earned a four out of five-star rating in Covered California's 2020 Coverage Year Quality Ratings in the categories of "Summary Quality Rating," "Getting the Right Care" and "Plan Services for Members."



America's Physician Groups (APG) is a professional association, representing over 300 medical groups, independent practice associations, and integrated health care systems across the nation. APG has awarded its highest level of distinction — "Elite Status" — to SCMG and SRSMG each year from 2010 to 2019.



The Women's Choice Award® is a symbol of excellence in customer experience awarded by the collective voice of women. In 2019, SGH received the Women's Choice Award® as one of America's Best Hospitals for Heart Care. The Women's Choice Award® also recognized SMH (including SMBHWN) in 2019 among America's Best Hospitals for Obstetrics and Patient Experience, as well as among America's Best Stroke Centers. The Douglas and Nancy Barnhart Cancer Center at SCVMC was also recognized as one of America's Best Breast Centers in 2019, while Birch Patrick Convalescent Center was recognized among America's Best Extended Care and Nursing Homes. In addition, SCHHC was ranked as one of America's Best 100 Hospitals for Patient Experience from 2012 to 2018.



Powered by the San Diego Association of Governments (SANDAG) 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 received iCommute Diamond Awards — which recognize employers in the San Diego region who have made strides to promote alternative commute choices — in the platinum tier in 2016 and the gold tier from 2017 to 2019.



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.



The SGH landscaping team received the 2016 Spirit of Sodexo Award for North America for its Heart 2 Heart project, through which heart-shaped stones etched with reflections were placed around the hospital campus for patients, visitors and staff to search for and reflect upon. As a Gold Level finalist — the company's highest honor — the SGH landscaping team demonstrates Sodexo's commitment to clients and customers as the heart of their business.

Patient Access to Care Programs

Sharp provides financial assistance and a variety of support services to improve access to care for uninsured, underinsured and other patients without the ability to pay as well as insured patients with inadequate coverage. In accordance with federal law, 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 quick, web-based screening, enrollment and reporting technology designed by health coverage experts to provide community members with financial assistance options. At Sharp, patients use PointCare's simple online questionnaire to generate personalized coverage options that are filed in their account for future reference and accessibility. The results of the questionnaire enable 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 September 2019, Sharp helped nearly 63,700 self-pay patients through PointCare, while maintaining each patient's dignity 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) 2019, Sharp secured this benefit for more than 1,800 unfunded patients in the ED.

In support of Covered California's annual open enrollment period, Sharp's registration staff includes 25 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 utilizes the specialized loan program, ClearBalance, to assist patients who struggle to resolve high medical bills. Through the program, both insured and uninsured patients can secure small bank loans to help pay off their medical bills in low monthly installments and prevent unpaid accounts from going to collections. Since its inception in 2010, more than 4,000 Sharp patients have received assistance through ClearBalance.

In addition, three Sharp hospitals — SCVMC, SGH and SMH — qualify as covered entities for the 340B Drug Pricing Program administered by the U.S. Department of Health and Human Services (DHHS) Health Resources and Services Administration. Hospitals participating in the 340B Drug Pricing Program are permitted to purchase outpatient drugs at reduced prices. The savings generated by 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 Sharp's Patient Assistance Program.

The Patient Assistance Program at Sharp helps those in need of assistance gain access to free or low-cost medications. Patients are referred by population health teams, physicians, pharmacists, case managers, social workers, nurses or even other patients, as well as may be identified through usage reports. Team members research all available options for these patients, including programs offered by drug manufacturers, grant-based programs offered by foundations, co-pay assistance and other low-cost alternatives. Eligible patients receive assistance that may help reduce readmissions and the need for frequent medical services resulting from a lack of access

to medication. In FY 2019, the Patient Assistance Program helped under- and uninsured patients access more than \$5 million worth of prescriptions.

Also in FY 2019, Sharp assisted underinsured and vulnerable individuals who were unable to meet their financial responsibility after health insurance. Through the Maximum Out of Pocket Program, team members met with patients at all Sharp hospitals 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 FY 2019, the Maximum Out of Pocket Program made a total of more than \$385,000 in adjustments to patient bills.

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 about available funding options. These team members performed field calls (home visits) to patients who required assistance with completing the coverage application process after leaving the hospital.

Since FY 2016, SGH's PFS team has worked closely with the hospital's Care Transitions Intervention program to evaluate patients for CalFresh — California's Supplemental Nutrition Assistance Program — prior to hospital discharge. These consultations have dramatically increased the likelihood that patients complete CalFresh applications and receive benefits. In February 2017, Sharp's PFS team expanded CalFresh consults to the remainder of Sharp's acute care hospitals. More than 720 Sharp patients have been granted CalFresh benefits as a result of this effort.

In summer 2015, a pilot program was launched to evaluate eligibility for financial assistance among both insured and unfunded families with babies in the Neonatal Intensive Care Unit (NICU) at SMBHWN. 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 baby both within and outside of the hospital. The program was expanded to SCVMC and SGH in 2017, and since its inception, Public Resource Specialists have assisted more than 280 families through the SSI application process.

City of San Diego Partnership

In 2018, Sharp and the City of San Diego began a three-year partnership designed to help improve the health and wellness of residents in all nine San Diego City Council Districts. As the Official Health and Wellness Partner of the City of San Diego, Sharp provides a wide variety of classes and workshops at district libraries and recreation centers. The partnership drew on findings from Sharp's community health needs assessment (CHNA), which helped identify neighborhoods with greater health disparities within the City Council Districts, as well as health topics of interest to those specific neighborhoods.

Presented by Sharp health educators from around the system, FY 2019 class topics included: stroke prevention and education; Medicare; cancer prevention — nutrition, lifestyle and healthy habits; achieving optimal health; weight loss; senior resources; coping with life transitions; preventing preterm births; suicide prevention; nutrition and healthy eating; opioids and mental health; mental health education; risk for cardiovascular disease (CVD); back pain prevention and management; stress management; diabetes and exercise; older adults and exercise; caregiver stress; heart failure and more.

This partnership allows Sharp to bring important health and wellness information directly to San Diegans in the communities in which they live. It is a powerful example of how Sharp takes its commitment to improve the health of those it serves beyond the walls of health care.

Health Professions Training

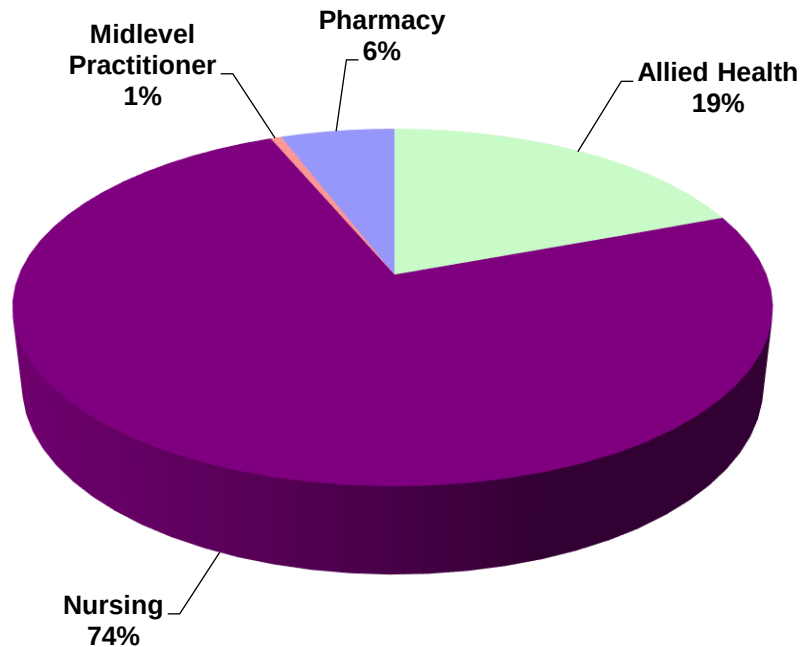
Students and recent health care graduates are a valuable asset to the community. Sharp demonstrates a deep investment in these potential and newest members of the health care workforce through internships and career pipeline programs. In FY 2019, more than 3,600 student interns dedicated over 579,900 hours within the Sharp system. Sharp provided education and training for students in a variety of disciplines, including multiple areas of nursing (e.g., critical care, medical/surgical, behavioral health, women's services, cardiac services and hospice), midlevel practitioner positions (nurse practitioner and physician assistant) and allied health (ancillary) professions such as rehabilitation therapies (speech, physical and occupational therapy), lactation care, pharmacy, respiratory therapy, imaging, cardiovascular, dietetics, laboratory, surgical technology, paramedic, social work, psychology, business 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 California State University San Marcos (CSUSM), Point Loma Nazarene University (PLNU), San Diego State University (SDSU), University of California (UC) San Diego, University of San Diego (USD), and University of St. Augustine for Health Sciences; 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 2019. **Figure 1** presents the distribution of students at Sharp by internship type in FY 2019.

Table 1: Sharp HealthCare Internships — FY 2019

Sharp HealthCare Entity	Nursing			Midlevel Practitioner		Ancillary		Total	
	Students	Group Hours	Precepted Hours	Students	Hours	Students	Hours	Students	Hours
Sharp Chula Vista Medical Center	702	68,475	18,731	3	294	141	44,015	846	131,515
Sharp Coronado Hospital and Healthcare Center	334	30,741	4,652	-	-	39	10,125	373	45,518
Sharp Grossmont Hospital	580	45,885	17,104	6	828	225	63,572	811	127,389
Sharp Mary Birch Hospital for Women & Newborns	173	12,511	4,876	-	-	7	1,912	180	19,299
Sharp Memorial Hospital	329	31,060	13,582	9	1,284	238	66,927	576	112,853
Sharp Mesa Vista Hospital	335	24,796	2,582	1	160	48	33,975	384	61,513
Sharp HospiceCare	4	-	332	-	-	1	200	5	532
Sharp HealthCare ³	255	-	40,070	1	100	215	41,120	471	81,290
Total	2,712	213,468	101,929	20	2,666	914	261,846	3,646	579,909

³ Sharp internship figures include students from Sharp System Offices, SHP, SRSMC and SCMG.

Figure 1: Sharp HealthCare Interns by Student Type — FY 2019



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 2019, the program supervised six chaplain residents and five chaplain interns on the campuses of SGH, SMBHWN, SMH, SMV and Sharp Home Health services. In addition, more than 100 Sharp Clinical Pastoral Education program graduates attended three professional chaplains' educational events hosted by Sharp's Spiritual Care and Education Department as part of their continued education and development. These events were held throughout the year and included Healing Stories from Traditions of World Religions: Buddhist Stories, Praying for Miracles and Sharing our Spiritual Practices. Further, these graduates of Sharp's Clinical Pastoral Education program now serve various health care institutions and hospices within San Diego.

Sharp also provides specialized classes to prepare future preceptors for their mentoring role. Through the Precepting With Pride Class, nurses and respiratory care practitioners who are new to the role of precepting learn about the essential components of role modeling and educating. Sharp's Advanced Preceptor Class for Nursing supports the continued development of more experienced nurse preceptors. In addition, new nurse mentors and mentees attend an orientation program designed to describe their unique roles and promote a successful precepting experience.

Health Sciences High and Middle College

Health Sciences High and Middle College (HSHMC) — a partnership between Sharp, a group of SDSU professors and the Grossmont-Cuyamaca Community College District — is a tuition-free, public charter high school that provides students with broad exposure to health care careers. HSHMC students are given the opportunity to 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, among other courses.

In FY 2019, 266 HSHMC students — including 121 Level I students and 145 Level II students — were supervised for nearly 57,500 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.

Each year, Sharp reviews and evaluates its collaboration with HSHMC, including the outcomes of students and graduates, to promote long-term sustainability. Seventy-two percent of HSHMC students are economically disadvantaged, and the school's free and

reduced-price meal eligibility rate is higher than the averages for both SDC and California. Despite these challenges, HSHMC maintains a 95% attendance rate and excels in preparing students for high school graduation, college entrance and a future career. In May 2019, 162 students graduated from HSHMC, and 90% of the graduating class went on to attend two- or four-year colleges. Further, 75% of students said they wanted to pursue a career in health care. HSHMC has a 98.8% graduation rate, which is higher than the California state average (83%).

HSHMC has received numerous awards for its innovation, vision and impact. Most recently, in 2017 HSHMC received Gold Recognition — the highest level that can be awarded — from Schools of Opportunity, a project of the National Education Policy Center at the University of Colorado Boulder. This project recognizes public high schools around the nation that engage in research-based practices focused on closing opportunity gaps for student learning. Also in 2017, HSHMC was recognized for the third time as a *U.S. News & World Report* Best High Schools bronze award winner, having previously been recognized in 2014 and 2016. In 2016, HSHMC received the Impact Award from the Classroom for the Future Foundation as the most innovative education program in SDC. Sharp is honored to have partnered with HSHMC for more than a decade and looks forward to continually providing HSHMC students with opportunities to flourish in a career in health care.

Lectures and Continuing Education

Sharp contributes to the academic development of students at colleges and universities throughout San Diego. In FY 2019, Sharp staff provided hundreds of hours in guest lectures and presentations on numerous health care topics. Lecture topics included clinical aromatherapy; clinical informatics; the role of a medical social worker in a hospital setting; diabetes; careers in dietetics; diabetes and exercise; spiritual care in the health care setting; and end-of-life care including advance care planning, hospice, bereavement, bioethics and goals of care. Lectures were delivered to students from a variety of graduate and undergraduate programs at SDSU, National University (NU), PLNU, USD, San Diego City College, Azusa Pacific University (APU), and CSUSM.

Sharp's Continuing Medical Education (CME) Department has received Accreditation with Commendation by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians, 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 2019, Sharp's CME Department invested more than 1,500 hours in live and online CME activities for San Diego health care providers. This included conferences on cardiology, oncology, diabetes, integrated healing, urgent care and patient safety, as well as presentations on suicide prevention,

food insecurity⁴, physician leadership, sepsis, infection prevention, opioid usage and advances in lung cancer.

Beyond conferences, CME develops and implements online learning modules as well as performance improvement projects to inspire clinicians and teams to improve their practice and optimize patient care. As a result of provider demand, 56 online CME modules were made available in FY 2019 — a 68% increase in modules from FY 2018. Additionally, CME partnered with Sharp's Lean Six Sigma team as well as Sharp-affiliated physicians to complete 15 performance improvement projects.

Each year, Sharp's CME Department identifies and addresses a public health priority in compliance with its Accreditation with Commendation. In FY 2019, the CME Department continued to collaborate with the Community Benefit team to address the FY 2018 identified public health issue: food insecurity. Together, CME and Community Benefit educated and engaged Sharp-affiliated physicians, pharmacists and employees on the impact of food insecurity on health, as well as assessed patients for food insecurity and referred them to community resources. Four online educational modules were developed in collaboration with the San Diego Hunger Coalition and are actively viewed by community providers. The CME and Community Benefit food insecurity initiative has helped change how Sharp cares for its community, as well as delivered positive patient outcomes.

To address the FY 2019 public health priority of dementia, the CME Department developed a comprehensive needs assessment demonstrating the need for dementia training aimed at primary care providers. The CME Department collaborated with community organizations, including Champions for Health and the Alzheimer's Project Clinical Roundtable, to develop education and clinical guidelines focused on addressing dementia in SDC. This concerted effort reached over 300 clinicians, as well as led to countless additional non-CME educational strategy meetings with internal and external stakeholders, and important conversations regarding dementia patients at Sharp. In addition, the Alzheimer's Project Clinical Roundtable Physician Guidelines were converted into an online CME activity.

In further support of this project, the department provided four hours of live and online CME activities for San Diego health care providers, as well as more than 50 hours of planning and development with providers. This included grand rounds at both SGH and SCHHC, and a panel discussion at SCMG's Annual CME Conference, where the Alzheimer's Project Clinical Roundtable exhibited and promoted its clinical guidelines. In addition, SRSMSG's Clinical Guidelines committee utilized the Alzheimer's Project Clinical Roundtable's clinical guidelines to update their dementia guidelines.

Results from post-evaluation surveys collected from these CME-accredited events showed markedly increased confidence in treating patients with Alzheimer's disease and other related dementias. Participants also stated an intent to change their

⁴ Food security means access by all people at all times to enough food for an active, healthy life.
<https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/>.

professional behavior, and the belief that this education would positively impact their patients.

Research

Sharp Center for Research

Sharp is dedicated to expanding scientific knowledge for the broader health and research communities. The Sharp Center for Research promotes high-quality research initiatives that help advance patient care and outcomes throughout the world. The Sharp Center for Research includes the Human Research Protection Program (HRPP), the Institutional Review Board (IRB) and the Outcomes Research Institute (ORI).

Human Research Protection Program

The Sharp Center for Research's HRPP is responsible for the ethical and regulatory compliant oversight of research conducted at Sharp. In March 2016, Sharp received accreditation from the Association for the Accreditation of Human Research Protection Programs (AAHRPP) and in December 2018, was re-accredited for an additional five years. This 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 accreditation from the AAHRPP.

Institutional Review Board

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 2019, a dedicated IRB committee of 17 — including physicians, nurses, pharmacists, individuals with expertise and training in non-scientific areas, and members of the community — 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 newborns to older adults. These clinical trials increase scientific knowledge and enable health care providers to assess the safety and effectiveness of new treatments. At any given time, Sharp participates in approximately 250 clinical trials encompassing many therapeutic areas, including behavioral health, emergency care, infectious disease, newborn care, heart and vascular, kidney, liver, neurology, gastroenterology, orthopedics and oncology — the latter of which comprises the largest share of Sharp's clinical trials.

The HRPP educates and supports 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 Sharp Center for Research hosts quarterly research meetings on relevant educational topics for community physicians, psychologists, research nurses, study coordinators and students throughout SDC. In FY 2019, meetings included the following presentations: Research Community Outreach; Health Insurance Portability and Accountability Act and Research; Protecting Vulnerable Subjects; Deviations: Identification, Responses and Solutions; and the Revised Common Rule. Education was also provided during the quarterly research meetings on the external IRB review process, short form consenting, and protection of human subjects. Additionally, Sharp researchers presented their current studies during the meetings.

As part of National Clinical Trials Day in May, the Sharp Center for Research held its inaugural Clinical Trials Day event to showcase Sharp's latest clinical research to the San Diego community. The event was featured on two local news channels and drew nearly 200 attendees, including community researchers, drug and device manufacturers, Sharp physicians, donors and the general public.

Outcomes Research Institute

Since its inception in 2010, Sharp's ORI has sought 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 aid in 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 NU.

The ORI shares its research studies with other community health and research professionals. In FY 2019, this included a study titled Detecting Atrial Fibrillation in the Emergency Department in Patients with Cardiac Implantable Electronic Devices, published in *The Journal of Emergency Medicine*, as well as a presentation titled Prediction of Acute Care Utilization for Patients with Hematologic Malignancies, provided at the American Society of Clinical Oncology Quality Care Symposium in San Diego.

Since September 2016, the ORI has expanded its contributions to research, education and clinical service through SMH's Integrated Behavioral Health/Cardiac program — an

initiative that integrates psychological services for patients of SMH's Heart Transplant and Mechanical Circulatory Support units, including pre-surgical psychological candidacy assessments as well as psychological testing, consultation, and ongoing treatment. The program provides opportunities for ongoing outcomes research, including the contribution of publications and presentations to support the broader health and research communities in the psychosocial management of heart failure patients. These research opportunities are extended to advanced graduate students in clinical psychology through yearlong practicum training experiences. In FY 2019, this innovative program fostered the continued implementation of three ongoing heart failure studies, and as of October 2019, has enabled the creation and funding of a new full-time psychologist staff position.

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 the use of evidence-based practices in the nursing community. The consortium is a partnership between Sharp, Rady Children's Hospital – San Diego, UC San Diego Health, U.S. Department of Veterans Affairs (VA) San Diego Healthcare System, Kaiser Permanente, 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 and support fellows as they navigate the hospital system and implement the processes of evidence-based practice change. Mentors also assist fellows in working collaboratively with key hospital leadership personnel.

In FY 2019, the nine-month program culminated with a community conference and graduation ceremony in November, during which the EBPI fellows and mentors shared their project results. Twenty-seven project teams, comprised of mentors and fellows, graduated from the program. Projects addressed issues in clinical practice and patient care including: spinal cord injury protocols to improve discharge preparedness; patient communication boards as a bedside handoff tool; music therapy to reduce anxiety in breastfeeding mothers; changes in checking gastric residuals in tube fed babies for quicker full feeds; immunization protocols in liver pre-transplant patients; and development and education on a new evidence-based program for increased patient mobility.

Volunteer Service



Sharp Lends a Hand

In FY 2019, 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.

SLAH selected 21 volunteer projects for FY 2019: San Diego Food Bank (Food Bank); Feeding San Diego (FSD); Mama's Kitchen; San Diego Wreaths Across America; USS Midway Foreign Object Damage (FOD) Walk-down; American Diabetes Association (ADA) Tour de Cure; Promises2Kids; Ssubi is Hope Greening for Good Project; Special Olympics Annual Spring Games; Habitat for Humanity ReStore; Stand Down for Homeless Veterans; Life Rolls On — They Will Surf Again; Surfrider Foundation's Beach Cleanup; I Love a Clean San Diego's Coastal Cleanup, Creek to Bay Cleanup, Storm Drain Stenciling Day, and Morning After Mess Cleanup; the San Diego River Park Foundation's Point Loma Native Plant Garden, San Diego River Garden and Coastal Habitat Restoration; and River Kids Discovery Days — a joint effort between I Love a Clean San Diego and the San Diego River Park Foundation. More than 3,000 Sharp employees, family members and friends volunteered nearly 6,000 hours in support of these projects.⁵

The Food Bank feeds San Diegans in need, advocates for the hungry, and educates the public about hunger-related issues. Each month, the Food Bank serves nearly 2 million meals to approximately 350,000 San Diegans. Backpacks filled with a weekend's supply of food are provided to chronically hungry elementary school children throughout SDC, while Food Bank distribution sites provide boxes of groceries and staple food items to low-income seniors. At eight events between December 2018 and August 2019, 50 SLAH volunteers gathered at the Food Bank warehouse to help inspect, clean, sort and package donated food as well as assist with assembling boxes and cleaning the facility.

As a member of the Feeding America network, FSD partners with food donors throughout SDC — including grocery stores, restaurants and retailers — to distribute healthy food to more than 63,000 local children, families, seniors and military members each 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. At 10 events throughout FY 2019, nearly 150 SLAH volunteers sorted food, prepared bags for distribution, and cleaned produce for FSD.

⁵ 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.

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 January, April, June and July, more than 50 SLAH volunteers helped Mama's Kitchen serve meals to the community by preparing and packaging snack and vegetable items for delivery.

In December 2018, 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 — approximately 500 SLAH volunteers honored veterans by placing donated wreaths on their gravesites.

The USS Midway is a retired aircraft carrier that serves as a museum and memorial to the 225,000 Navy sailors who served on board between 1943 and 1992. To help keep the deck of the Midway museum clean, SLAH volunteers participated in an FOD walk-down, a routine activity on active aircraft carriers that helps prevent debris from damaging aircraft engines. At four events in February, April, June and August, more than 120 SLAH volunteers mimicked a real FOD walk-down, using hand tools and vacuums to clear the decks of debris.

SLAH volunteers participated in the ADA Tour de Cure 2019 to support the one in three San Diegans living with diabetes or prediabetes and raise critical funds for the ADA's diabetes research, education and advocacy. In March, five SLAH volunteers assisted with pre-event packet pick-up, day-of event registration, T-shirt distribution, rest stop support and first aid.

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 November and December, nearly 30 SLAH volunteers supported the organization's annual Holiday Gift Drive by wrapping gift collection bins, assisting with inventory, and sorting and preparing gifts to distribute to foster youth.

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 (lbs.) of medical surplus out of local landfills. At two events in July and August, more than 15 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, 20 SLAH volunteers supported the 2019 Annual Spring Games at Carlsbad High School. Volunteers served as timers and scorekeepers during the bocce competition, cheered on the athletes and participated in the awards ceremonies.

In addition to building homes in partnership with local people in need, San Diego Habitat for Humanity operates three 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 for Humanity homes throughout SDC. At eight events in November, January, March and May, 35 volunteers organized donated items and took inventory of stock for the Kearny Mesa and National City ReStore retail centers.

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. During eight days in May and June, approximately 60 volunteers sorted and organized clothing donations as well as set up and worked in the event's clothing tent. In addition, pharmaceutical services were provided by six Sharp-affiliated pharmacists and licensed pharmacy technicians. More than 750 veterans were served through the 2019 Stand Down for Homeless Veterans events.

The Life Rolls On Foundation is dedicated to improving the quality of life for people living with various disabilities. 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, more than 85 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.

The Surfrider Foundation is dedicated to the protection and enjoyment of the world's oceans, waves and beaches through a powerful activist network. Since 2017, the Surfrider Foundation has helped remove more than 31,000 lbs. of trash from local beaches. Data collected at these events is used to determine the primary local sources of pollution, and create education and policies to prevent trash from ever reaching the beach. In August, 20 SLAH volunteers participated in a beach cleanup event at Belmont Park in Mission Bay where they helped pick up trash and complete data sheets detailing what they collected.

In November 2018, nearly 15 SLAH volunteers joined I Love a Clean San Diego for Storm Drain Stenciling Day. Volunteers met at Mountain View Community Center to stencil a pollution prevention message above neighborhood storm drains educating the public that no pollutants or trash should go down the drain and into the ocean. SLAH also partnered with I Love a Clean San Diego for the 17th annual Creek to Bay Cleanup in April, in celebration of Earth Day. Approximately 60 SLAH volunteers participated in this countywide effort to beautify beaches, bays, trails, canyons and parks at locations around SDC, including Torrey Pines State Beach, Crown Point Shores in Mission Bay, San Diego River – Mission Valley South, Ocean Beach Veterans Plaza, Coronado

Central Beach, Marina View Park in Chula Vista, Lake Miramar and Santee Lakes. In July, SLAH volunteers participated in I Love a Clean San Diego's Morning After Mess Cleanup by helping clear garbage and debris from Mission Beach Park following the Fourth of July holiday. In September, nearly 30 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 Bayside Park, Tierrasanta North Shepard Canyon, Embarcadero Marina Park North, Harry Griffen Park in La Mesa, Coronado South Beach and Torrey Pines State 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. Nearly 50 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 November, December, February, May, and June, and at the San Diego River Garden in Mission Valley in April and August. Activities included trail maintenance, watering, pruning and other light gardening projects. In January, July and September, nearly 35 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.

In March, I Love a Clean San Diego and the San Diego River Park Foundation partnered to provide the fifth annual River Kids Discovery Days. Five 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.

In addition to these projects, the SLAH program continued to coordinate and promote Sharp's year-round blood donation effort to provide needed blood to local organizations serving the community. In FY 2019, Sharp committed to collecting a minimum of 1,300 units of blood from Sharp employees, family and friends. Throughout the year, Sharp hosted 64 blood drives at 12 Sharp locations to benefit the San Diego Blood Bank, including two systemwide drives held at Sharp's corporate office location. These latter two drives were designed as community events, and featured prize giveaways, Arts for Healing, therapy dogs and meet-and-greets with executive leadership. In addition, SLAH encouraged Sharp employees to donate blood at local Red Cross locations. Through these efforts, SLAH helped Sharp collect approximately 1,670 units of blood, surpassing its goal by more than 360 units.

Sharp Humanitarian Service Program

The Sharp Humanitarian Service Program provides paid leave time for Sharp employees to volunteer for programs that provide health care or other supportive services to underserved or adversely affected populations. In FY 2019, the program

funded more than 40 employees on humanitarian trips to the Dominican Republic, the Philippines, Ecuador, Guatemala, Jamaica and other locations throughout the world.

For nearly two weeks in November, the Woolsey and Hill Fires burned nearly 100,000 acres of land in Los Angeles and Ventura counties, destroying more than 1,600 structures and forcing almost 300,000 evacuations. A response effort by the American Red Cross drew volunteers and other local organizations to bring meals, shelter, supplies and health care to affected community members. One Sharp volunteer worked more than 160 hours as the only nurse at an American Red Cross shelter in Malibu.

In December, a Sharp nurse participated in a medical mission to Santo Domingo, Dominican Republic through CardioStart International — a global volunteer organization that brings specialized cardiac care teams to underserved regions. The team, which consisted of cardiac surgeons, cardiologists, perfusionists (health care professionals who operate heart-lung machines during surgery), nurses, respiratory therapists and a specialized ultrasound technician, performed surgery on five children with congenital heart defects as well as provided advanced cardiac education to help local medical teams improve surgical outcomes and patient care.

Venture to Heal Medical Missions is a local nonprofit organization founded by a Sharp nurse that coordinates trips to Vietnam and the Philippines to provide health care, supplies and education to thousands of people in underserved, rural communities. For two weeks in January, the nurse and a fellow Sharp pharmacist as well as other San Diego nurses, physician assistants, emergency medical technicians and lay volunteers convened at a rural clinic in the Philippines that had recently been impacted by a typhoon. The team provided acute management of skin, soft tissue and upper respiratory tract infections, as well as treatment for metabolic disorders such as diabetes and hypertension, to more than 1,300 people.

In March, a Sharp nurse volunteered in Quito, Ecuador as part of a medical mission trip with Timmy Global Health, a nonprofit organization that expands access to health care by directly supporting community-based project sites. More than 470 local patients were served by the medical team which included one doctor, three nurses and 19 students. The medical team treated and assisted patients with parasitic infections, general pain, vision loss, hypertension, dry or irritated eyes and gastritis — an inflammation of the protective lining of the stomach.

Also in March, a Sharp employee accompanied a team of students, nurses, physical therapists, occupational therapists and doctors on a medical mission to Ecuador sponsored by Franciscan University of Steubenville. With a mission to care for the whole person, the team provided medical treatment for acute diseases, as well as education on how to care for and prevent future complications.

In April 2019, a Sharp nurse participated in a surgical service trip facilitated by Helps International, a community of volunteers dedicated to bringing agricultural and community development, education and health care to rural Guatemala. The Sharp

nurse spent 10 days working on the eye surgery team alongside various other medical professionals to perform oculoplastic (reconstructive procedures involving the orbit, eyelids, tear ducts and face), strabismus (crossed eyes) and cataract surgeries.

Another Sharp nurse accompanied a team of 25 medical professionals to the impoverished, indigenous community of Patzun, Guatemala through Friends With Purpose — a nonprofit organization dedicated to providing medical care and community development in underserved communities around the world. The team consisted of surgeons, physician's assistants, operating room technicians, nurses and autoclave technicians. For eight days in May, the volunteers provided surgical services to patients, many of whom had never received medical care.

In July 2019, Next Generation Mission partnered with Legacy Church San Diego and a Jamaican youth organization to provide help, entertainment and hope on a mission serving underprivileged residents of Montego Bay, Jamaica. A Sharp nurse accompanied a team consisting of church members, construction specialists, college students and musicians, who assisted with multiple projects, including construction of a small house; repairs at an orphanage; provision of music and entertainment at homes for underprivileged children, elderly, orphans and disabled people; and participation in a youth sports day.

Community Walks

Heart disease is the leading cause of death in the U.S. Sharp proudly supports the American Heart Association's (AHA) annual San Diego Heart & Stroke Walk, which promotes physical activity to build healthier lives, free of CVD and stroke. In FY 2019, more than 115 teams from across the Sharp system helped raise nearly \$234,000 for the walk, through activities such as auctions, prize drawings and a karaoke competition. In September, more than 1,000 employees, family members and friends represented Sharp during the walk at Balboa Park. For the past 23 years, Sharp has maintained its position as the first-place fundraising team in San Diego and, in 2019, was the third-place team in the AHA Western States Affiliate. To date, Sharp's fundraising efforts have raised more than \$3.5 million in support of the San Diego community through the AHA's Heart & Stroke Walk.

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 of all ages and skill levels to assist with a wide variety of programs, events and initiatives across the Sharp system. This includes devoting time and compassion to patients within Sharp's hospitals; assisting with community events for the general public; and support for annual golf tournaments, galas and other events to benefit Sharp's various foundations, including the Sharp HealthCare Foundation, Grossmont Hospital Foundation and Coronado Hospital Foundation.

On average, approximately 1,770 individuals actively volunteered at Sharp each month in FY 2019.⁶ This included more than 1,830 auxiliary members, thousands of individual volunteers from the San Diego community, and volunteers for Sharp's foundations. Throughout the year, volunteers contributed nearly 241,300 hours of service to Sharp and its initiatives.⁷ More than 20,170 of these hours were dedicated to activities in the community such as delivering meals to homebound seniors and assisting with health fairs and events.

Table 2⁸ 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 2⁹** displays the percentage of these volunteers by entity.

Table 2: Sharp HealthCare Volunteers and Volunteer Hours — FY 2019

Sharp HealthCare Entity	Average Active Volunteers per Month	Total Volunteer Hours
Sharp Chula Vista Medical Center	369	52,849
Sharp Coronado Hospital and Healthcare Center	74	9,684
Sharp Grossmont Hospital	629	94,763
Sharp HospiceCare	65	10,164
Sharp Metropolitan Medical Campus	600	71,241
TOTAL	1,737	238,701

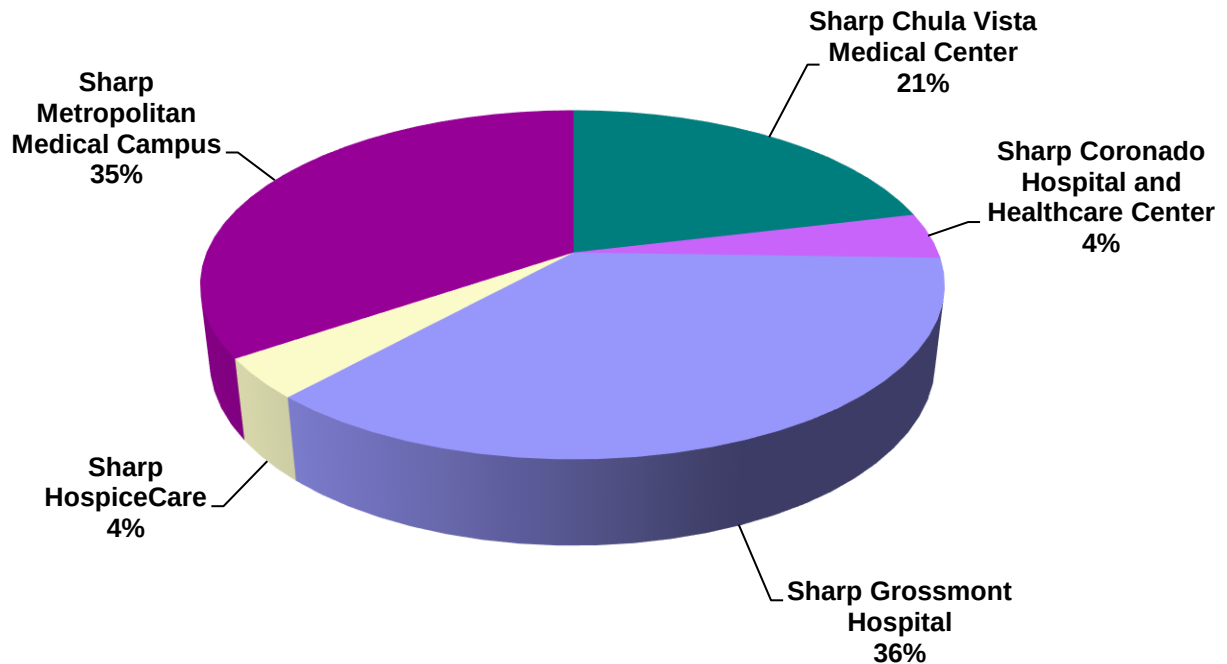
⁶ Total represents the average number of active volunteers at Sharp per month, including volunteers from SRSMG.

⁷ Includes the total number of volunteer hours at Sharp. Total excludes SRSMG volunteers.

⁸ Table displays the total number of volunteer hours and the average number of active volunteers at Sharp per month. Table excludes numbers for SRSMG.

⁹ Figure displays the percentage of the monthly average of Sharp volunteers by entity. Figure excludes numbers for SRSMG.

Figure 2: Sharp HealthCare Volunteers by Entity — FY 2019



Sharp offers a systemwide Junior Volunteer Program for high school students interested in giving back to their communities and exploring future health care careers. The program requires a high grade point average and a long-term commitment of at least 100 hours. The Junior Volunteer Program supports workforce development by introducing 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, students learn about merchandising, fundraising and retail sales. At the inpatient units, they are exposed to clinical experiences that provide a glimpse into potential future careers. Junior volunteers also have the opportunity to help raise funds for hospital programs and provide clerical support to hospital departments. In FY 2019, nearly 530 high school students contributed more than 54,800 hours to the Junior Volunteer Program. This included 90 junior volunteers who provided more than 5,660 hours of service at SMH and SMBHWN; more than 270 junior volunteers who dedicated more than 17,620 hours of service at SCVMC; and nearly 280 junior volunteers who contributed more than 33,700 hours of service at SGH.

In addition, Sharp's various entity boards include volunteers who provide program oversight, administration and decision-making regarding the organization's financial resources. In FY 2019, more than 120 volunteers contributed time to Sharp's boards.¹⁰

¹⁰ Sharp volunteers' time is not financially valued in this community benefit report.

Sharp employees also donate time as volunteers for the Sharp organization, including service on the Board of Directors of San Diego Imaging – Chula Vista, Sharp and Children’s MRI, Grossmont Imaging LLC Board, and Sharp and UC San Diego Health’s Joint Venture, which oversees the operations of their joint Liver Transplantation and Bone Marrow Transplant Programs.¹¹

Lastly, in September, SGH presented on the successful impact of volunteer-led events on employee engagement to volunteer program managers and leaders, community partners, and hospital professionals at the AHA’s Association for Health Care Volunteer Resources Professionals Annual Conference & Exposition. Held at the Hyatt Regency in Dallas, Texas, the conference theme was Educate, Empower and Inspire, which included education on the principles of volunteer administration in a health care institution, volunteer recruitment, volunteer programs and service, the effects of health care service delivery system redesign on the volunteer sector, and retail operations. At the same conference, the SGH Volunteer Auxiliary’s Thrift Korral Resale Boutique received the Retail Excellence Program Award — recognition of a retail shop in a health care setting that has achieved exemplary results, and has demonstrated substantial benefit to the recipients, the health care organization, the community and the volunteers providing the service.

The following section describes the achievements of various Sharp volunteer programs in FY 2019.

Sharp HospiceCare Volunteer Programs

Sharp HospiceCare provides a variety of volunteer training opportunities that offer valuable knowledge and experience to volunteers who are often working towards a career in the medical field. Volunteers are essential to the hospice team — they provide significant relief to those near the end of life and their families and caregivers, as well as valuable clerical and community support activities for the hospice organization.

Sharp HospiceCare trained 36 new volunteers in FY 2019. Volunteers completed an extensive 24-hour training program to confirm their understanding of and commitment to hospice care prior to beginning their volunteer activities. Volunteers provided a variety of nonmedical services at patient homes, SNF and hospitals, and Sharp HospiceCare’s LakeView, ParkView and BonitaView hospice homes. This included caregiver relief, companionship, light housekeeping, errands and participation in patient outings. In addition, volunteers provided administrative support and assistance with special-event planning and community outreach for Sharp HospiceCare.

Four teenagers participated in Sharp HospiceCare’s Teen Volunteer program in FY 2019. Through this program, teens completed special projects in Sharp HospiceCare administration, as well as performed activities at Sharp HospiceCare’s hospice homes, including patient grooming and hygiene tasks, as well as simply sitting with patients, listening to their stories and holding their hand. Additionally, 13 premedical students

¹¹ Sharp employees’ time on these boards is not financially valued in this community benefit report.

from SDSU, UC San Diego and CSUSM volunteered their 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 their final moments of life but did not have family members present. This included holding the patient's hand, reading softly to them and remaining by their side. Volunteers also comforted families who were present while their loved one passed away. Twelve volunteers were trained through the 11th Hour program in FY 2019.

In FY 2019, Sharp HospiceCare trained four volunteers in integrative therapies to promote relaxation and restful sleep and enhance the quality of life of 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.

Nine volunteers also supported 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 its volunteers to identify and support veteran patients and their caregivers. This includes the Vet-to-Vet Volunteer program, which pairs volunteers who have military experience with veteran patients receiving hospice or home-based palliative care. The program also honors veteran patients through special pinning ceremonies, during which volunteers present veterans with a WHV pin and a certificate of appreciation for their service. In FY 2019, Sharp HospiceCare held pinning ceremonies for more than 90 Sharp HospiceCare veteran patients and pinned 40 veteran community members during various community events.

Sharp HospiceCare continued to offer the Memory Bear program to support community members who have lost a loved one. 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 2019, volunteers dedicated nearly 3,000 hours to sewing more than 740 bears for approximately 250 families.

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

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 to patients, writing letters, taking walks, playing games, or simply engaging in conversation. In addition, CCP volunteers look out for patients' safety and notify medical staff when needs arise — a task that is usually performed by a family member or friend but often overlooked when patients lack a companion. In FY 2019, 6 CCP volunteers devoted more than 500 hours to approximately 115 patient visits.

The Cushman Wellness Center Community Health Library and SMH Volunteer Department continued to offer the Health Information Ambassador program in FY 2019. 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, which both helps to improve their health literacy and empower them to become involved in their own health care. Through the program, hospital volunteers are specially trained to become Health Information Ambassadors who are responsible for bringing diagnosis-related resources to patients and family members upon request. The consumer health librarian receives these requests, then uses reputable health websites to gather consumer-oriented information for the Health Information Ambassadors to return to the patient or their family members. Following their hospital stay, patients and families are invited to access an online database of reliable health information as well as to keep in touch with the library to ensure ongoing receipt of quality health information at home. Throughout the year, the Health Information Ambassadors visited more than 2,400 patient rooms and filled nearly 875 information requests. In addition, to address the vast number of Americans demonstrating basic or below health literacy, the consumer health librarian continued to provide a pamphlet titled Health Literacy 101 as a resource for the Health Information Ambassadors as they communicate with patients about their diagnosis. The pamphlet emphasizes the importance of verbally explaining a patient's diagnosis to them and describes a protocol to help improve their understanding of their medical information.

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 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 and Education 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 SMBHWN's NICU to promote the development of premature babies. At SMV and SMC, Arts for Healing offers several art and music therapy groups, including those for adolescents and adults receiving treatment for substance use, mood and anxiety disorders, as well as older adults receiving treatment for dementia or depression. In collaboration with SMMC's social workers and palliative care nurses, in FY 2019, Arts for Healing facilitated the donation of 50 handcrafted blankets and quilts for patients receiving end-of-life care at SMH.

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 activities in October and June; two Sharp blood drives; and Sharp's annual Disaster Preparedness Expo. In FY 2019, Arts for Healing cultivated a partnership with the San Diego Symphony resulting in a brass ensemble performance for patients at SMH and the Sharp Allison deRose Rehabilitation Center in September.

In FY 2019, Arts for Healing received a grant from the Music Man Foundation to support its efforts to promote and provide the healing power of music at SMMC. With this grant, SMMC expanded Arts for Healing by 24 hours per week, nearly doubling its music therapy services, as well as launched an evidence-based practice project to measure the impact of music therapy on patients.

In FY 2019, 50 volunteers and five staff members facilitated art and music activities for approximately 39,000 patients, visitors and staff through the Arts for Healing program. Since its inception, the time and talent of the program's dedicated volunteers, licensed therapists and staff have reached more than 178,000 individuals.

Other Sharp Community Efforts

In FY 2019, Sharp engaged in a variety of community service projects to improve the well-being of community members throughout San Diego. The following are just a few examples of these efforts.

According to the January 2019 *WeAllCount Annual Report*, there are more than 8,100 individuals experiencing homelessness in SDC, of whom more than 4,470 are unsheltered. For the second year in a row, the number of individuals experiencing homelessness in the region has decreased by nearly 6%. Since 2011, Sharp has sponsored the Downtown San Diego Partnership's Family Reunification Program, which serves to reduce the number of unsheltered individuals on the streets of downtown San Diego. Through the program, homeless outreach coordinators from the Downtown San

Diego Partnership's Clean & Safe Program identify unsheltered individuals who would 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 1,700 individuals in Downtown San Diego with friends and family across the nation. In addition, in 2019 Sharp provided funding that helped secure two new buses to support the Family Reunification Program.

Through the Giving Tree program at the Downtown Sharp Senior Health Center, community members and staff donate gift cards to make the holidays brighter for seniors in need. In December 2018, nearly 60 patients who visited the Downtown Sharp Senior Health Center left with a gift bag and a gift card to a local drug store, grocery store or restaurant.

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 children develop to their fullest potential. In FY 2019, the holiday bike giveaway provided bicycles as holiday gifts to eight children of the hospital's cancer patients.

The SGH Engineering Department led a variety of volunteer initiatives in FY 2019. For the past nine years, the SGH Engineering Department's landscaping team and the hospital's Auxiliary have collaborated with local businesses to bring The Shirt Off Our Backs Program to community members in need during the holidays. Through the The Shirt Off Our Backs 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 2019, volunteers filled three trucks with donated food and other essential items, including 80 hygiene kits (shampoo, soap, wipes, toothbrushes, etc.), 200 handmade sandwiches and 150 water bottles as well as clothing, socks, shoes, toys, towels, blankets, pet food and other household items.

The SGH Engineering Department continued to provide 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 landscaping 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. Each week during FY 2019, the team delivered three vases of flowers along with an inspirational quote, as well as at least six vases during peak flower season and upon additional requests. In addition, nearly 40 vases of flowers were delivered to new mothers staying 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 fundraising events benefitting seniors in SDC's east region, as well as offering roses for SGH's annual patient remembrance service. Now in its ninth 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 and community members.

The SGH Engineering Department further extends the spirit of caring through the creation of Cheers Bouquets for patients or visitors who appear to need encouragement, cheer or get well wishes, as well as to recognize patient birthdays, anniversaries and other special moments. The engineers quickly assemble and deliver a bouquet of balloons, ribbon, a Sodexo stuffed bear or football, and a chocolate pastry created by SGH and Sodexo chefs. In FY 2019, the team assembled up to four Cheers Bouquets per month, including bouquets for more than 40 new fathers on Father's Day weekend.

In collaboration with Christie's Place — a nonprofit organization that supports women, children and families affected by human immunodeficiency virus or AIDS — since 2014, SGH nurses have engaged employees throughout the hospital in an annual backpack drive to prepare children and teens for academic success. Team members from a variety of departments help assemble backpacks with school supplies and personal notes wishing the students all the best for the coming school year. Each year, the team distributes more than 160 backpacks to youth during a back-to-school party at Balboa Park.

For more than 30 years, SGH has held 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 that has been vetted and referred by local service agencies. Using primarily their personal resources, as well as support from occasional fundraisers, hospital staff purchase special holiday gifts for the families, including grocery gift cards, clothing, toiletries, household items, movie tickets, bicycles, children's toys and a holiday meal. During the 2018 holiday season, Santa's Korner served more than 120 individuals from 36 families.

All Ways Green Initiative



Sharp has a long-standing dedication to minimizing adverse environmental impacts by creating and promoting healthy, green practices for employees, physicians and patients. Through education, outreach and collaboration with San Diego's earth-friendly businesses, Sharp works to identify best practices in sustainability, and implement and reduce the costs of these initiatives. Sharp's Environmental Policy guides the identification and implementation of green practices within the health care system, while its All Ways Green initiative fosters a culture of environmental responsibility throughout the organization and the San Diego community.

Sharp's systemwide All Ways Green Committee spearheads the organization's sustainability efforts. Sharp's environmental initiatives are concentrated in five domains: (1) energy efficiency, (2) water conservation, (3) waste minimization, (4) sustainable food practices and (5) commuter solutions. Specialized committees are responsible for each of these domains (see **Table 3**), while Green Teams at each Sharp entity are responsible for sustaining the existing initiatives and developing new programs to educate and motivate employees to conserve natural resources.

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 Sharp-developed report card which trends each domain's annual performance against a baseline. The report card shows where Sharp has achieved desired results as well as identifies opportunities for improvement in order to strategically plan initiatives that engage team members in reducing the organization's carbon footprint. Sharp's accomplishments and goals within each All Ways Green committee/subcommittee and domain are highlighted in the following pages.

Natural Resource Conservation

According to the EPA, health care organizations spend over \$6.5 billion on energy each year. Health care organizations rank as the country's second most energy intensive industry, with hospitals using roughly three times the amount of energy as a typical office building. In the U.S., hospital water use constitutes 7% of the total water used in commercial and institutional buildings. 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.

A 2017 World Health Organization report encouraged hospitals to proactively address the environmental footprint of the health care sector by reducing power consumption and utilizing alternative sources of energy generation. Sharp's Natural Resource Subcommittee has addressed this call by implementing numerous conservation initiatives, including infrastructure changes as well as adopting best practices to ensure its facilities are optimally operated while monitoring and measuring energy and water consumption. Sharp's 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.

During California's recent 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 using water wisely. To align 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 through its water filtration system, more than 71,000 kilowatt-hours (kWh) of electricity through the use of energy-efficient lighting, and over 700,000 therms of gas by using energy-efficient laundry equipment.

Sharp was one of the first health care organizations in the country to commit to environmental best practices in IT. In 2013, Sharp became the first health care system in SDC to implement a computer management program that places computers and monitors into a low-power sleep mode after a one-hour period of inactivity. The program has been installed on all Sharp computers resulting in annual energy savings in excess of 1.6 million kWh.

In 2015, Sharp implemented the TSO Logic software program, which identifies inefficient, energy-consuming hardware for replacement or elimination. Sharp's hardware electrical consumption has decreased by more than 5% each year following implementation.

Since 2016, the SGH campus has been operating essentially off the electrical grid due to the Brady Family CoGen, its state-of-the-art Central Energy Plant (CEP). The CEP includes a 52-ton, 4.4-megawatt combustion turbine generator that produces enough electricity to meet up to 95% of the hospital's needs while reducing greenhouse gases by up to 90%. In addition to providing electrical power, the CEP converts heat to steam to operate medical equipment, space heating, and air conditioning as well as provides hot and cold water to the hospital. The CEP is fully compliant with state and local air emissions standards.

In 2017, Sharp installed new software on 10 air conditioning units in the data center at its corporate office, resulting in more efficient cooling and a 16% decrease in power usage. In addition, new virtual environments replaced more than 150 devices in the data center, further reducing power and cooling needs for the building.

In 2018, Sharp opened the new Copley building which houses administrative space for SRSMG, as well as the complex, consolidated Sharp HealthCare Laboratory that services the entire Sharp system. To reduce the Copley building's CO₂ emissions, Sharp restored the original fuel cell that came with the building upon purchase, making it the first Sharp location to use fuel cell energy. A fuel cell uses the chemical energy of hydrogen or another fuel to produce clean and efficient electricity, which could help reduce the Copley building's CO₂ emissions by more than 90% while self-generating over 3 million kWh of electricity per year.

In 2019, fluorescent light bulbs were replaced with high-performance light-emitting diode (LED) bulbs at multiple Sharp sites as part of a systemwide LED lighting retrofit project.

The new LED lighting is projected to decrease energy usage by 55%. It is also rated to meet and exceed the requirements established by California's Title 24 Building Energy Efficiency Standards and the federal Occupational Safety and Health Administration. Since implementation, retrofits have been completed at SRSMC, SCVMC, SMMC, SCHHC and Sharp's system offices.

Also in 2019, a set-point temperature (an agreed upon temperature that a building will meet) project was completed throughout Sharp's facilities in order to standardize, optimize, maintain, and enforce temperature and lighting schedules during occupied and unoccupied hours. Research indicates that increasing cooling temperature set-points and decreasing heating temperature set-points by two degrees Fahrenheit decreases energy use by approximately 1% and 5%, respectively.

In January 2020, Sharp will open the new Ocean View Tower on the SCVMC campus which has been designed to meet the organization's sustainability goals. The Ocean View Tower will be approximately 12% more efficient than Cal-Green requirements (California's mandatory green building standards code) and is projected to reduce annual CO₂ emissions by nearly 250,000 lbs. compared to buildings of similar square footage. This will be achieved through the installation of high-efficiency boilers, the use of more efficient heating, ventilation and air-conditioning systems (HVAC) in non-patient care areas, and the use of LED lighting during the approximately three-year construction process. In addition, the installation of a cool roof (a roof designed to reflect more sunlight and absorb less heat than a standard roof) on the Ocean View Tower will further reduce energy consumption.

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% of similar buildings nationwide without sacrifices in comfort or quality. According to the EPA, buildings that qualify for ES certification typically use 35% 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 earned the ES certification in 2019. SCHHC previously earned ES certification in 2007, each year from 2010 to 2013, and in 2017 and 2018. SCVMC previously earned ES certification from 2009 to 2011, as well as in 2013 and from 2015 to 2018. In addition, the SRSMC Downtown office building meets Leadership in Energy and Environmental Design (LEED) silver certification specifications, making it one of the first medical office buildings of its kind in SDC.

SMMC participates in the San Diego Higher Opportunity Projects and Programs Retrocommissioning Program (HOPPs RCx), which is funded by California utility customers and administered by SDG&E. Through HOPPs RCx, qualified facilities receive a free building analysis to identify energy-saving opportunities, financial incentives to implement energy-saving measures and staff training on post-installation

maintenance. HOPPs RCx projects typically reduce building energy costs by 5 to 20% with financial returns on investment averaging less than two years.

In 2017, Sharp received the Environmental Stewardship Award in the large business category from the BBB serving San Diego, Orange and Imperial Counties. The award recognizes businesses that increase efforts toward a more sustainable footprint and green initiatives. Also in 2017, Sharp was named San Diego's Grand Energy Champion by SDG&E in recognition of its continuous commitment to energy efficiency. The award specifically noted the particular challenges faced by health care organizations trying to conserve 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. See **Table 4** for a listing of Sharp's natural resource conservation efforts.

Table 4: Natural Resource Projects by Sharp HealthCare Entity

Natural Resource Initiatives	Entity							
	SCHHC	SCVMC	SGH	System Offices	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	✓	✓	✓	✓	✓	✓	✓	✓
HVAC Projects	✓	✓	✓	✓	✓	✓	✓	✓

Lighting Retrofits to LEDs	✓	✓	✓	✓	✓	✓	✓	✓
Occupancy Sensors	✓	✓	✓	✓	✓	✓	✓	✓
Mist Eliminators	✓	✓	✓	✓	✓	✓	✓	✓
Plumbing Projects to Address Water Leaks	✓	✓	✓	✓	✓	✓	✓	✓
Thermostat Control Software & Temperature Set-Point Projects	✓	✓	✓	✓	✓	✓	✓	✓
Filtered Water Dispensers to Replace Plastic Water Bottles	✓	✓	✓	✓	✓	✓	✓	✓
Water-efficient Dishwashing/Equipment Washing/Chemical Dispensing System	✓	✓	✓			✓		

Waste Minimization

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

In FY 2019, Sharp's waste minimization initiatives — including recycling, donating, composting, reprocessing and reusing programs — have helped divert more than 2,170 tons of waste. See **Table 5** for Sharp's waste diversion rates in FY 2019.

Sharp's Waste Minimization Committee provides oversight of systemwide waste minimization initiatives. See **Table 6** for specific waste minimization efforts occurring across the organization. In addition, Sharp achieved the following in waste minimization in FY 2019:

- Sharp's single-waste stream recycling program diverted more than 2.5 million lbs. of trash from the landfill, including non-confidential paper, cardboard, exam table paper, plastic, aluminum cans and glass containers.
- Sharp collected, reprocessed and sterilized 106,000 lbs. of surgical instruments for further use.
- Sharp donated more than 146,000 lbs. of computer equipment in place of utilizing e-waste disposal.
- Sharp diverted more than 84,000 lbs. of plastic and cardboard from the landfill through the use of reusable sharps containers.

- Sharp has significantly reduced paper waste through electronic bill pay, cloud-based document storage, and office supply reuse and repurpose programs.
- SRSMC Sorrento Mesa and Mira Mesa locations stopped purchasing cups and paper goods for breakrooms and encourages staff to bring their own reusable containers to minimize waste.
- Sharp continued to participate in San Diego County's Hazmat Stakeholder meetings to discuss best practices for medical waste management with other hospital leaders in SDC.

Sharp was named the 2017 Outstanding Recycling Program by CRRA 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.

Table 5: Sharp HealthCare Waste Diversion — FY 2019

Sharp HealthCare Entity	Total Waste Per Year (lbs.)	Diverted Waste Per Year (lbs.)	Percent Diverted
Sharp Chula Vista Medical Center	2,704,702	613,897	22.7%
Sharp Coronado Hospital and Healthcare Center	1,550,841	348,539	22.5%
Sharp Grossmont Hospital	4,644,954	731,831	15.8%
Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women & Newborns	6,327,171	1,477,862	23.4%
Sharp Mesa Vista Hospital	613,948	177,186	28.9%
Sharp Rees-Stealy Medical Centers	1,838,897	333,916	18.2%
System Offices	1,840,544	658,632	35.8%
Total Sharp HealthCare	19,521,057	4,341,863	22.2%

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's commitment to sustainable food practices began more than eight years ago with a strategy to increase the selection of nutritious, organic and sustainable food items at each of its facilities. In collaboration with Sodexo — its food service partner — Sharp remains an innovator and early adopter of a variety of sustainable and healthy food practices that enhance the health of patients, employees, the community and the environment. Sharp's Food and Nutrition Best Health Committee supports these efforts by promoting food sustainability awareness throughout the health care system and within the greater San Diego community.

Sharp's Mindful food program is a key component of the organization's effort to increase the consumption of healthy foods in its cafeterias while reducing its carbon footprint. The Mindful food program includes the following elements: reduced meat consumption through the promotion of Meatless Mondays; increased purchases of beef and poultry raised without the routine use of antibiotics; menus that highlight wellness options; increased use of locally sourced, fresh, organic and sustainable food; food composting; increased recycling activities; the promotion of sugarless beverages; the use of post-consumer recycled packaging solutions; and 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.

Up to 40% of the food produced in the U.S. is never eaten and instead goes to waste. Sodexo teams at SCMVC and SMH use Leanpath food waste prevention technology to combat food waste and facilitate compliance with new composting and recycling laws. Leanpath provides an advanced food waste tracking software system to help kitchen teams measure food prior to discarding or donating in order to prevent pre-consumer food waste (waste generated in the kitchen) as well as post-consumer food waste (food

the consumer throws away) from entering the landfill. In addition, the use of self-audit checklists help kitchen teams reduce waste between food preparation and cleanup.

Since 2016, SMH, SMV, and SGH have collaborated with the San Diego Rescue Mission and the Food Bank on 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's partnership with FSD and SCHHC's partnership with the Food Bank makes Sharp the first health care system in the county to donate food to San Diegans at such a wide-scale level. Food recovery efforts benefit the local community in two ways: one, by increasing availability of nutritious meals to people with barriers to healthy food access; and two, by enabling Sharp to save on waste disposal costs and keep food out of landfills. In 2019, Sharp donated more than 30 tons of food to these safety-net organizations.

All Sharp hospitals participate in food waste composting. In 2012, SMMC became the first hospital campus to participate in the City of San Diego's food scraps composting program. In 2017, SCVMC began composting in partnership with the City of Chula Vista. That same year, SGH collaborated with Resource Management Group recycling center to begin a composting program, which expanded to SCHHC in September 2018. Through these programs, food waste at these Sharp locations is processed into a rich compost product, which is 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. In FY 2019, Sharp's composting programs diverted nearly 500,000 lbs. of waste from landfills.

Further, in FY 2019, Sharp's use of imperfect produce in its kitchens — produce that is aesthetically less-than-perfect yet still nutritious and usable — prevented the waste of more than 1,600 lbs. of food. SCHHC, SMH and SMV also continued to operate the first county-approved hospital-based organic gardens, produce from which is used in meals served at the hospitals' cafés.

Sharp is in the process of eliminating oil fryers in its kitchens, with healthier methods of food preparation already in use at SCHHC and SMMC. In addition, in FY 2019, SGH and SCVMC recycled more than 16,000 lbs. of used cooking oil for conversion to eco-friendly biodiesel fuel through Filta, an environmental kitchen solutions service.

Sharp is an active member of San Diego's Nutrition in Healthcare Leadership Team. The group of more than a dozen SDC hospitals and health care systems collaborates to ensure that all food and beverages served by the county's hospitals are healthy, fresh, affordable, and produced in a manner that supports the local economy, environment and community. In addition, Sharp continues to participate in Practice Greenhealth's Healthier Food Challenge. Through the program, Sharp commits to reducing its purchase of animal protein and increasing its purchase of locally grown food and sustainable animal proteins (grass-fed, antibiotic- and hormone-free beef and cage-free

chicken). In FY 2019, Sharp reduced animal protein purchases by almost 32%, and increased sustainable animal protein purchases by more than 60%, compared to FY 2014.

As a recipient of the 2018 EMIES UnWasted Food award, Sharp was recognized by the San Diego Food System Alliance for its collaboration as an innovator and early adopter of food waste prevention and recovery programs. The award is designed to honor the 1996 Federal Bill Emerson Good Samaritan Food Donation Act, which encourages food donation to nonprofit organizations by protecting donors from liability. Sharp previously earned this award in 2016.

Sharp and Sodexo remain committed to food sustainability efforts that improve both individual and environmental health. 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	SRSMBG
Report Card and Indicators Tracking	✓	✓	✓	✓	✓	✓	✓	✓
Food Recovery	✓		✓			✓	✓	
Imperfect Produce		✓					✓	
Composting	✓	✓	✓			✓	✓	
Oil Recycling		✓	✓					
Fryers Eliminated	✓					✓	✓	

Commuter Solutions

Sharp supports ride sharing, public transit programs and other transportation efforts to reduce CO₂ emissions generated by the organization and its employees. Sharp's Commuter Solutions Subcommittee develops innovative and accessible programs and marketing campaigns to educate employees on the benefits of ride sharing and other environmentally friendly modes of transportation. Sharp's ongoing efforts to promote alternative commuter choices in the workplace have led to its recognition as a SANDAG

iCommute Diamond Award recipient consistently between 2001 and 2010, and again from 2013 to 2019.

Sharp replaced high 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. Sharp was the first health care system in San Diego to offer electric vehicle chargers (EVCs), helping to reduce carbon emissions and dependence on petroleum by supporting the creation of a national EVC infrastructure. As part of the nationwide Electric Vehicle Project, Sharp has installed EVCs at its corporate office location, Copley building, SCVMC, SMMC and some SRSMC sites. Sharp will continue to expand EVCs at its other entities.

Sharp encourages employees to participate in alternative commuting methods such as public transit, carpooling, vanpooling, biking, walking and telecommuting. Employees are encouraged to participate in SANDAG's iCommute program, which provides ride-sharing matches based on a commuter's work schedule, departure location and destination. In addition, Sharp has 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 becoming stranded at work. Sharp employees can also purchase discounted monthly bus passes. Employees can monitor the cost and carbon savings from their alternative commuting methods by logging their miles in an internal tracking tool on Sharp's intranet site.

Sharp provides bike racks at its entities as well as offers 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 SANDAG's annual Bike to Work Day event each May. In 2019, Sharp employees were among nearly 10,000 San Diegans who opted to ride their bike to work. During the event, Sharp hosted several pit stops at various sites throughout SDC where they offered bikers free food and beverages to fuel their ride.

In FY 2019, Sharp recognized National Rideshare Week during the first week of October by encouraging employees to replace their solo drive with a greener commuting choice. The annual effort is instrumental in helping reduce traffic congestion and greenhouse gas emissions throughout SDC.

Furthering its commitment to improving commuting options for its employees, Sharp supplies and supports the hardware and software for more than 700 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 IT, transcription and human resources. Sharp also offers compressed work schedules to eligible full-time employees, which enables them to complete the standard eighty-hour biweekly work requirement in less than 10 workdays. Telecommuting and compressed work schedule options can help Sharp to reduce CO₂ emissions, lower commuting costs and enhance employee morale.

Community Education and Outreach

Sharp actively educates employees and the community about its sustainability efforts. In addition to the following activities, Sharp's ongoing community education and outreach efforts are highlighted in **Table 8**.

In April, Sharp held its annual systemwide All Ways Green Earth Week celebration, including Earth Fairs at each Sharp hospital and system office. Employees learned how to decrease their water, energy and resource consumption, divert waste through recycling, and reduce their carbon footprint through alternative commuting methods. 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. In addition, Sharp publishes e-newsletters that highlight the organization's environmental accomplishments and remind employees about proper workplace recycling, carpooling, and energy and water conservation.

In October and April, Sharp held community recycling events 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.

**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 2019, Sharp provided disaster preparedness education to staff, community members and community health professionals, as well as collaborated with numerous state and local organizations to prepare the community for a potential emergency or disaster.

Sharp's disaster preparedness team offered several training programs to first responders and community health care providers throughout SDC. This included a standardized, on-scene federal emergency management training for hospital leaders 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. A training course was also offered on the WebEOC (Web Emergency Operations Center) crisis information management system, which provides real-time information sharing between health care systems and outside agencies during a disaster. In addition, in June Sharp's disaster leadership provided education about personal disaster preparedness at the County of San Diego's Vital Aging 2019 event at the San Diego Convention Center.

In FY 2019, Sharp's disaster 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's disaster leadership also participates in the County of San Diego Healthcare Disaster Coalition — a multi-agency group of representatives who assist the county in improving mitigation, preparedness, response and recovery activities during emergencies and disasters. As part of this coalition, in FY 2019, Sharp's disaster

leadership led a subcommittee to review hospital emergency food and water supply planning and identify tools and best practices to disseminate to community health care professionals. Further, Sharp's disaster leadership continued to participate in the Statewide Medical Health Exercise Program. This 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 — is designed to guide local emergency planners in developing, planning and conducting emergency responses.

Through participation in the DHHS Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership. The partnership includes Sharp as well as SDC hospitals, health clinics and other health providers. 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. In FY 2019, the Sharp HealthCare HPP Disaster Preparedness Partnership continued to network as well as provide resources, trainings and information to prepare non-hospital entities in SDC for a collaborative response to an emergency or disaster.

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

At any time, global endemic events have the potential to impact public health in SDC. Sharp continues to collaborate with community agencies, County of San Diego Public Health Services and first responders to deliver uninterrupted care to the community in the face of public health threats.

Sharp Equality Alliance

Sharp recognizes the power of bringing individual differences, cultures and backgrounds together to create a stronger whole. Working as a diverse team of people strengthens Sharp's ability to become the best place to work, practice medicine and receive care. In 2014, a network of Sharp employees formed the Sharp Equality Alliance (SEA) to serve as a catalyst for Sharp's dedication to embracing diversity and celebrating equality. The SEA works to: increase awareness of diverse cultures within Sharp's workforce; focus on the influence of employees' individual backgrounds and strengths; and partner across the Sharp system and with the San Diego community to achieve equality for all. The SEA accomplishes these goals by engaging Sharp's workforce in education and dialogue around diversity and equality, as well as through participation in community events that promote inclusivity and acceptance.

The SEA encourages diversity awareness among Sharp employees through the communication of educational articles and resources that emphasize the importance of mutual respect in the workplace and appreciation for each team member's unique talents and perspectives. In addition, the SEA promotes the dignified and sensitive treatment of each Sharp patient in a manner that responds to individual cultural health beliefs, preferences and communication needs to ensure health equity. The SEA also provides resources and recommendations to Sharp leadership to engage them in the process of ensuring inclusive values within the organization.

In 2017, the SEA hosted its first Quarterly Breakfast Forum, which welcomed all Sharp employees and Sharp-affiliated physicians to learn and engage in meaningful conversations about current and relevant topics regarding diversity and inclusion. Since then, the SEA has organized eight Quarterly Breakfast Forums addressing the following subjects: Celebrating Human Rights Day – Promoting Equality, Justice and Human Dignity; Chaldean Life Experience in America; Hunger and Health – The Intersection of Food Insecurity, Health and Health Care Utilization; Transgender-Affirming Health Care; Disparities in Cardiovascular Disease – Where Are We Now and What Can We Do?; Mental Health Challenges for Adolescents and Young Adults: Addressing Stigma and Increasing Access; Seniors and Mental Health; and Weight Bias and the Stigma of Obesity.

In addition, the SEA identifies and creates opportunities to publicly demonstrate Sharp's commitment to diversity and inclusiveness. Since its inception, the SEA has represented Sharp at numerous community events that support equality and acceptance for a variety of populations. Events have included the National Alliance on Mental Illness' (NAMI's) 2018 NAMIWalks/Runs San Diego County, as well as both the 2018 and 2019 Dr. Martin Luther King Jr. Parades and San Diego Pride Parades.

The SEA looks forward to expanding its reach across the Sharp system, as well as its presence in the San Diego community. In FY 2020, the SEA plans to integrate diversity training into Sharp's workforce education and compliance programs in order to continue strengthening cultural competency, inclusive thinking and workplace sensitivity among team members. In addition, the SEA will host presentations that engage the public — including community members, academic and health care institutions, and other interested community groups — in collaborative discussion and idea-sharing surrounding various diversity issues. The SEA will also continue to promote Sharp's commitment to diversity and equality at community events, including NAMIWalks/Runs San Diego County, the Dr. Martin Luther King Jr. Parade, the Dr. Martin Luther King Jr. Human Dignity Award Breakfast and the San Diego Pride Parade.

Employee Wellness: Sharp Best Health¹²

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 initiatives to improve the overall health, safety, happiness and productivity of Sharp's workforce. Each Sharp hospital, SRSMG site and system office 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 2019, nearly 9,000 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. This includes 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.

The AHA recommends walking 10,000 steps a day to promote overall health. To align with this goal, in FY 2019, Sharp Best Health introduced a new app-based program called Move More Rewards, which encourages team members to use digital activity monitors to track their steps, distance, calories burned, sleep patterns and more. By syncing statistics to computers or smartphones, these devices help inspire team members to achieve their personal fitness goals. Throughout the year, Sharp Best Health held both entity-specific and systemwide activity challenges to encourage team members to set personal goals and compete for prizes. During FY 2019, more than 2,300 participants across the Sharp system participated in Move More Rewards, walking an average of 8,900 steps per day. In addition, Sharp's acceptable footwear policy permits employees to wear walking shoes each day of the week at Sharp system offices to promote safety along with increased physical activity.

Sharp Best Health participated in community health events throughout the year, including American Heart Month, Breast Cancer Awareness Month, National Nutrition Month, National Health and Fitness Month, National Fresh Fruits & Vegetables Month, National Safety Month, National Stress Management Month and National Walking Month. In addition, Sharp Best Health encouraged employees to hold walking meetings as a heart-healthy alternative to standard meetings. Sharp Best Health also partnered with the San Diego Humane Society to provide free animal-based stress relief events at

¹² Sharp Best Health programs are not financially valued in this community benefit report.

select Sharp locations. The events provided valuable human interaction for sheltered dogs and puppies, while promoting stress relief and physical activity for Sharp employees.

Sharp Best Health provided on-site health and fitness classes and workshops for employees throughout FY 2019. This included workshops led by registered dietitians (RDs) on topics such as engaging in and sustaining healthy eating habits, strategies for managing cravings, intuitive eating, calorie counting, and the impact of sleep, stress and aging on health. Sharp Best Health also offered recipe demonstrations to encourage healthy meal preparation at home. Educational programs also included classes on cultivating compassion for the self and others, sound therapy, lifestyle habits to preserve and gain energy, stress management techniques and the importance of taking micro-breaks. Fitness offerings included softball, yoga, Zumba, weight and kettlebell training, mat Pilates and aquatics classes. In addition, Sharp Best Health encouraged employees to stay active outside of work by offering discounted membership to fitness centers in San Diego and nationwide through the new Active&Fit Direct program, as well as discounted access to a subscription-based online fitness program called Studio SWEAT onDemand.

Throughout FY 2019, Sharp Best Health offered a variety of integrative therapies to employees to help promote self-care practices. In partnership with the Sharp Coronado Hospital Sewall Healthy Living Center, all Sharp employees were offered free or low-cost wellness services, including auricular acupressure, chair massage, and healing touch — an energy therapy in which practitioners consciously use their hands in a heart-centered, intentional way to support and facilitate physical, emotional, mental and spiritual health. Sharp Best Health also facilitated several Relax & Refresh events throughout the year. The events provided distraction-free, calming environments, including soft music, aromatherapy and other activities, to increase employees' sense of calm and balance. In addition, Sharp Best Health offered employee wellness fairs throughout the year, featuring health screenings, educational booths, wellness workshops, healthy living strategies, mindfulness drop-in sessions and integrative therapies.

Sharp Best Health offered employees a new wellness initiative in FY 2019 called the Better YOU Series. The four-week, online-based learning series focused on multiple areas of well-being such as mindfulness, organization, gratitude, sleep, habit formation and resilience. Topics included: the Better Habits Project, which provides effective, evidence-based techniques to build and sustain good habits; the Better Balance Project, which emphasizes making small, yet powerful lifestyle adjustments to achieve a better sense of well-being; the Better Sleep Project, which focuses on identifying sleep-related challenges and practical strategies for improvement; and the Better Resilience Project, which provides healthy strategies to cope with stressful situations and avoid burnout or fatigue. Sharp Best Health also continued to produce a weekly podcast called "Coffee Break with Sharp Best Health," which features group discussions and interviews with health and wellness experts on a variety of health topics.

In FY 2019, Sharp Best Health continued to focus beyond nutrition and physical fitness to support the overall health and happiness of employees by offering a digital mindfulness and yoga training platform from the vendor Whil. Through more than 1,200 mindfulness and yoga sessions of various length and skill level, Whil helps employees manage stress and improve their well-being while moving at their own pace and setting their own goals. Whil has also been used during staff meetings, department huddles and shift changes throughout the Sharp system. Since Whil's launch, more than 2,500 employees have become active users. In addition, Sharp Best Health has collaborated with certified mindfulness facilitators to provide on-site mindfulness programming at six Sharp locations, including both series and drop-in classes, mindfulness clubs, and mindful lunching events.

Throughout FY 2019, Sharp Best Health continued to provide Wellness on Wheels to help Sharp employees access health resources and programs during work hours. Wellness on Wheels involves a Sharp Best Health committee member rounding in staff lounges, hospital units and nursing stations to promote a new and relevant health-related subject each month. Each session includes an educational component, an interactive activity and a call to action. Wellness on Wheels gives employees access to quick and relevant wellness resources where they work, accommodating their unique schedules and dedication to patient care. During FY 2019, Wellness on Wheels topics included flu knowledge, self-care for stress relief and relaxation, employee wellness offerings, essential oils, mindful eating, yoga poses for relaxation, heart health, nutritious snacks, promoting physical activity and common workplace safety hazards, including safe handling of sharp objects.

In 2019, Sharp continued its partnership with Farm Fresh to You to give Sharp employees discounted access to customizable boxes of organic, locally grown produce. 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. In FY 2019, Sharp Best Health partnered with First Class Vending to provide "micro markets" for Sharp sites experiencing challenges with access to healthy food, such as locations without café or cafeteria services, and those that lack healthy options for night shift staff. The new micro markets have increased the availability of healthy food, beverage and snack items for clinical teams regardless of where and when they work.

WW (formerly 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 other healthy lifestyle behaviors. Sharp Best Health continued its partnership with WW to offer employees a subsidized membership rate to any WW 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 2019, approximately 510 Sharp employees were actively using WW. Since the program's inception in 2016, participating employees have lost an estimated 4,800 lbs.

In addition to providing WW at work, during FY 2019, Sharp Best Health continued to partner 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 RD to ensure continued support and accountability. During FY 2019, 147 Sharp employees completed the New Weigh program.

Nearly 1 in 6 community members face the threat of hunger every day in SDC. Each month, the Food Bank distributes food to approximately 350,000 children and families, active-duty military and fixed-income seniors living in poverty. For more than a decade, Sharp has used holiday food drives to support the Food Bank's tremendous efforts, and in recent years, Sharp Best Health has transformed these events into superfood drives. Throughout the 2018 holiday season, Sharp team members were encouraged to donate nutritious and sustaining superfoods, helping to ensure the accessibility of healthy food to San Diegans in need. Through the six-week holiday superfood drive, locations throughout the Sharp system collected more than 3,900 lbs. of nutritious food for the Food Bank. In addition, Sharp team members donated nearly \$3,200 through a 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 holidays.



Addressing the Community's Needs

In fiscal year 2019, 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 2019, addresses the following community needs: access to care and social support for patients facing inequities; education, screening and support programs for community members, including programs focused on special populations and health conditions; community flu vaccination clinics; end-of-life support services for 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

Being an exceptional community citizen means being an ambassador for fellow community members and our environment. It's about making a difference in the lives of others and for further generations to come. — Alison Fleury, Senior Vice President of Business Development, 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 (FY) 2019 (October 1, 2018, through September 30, 2019). 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 2019*

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, screening and support programs for various health needs, such as heart and vascular disease, stroke, cancer, diabetes, obesity, preterm delivery, unintentional injuries, behavioral health and substance use
- 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 for community health care professionals
- Student and intern supervision and support
- Collaboration with local schools to promote interest in health care careers
- Cancer patient navigation services and participation in clinical trials
- Women's and prenatal/postnatal health services, support and education
- Behavioral health and substance use education, screening and support for the community — including seniors and transitional age youth

Highlights of Community Benefit Provided by Sharp in FY 2019

The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2019.

- **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, County Medical Services (CMS), Civilian Health and Medical Program of the United States 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, telephone reassurance calls, education, support and other programs 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; support services for patients experiencing homelessness and other assistance for vulnerable community members, including participation in 2-1-1 San Diego's Community Information Exchange.
- **Other Benefits for the Broader Community** included health education and information provided both on-site and in partnership with community-based organization; 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 2019

In FY 2019, Sharp provided a total of **\$462,155,993** 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 2019¹³

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2019 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹⁴	\$114,640,309
	Shortfall in Medicare ¹⁴	287,489,453
	Shortfall in CMS ¹⁴	7,847,426
	Shortfall in CHAMPVA/TRICARE ¹⁴	10,680,124
	Shortfall in Workers' Compensation	34,161
	Charity Care ¹⁵	23,858,025
	Bad Debt ¹⁵	6,515,480
Other Benefits for Vulnerable¹⁶ Populations	Patient transportation and other assistance for the vulnerable ¹⁷	3,430,960
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 ¹⁷	1,844,731
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ¹⁷	5,815,324
TOTAL		\$462,155,993

¹³ Economic value is based on unreimbursed costs.

¹⁴ 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.

¹⁵ 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.

¹⁶ "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs. <https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Data-And-Reports/Documents/Submit/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Legislature-Community-Benefit.pdf>.

¹⁷ 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 2019**

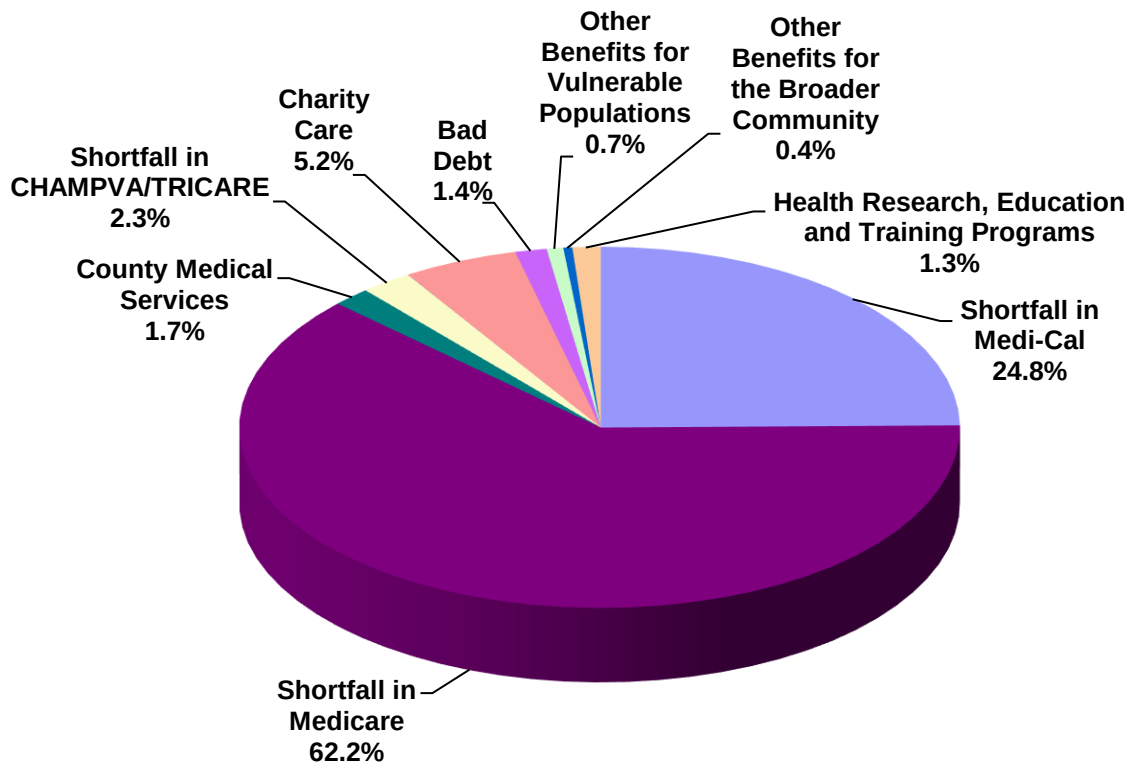


Figure 4: Sharp HealthCare Medical Care Services — FY 2019

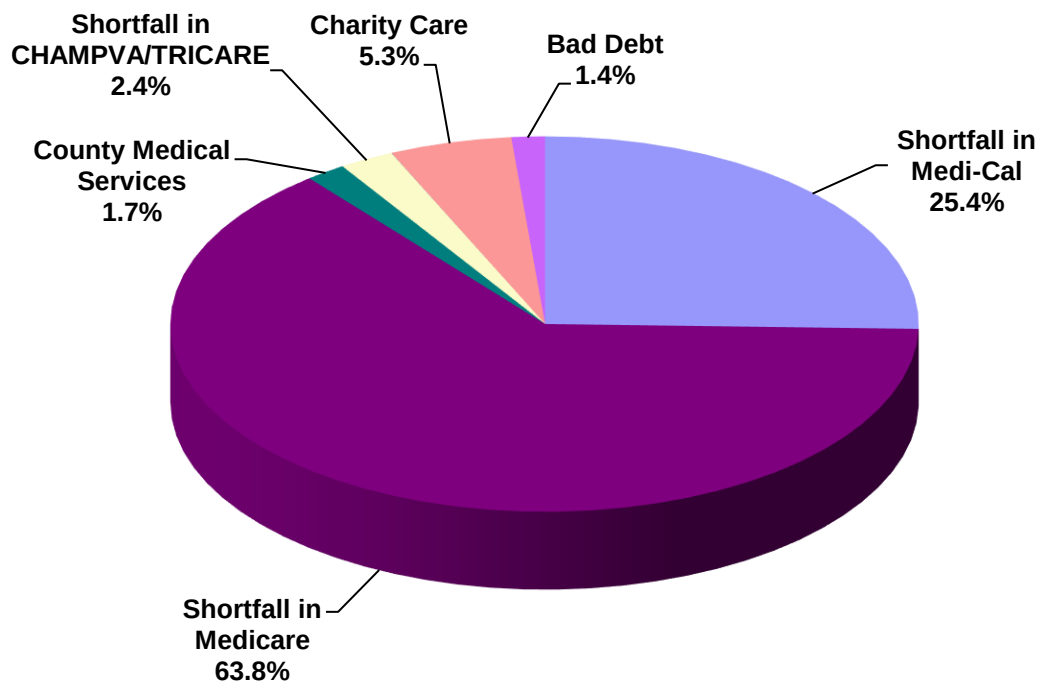
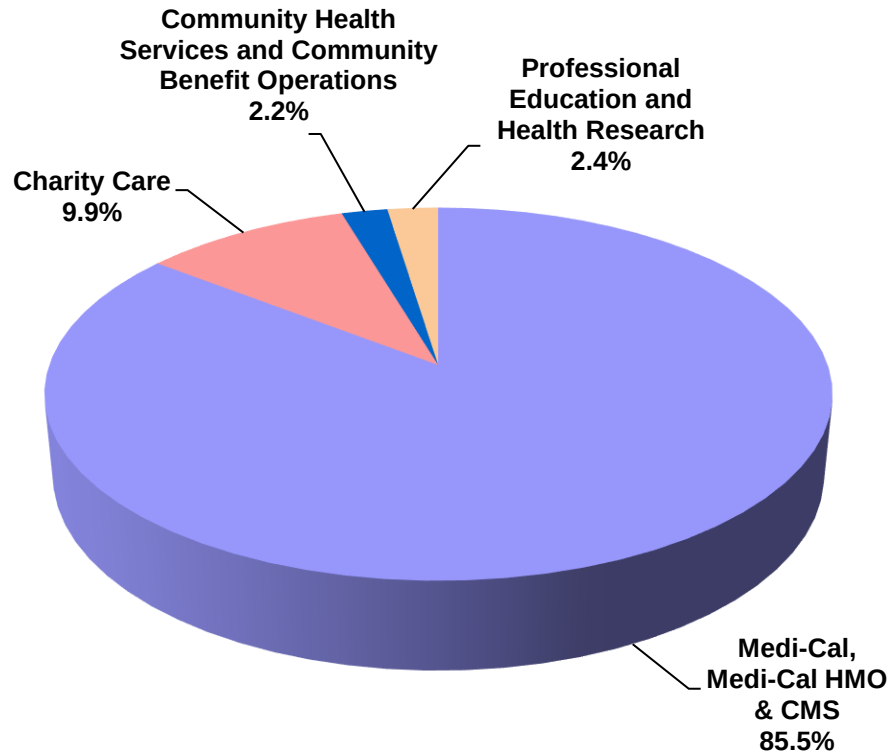


**Figure 5: Sharp HealthCare Community Benefit
by IRS Form 990 Schedule H Category — FY 2019**



In FY 2018, 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, 2017, through June 30, 2019. This resulted in recognition of supplemental revenues totaling \$189.8 million and quality assurance fees and pledges totaling \$100.8 million in FY 2019. The net FY 2019 impact of the program totaling \$89.0 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 2019 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 unreimbursed medical care services in FY 2019.

**Table 10: Sharp HealthCare Unreimbursed Medical Care Services:
Medi-Cal Hospital Fee Program Impact — FY 2019**

Provider Fee Impact	Medicare & Medicare HMO	Medicare Capitated	Medi-Cal, Medi-Cal HMO & CMS	CHAMPVA & Workers' Comp.	Bad Debt	Charity Care	Total
Unreimbursed Medical Care Services Before Provider Fee	\$166,539,797	\$120,949,656	\$205,690,156	\$10,714,285	\$6,515,480	\$23,858,025	\$534,267,399
Provider Fee			\$(83,202,421)				\$(83,202,421)
Net Unreimbursed Medical Care Services After Provider Fee	\$166,539,797	\$120,949,656	\$122,487,735	\$10,714,285	\$6,515,480	\$23,858,025	\$451,064,978

**Figure 6: Sharp HealthCare Unreimbursed Medical Care Services
Before Medi-Cal Hospital Fee — FY 2019**

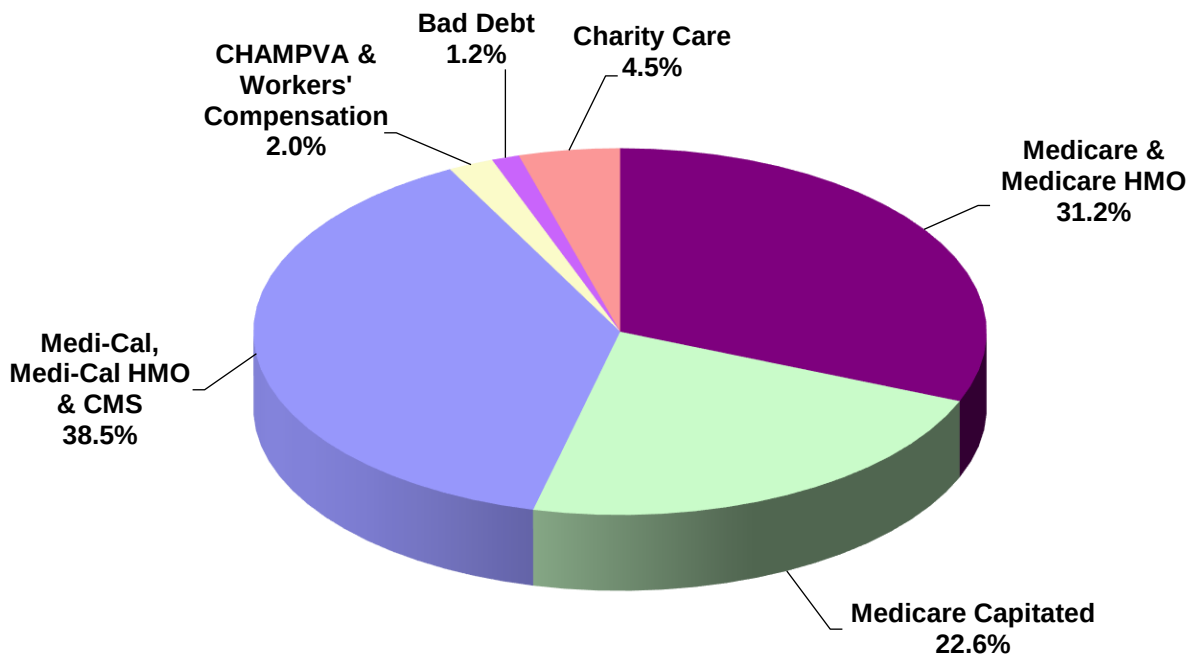


Table 11 lists community benefit costs provided by each Sharp entity and **Figure 7** shows the percentage distribution by Sharp hospital entity.

**Table 11: Total Economic Value of Community Benefit Provided¹⁸
By Sharp HealthCare Entities — FY 2019**

Sharp HealthCare Entity	Estimated FY 2019 Unreimbursed Costs
Sharp Chula Vista Medical Center	\$91,017,600
Sharp Coronado Hospital and Healthcare Center	22,137,976
Sharp Grossmont Hospital	146,439,047
Sharp Mary Birch Hospital for Women & Newborns	5,877,166
Sharp Memorial Hospital	173,689,097
Sharp Mesa Vista Hospital and Sharp McDonald Center	22,926,238
Sharp Health Plan	68,869
TOTAL FOR ALL ENTITIES	\$462,155,993

**Figure 7: Percentage of Community Benefit Provided by
Sharp HealthCare Hospital Entities — FY 2019**

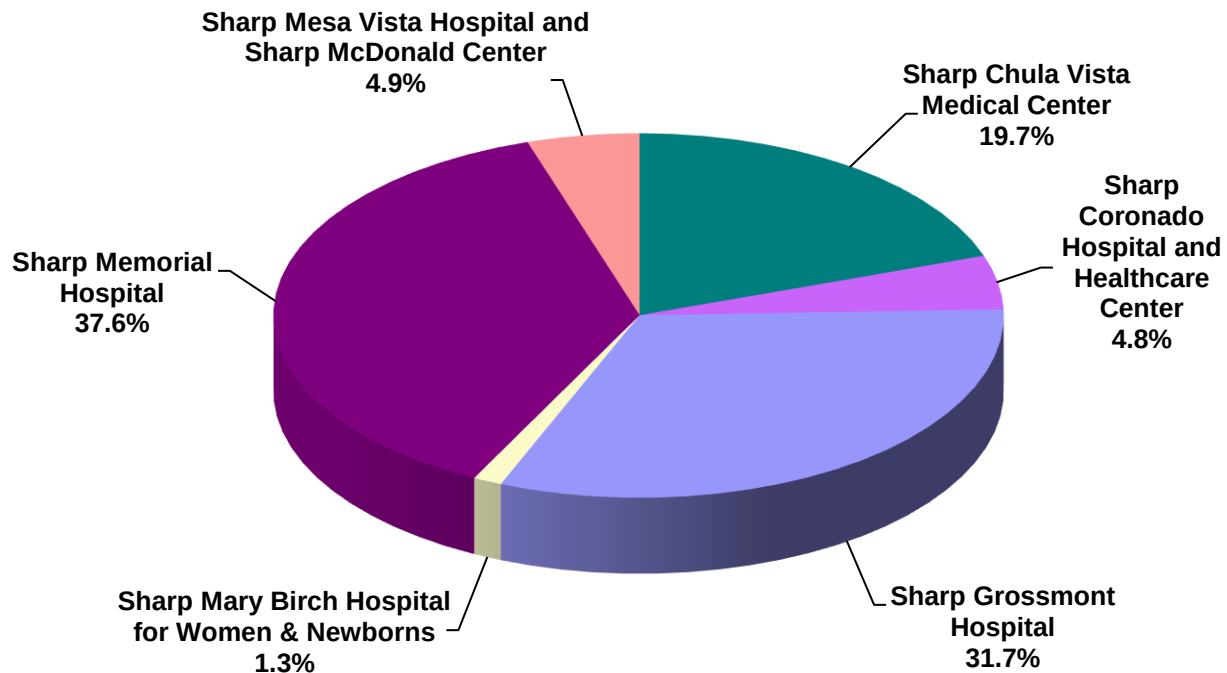


Table 12 includes a summary of unreimbursed costs for each Sharp hospital entity based on the categories specifically identified in SB 697. For a detailed summary of unreimbursed costs of community benefit provided by each Sharp entity in FY 2019, see tables presented in **Sections 4** through **11**.

¹⁸ Economic value is based on unreimbursed costs.

Table 12: Detailed Economic Value of SB 697 Categories¹⁹ — FY 2019

Sharp HealthCare Entity	SB 697 CATEGORY				Estimated FY 2019 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	\$88,759,708	\$503,023	\$242,611	\$1,512,258	\$91,017,600
Sharp Coronado Hospital and Healthcare Center	21,305,087	81,575	62,863	688,451	22,137,976
Sharp Grossmont Hospital	143,131,253	1,204,662	584,960	1,518,172	146,439,047
Sharp Mary Birch Hospital for Women & Newborns	5,382,929	39,444	213,681	241,112	5,877,166
Sharp Memorial Hospital	170,309,757	1,119,056	586,135	1,674,149	173,689,097
Sharp Mesa Vista Hospital and Sharp McDonald Center	22,176,244	451,050	119,155	179,789	22,926,238
Sharp Health Plan	–	32,150	35,326	1,393	68,869
ALL ENTITIES	\$451,064,978	\$3,430,960	\$1,844,731	\$5,815,324	\$462,155,993

¹⁹ 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 2019, each Sharp hospital used the results of its individual 2019 CHNA to help identify the needs of its communities; update its community benefit objectives in response to those identified needs; report the community benefit programs and services provided according to Senate Bill 697; and create a community benefit plan for the upcoming fiscal year.

Section

3 Community Benefit Planning Process

One of the more recent ways in which Sharp is assisting the community through its community benefit is providing real data about health in the community. Community organizations can use this easily accessed, local data to augment their ability to buttress their applications for funding and otherwise help them fulfill their missions. Through this type of mutual reinforcement, efforts to improve the health of our community multiply exponentially. — Sara Steinhoffer, Vice President of Government Relations, Sharp HealthCare

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. Sharp utilizes its CHNA findings 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. This section describes Sharp's most recent CHNA process and findings, which were completed in September 2019.

Sharp HealthCare 2019 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 hospital data and the perspectives of community health leaders and residents in order to identify and prioritize health needs for residents across the county, with a special focus on community members facing inequities. Further, the process seeks to highlight community health needs that Sharp hospitals could impact through programs, services and collaboration.

For the 2019 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 (SDSU). The complete HASD&IC 2019 CHNA is available for public viewing and download at <https://hasdic.org/2019-chna/>. The methodology and findings of the collaborative HASD&IC 2019 CHNA significantly informed the process and findings of Sharp's individual hospital CHNAs, thus, both CHNA processes are described throughout this section.

The HASD&IC 2019 CHNA was implemented and managed by a standing CHNA Committee comprised of representatives from seven hospitals and health systems:

- Kaiser Foundation Hospital – San Diego
- Palomar Health
- Rady Children's Hospital – San Diego
- Scripps Health (Chair)
- Sharp HealthCare (Vice Chair)
- Tri-City Medical Center
- UC San Diego Health

To develop its individual hospital CHNAs, Sharp analyzed its own hospital-specific data and contracted separately with IPH to conduct community engagement activities expressly for the patients, providers and community members served by Sharp. In accordance with federal regulations, the Sharp Memorial Hospital (SMH) 2019 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 California's Office of Statewide Health Planning and Development (OSHPD). As such, the SMH 2019 CHNA summarizes the processes and findings for communities served by both hospital entities.

The 2019 CHNAs for each Sharp hospital help inform current and future community benefit programs, services and partnerships, particularly for community members who face inequities. This section describes the general methodology employed for Sharp's 2019 CHNAs, including applicable elements of the HASD&IC 2019 CHNA.

2019 CHNA Objectives

The 2019 CHNA processes (HASD&IC and Sharp) were designed to build off the findings from and community feedback on the 2016 CHNA processes. With thoughtful application of the knowledge and community insights gained from the 2016 CHNAs, the CHNA Committee developed the following objectives for the 2019 CHNA processes:

- Identify, understand and prioritize the health-related needs of SDC residents, particularly those community members served by Sharp.
- Provide a deeper understanding of barriers to health improvement in SDC, as well as inform and guide local hospitals in the development of their programs and strategies that address identified community health needs.
- Build on and strengthen community partnerships established through the 2016 CHNA processes.
- Obtain deeper feedback from and about specific populations in San Diego who face inequities.

- Align with national best practices around CHNA development and implementation, including the integration of health conditions with social determinants of health (SDOH).²⁰

Community Defined

For the purposes of the collaborative HASD&IC 2019 CHNA as well as Sharp's 2019 CHNAs, the study area is the entire County of San Diego. More than three million people live in socially and ethnically diverse SDC. Information on key demographics, socioeconomic factors, access to care, health behaviors and the physical environment can be found in the full HASD&IC 2019 CHNA report at: <https://hasdic.org/2019-chna/>.

Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, Sharp's 2019 CHNA process utilized the Dignity Health Community Need Index (CNI) to identify communities with the highest level of health disparities and needs. The CNI generates a score for every ZIP code based on data about barriers to socioeconomic security.

The five barriers used to determine CNI scores are:

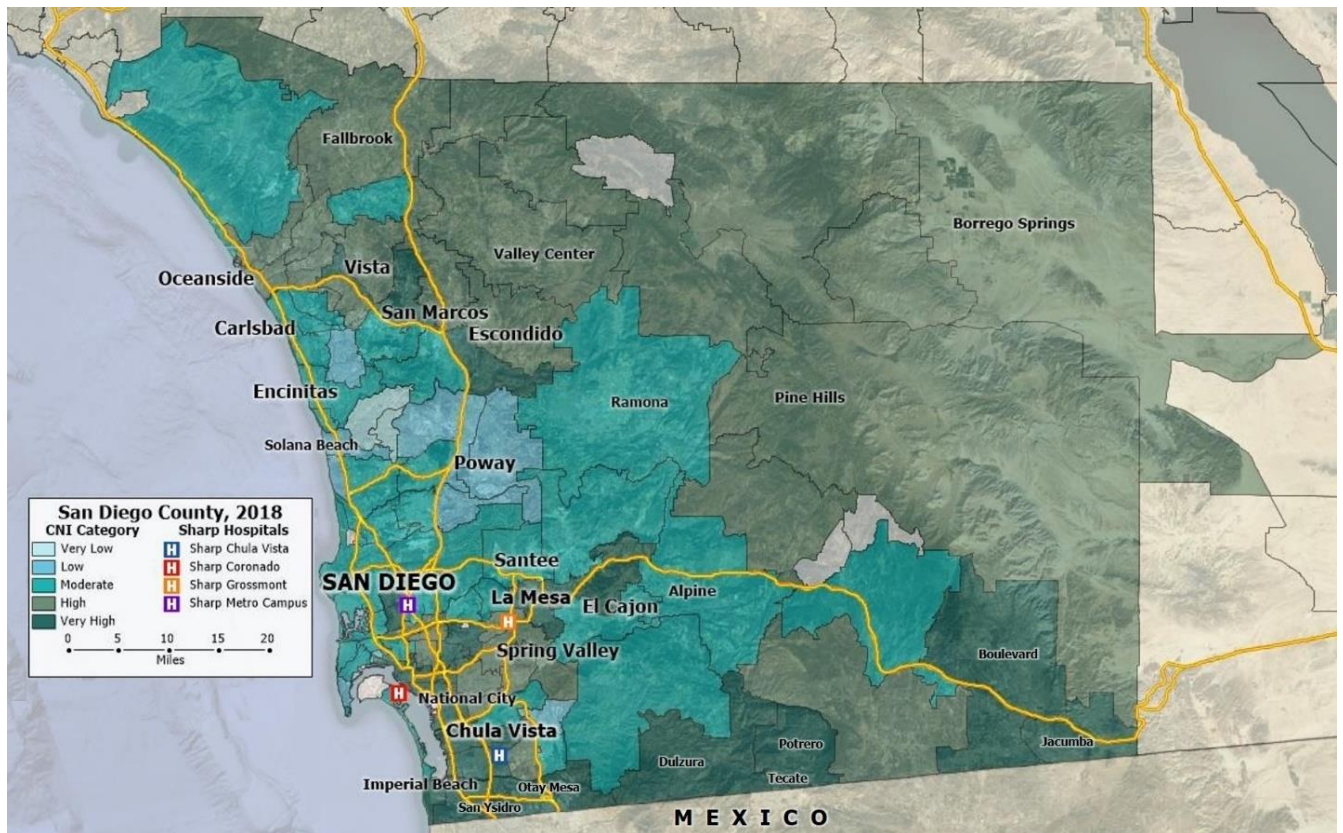
1. Income Barriers
2. Cultural Barriers
3. Educational Barriers
4. Insurance Barriers
5. Housing Barriers

The CNI provides a score for every populated ZIP code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a ZIP code with the least need (light blue in **Figure 8**), while a score of 5.0 represents a ZIP code with the most need (dark green in **Figure 8**). For a detailed description of the CNI please visit the interactive website at: <http://cni.chw-interactive.org/>.

Figure 8 below presents a CNI map of SDC. This information was utilized to collect input from specific San Diego communities with health disparities and to guide the exploration of Sharp's community programs and services within those communities.

²⁰ 'Social determinants of health' refers to the conditions in the places where people live, learn, work and play, which affect a wide range of health risks and outcomes. <https://www.cdc.gov/socialdeterminants/index.htm>.

Figure 8: San Diego County, CNI Map²¹



Methodology

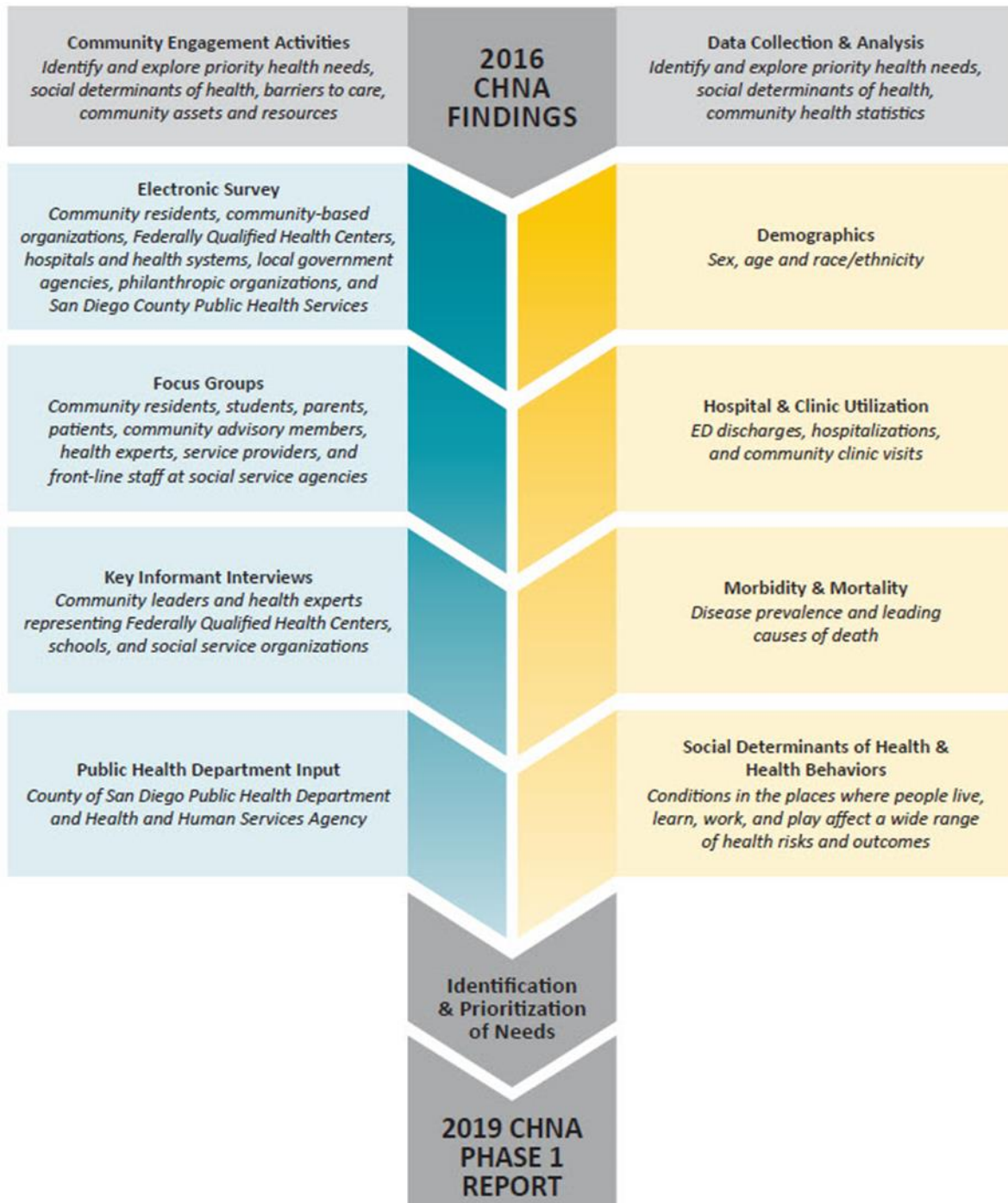
Again, the HASD&IC 2019 CHNA process and findings provided the foundation for the Sharp 2019 CHNA process and as such are described as applicable throughout this report. For complete details on the HASD&IC 2019 CHNA process, please visit the HASD&IC website at www.hasdic.org/2019-chna/ or contact Lindsey Wade at lwade@hasdic.org.

For the HASD&IC 2019 CHNA, quantitative analyses of publicly available data provided an overview of critical health issues across SDC, while qualitative analyses of community feedback provided improved understanding of the experiences and needs of San Diegans. The CHNA Committee reviewed these analyses and applied a pre-determined set of criteria to them to prioritize the top health needs in SDC. This process is represented in **Figure 9** below.

²¹ Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018; OSHPD accessed via SpeedTrack®, Inc., 2017. Map produced by Sharp Strategic Planning Department, 2019.

Figure 9: HASD&IC 2019 CHNA — Process Map

2019 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS MAP



Quantitative/Secondary Data

The 2019 CHNA process began with a comprehensive scan of recent community health statistics from several public sources to support both the HASD&IC and Sharp 2019 CHNAs. Data from the Dignity Health CNI and the Public Health Alliance of Southern California's Healthy Places Index were used to identify geographic communities in SDC that were more likely to experience health inequities. This knowledge guided the selection of communities/individuals for community engagement activities, as well as the development of community engagement questions.

Hospital discharge data exported from SpeedTrack's California Universal Patient Information Discovery application were used to identify current and three-year trends in primary diagnosis discharge categories and were stratified by age and race. This allowed for the identification of health disparities and the conditions having the greatest impact on hospitals and health systems in SDC.

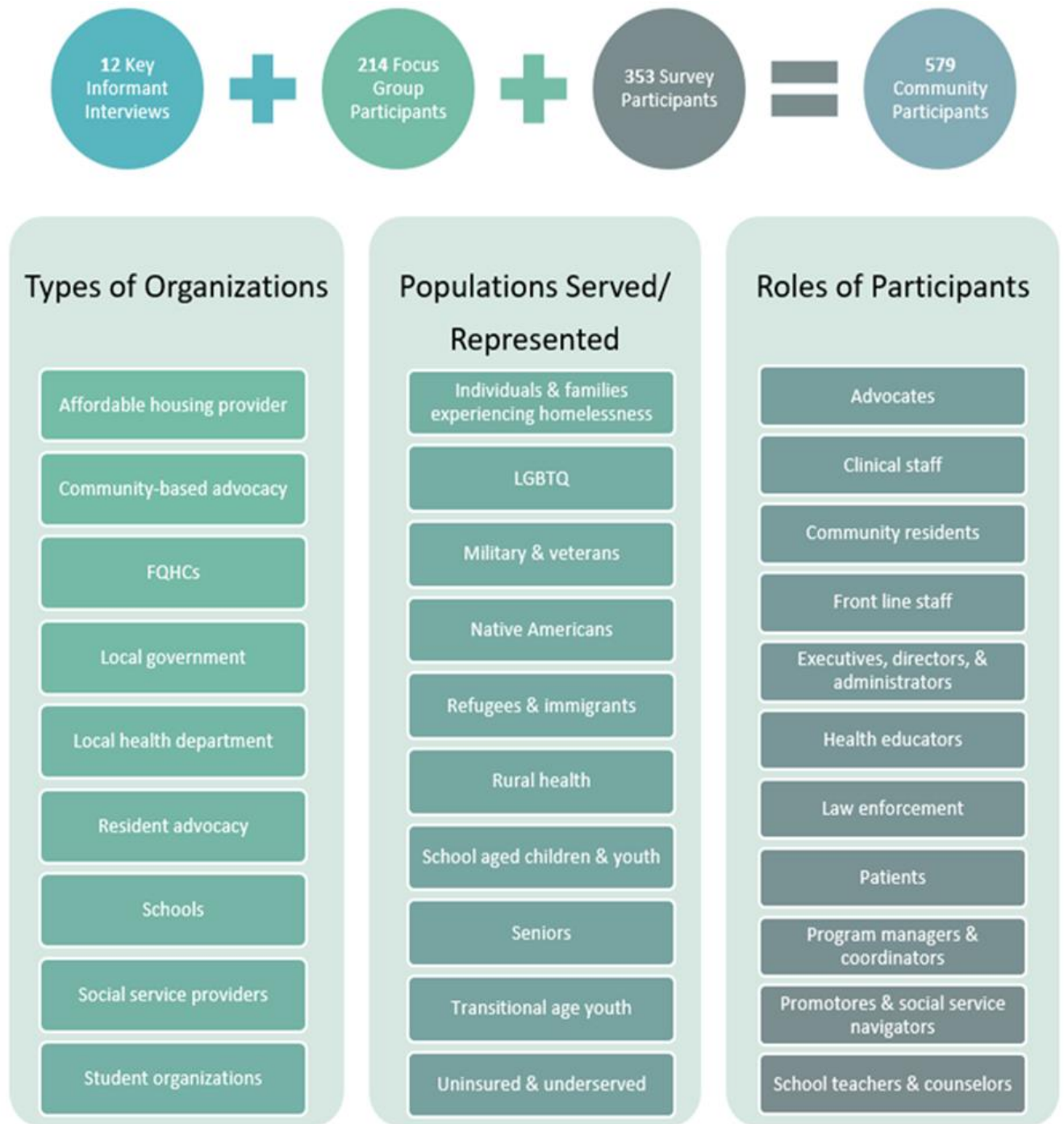
Data from national and state-wide data sets were analyzed including SDC mortality and morbidity data, and data related to SDOH. In addition, Kaiser Permanente consolidated data from several national and state-wide data sets related to a variety of health conditions and SDOH in SDC, and conducted a comprehensive statistical analysis to identify those SDOH that were most predictive of negative health outcomes. Kaiser Permanente then created a web-based data platform (chna.org/kp) to post these analyses for use in the CHNA.

In addition, Sharp inpatient and emergency department data, as well as Sharp Cancer Registry Data were analyzed for Sharp's 2019 CHNAs into the Sharp 2019 CHNA analyses.

Community Engagement

HASD&IC 2019 CHNA community engagement activities included focus groups, key informant interviews, and an online survey designed for stakeholders from every region of SDC, all age groups, and numerous racial and ethnic groups. Collaboration with the County of San Diego Health & Human Services Agency, Public Health Services was vital to this process. A total of **579** individuals participated in the 2019 CHNA: **138** community residents and **441** leaders and experts. Please see **Figure 10** for details on the types of participants engaged.

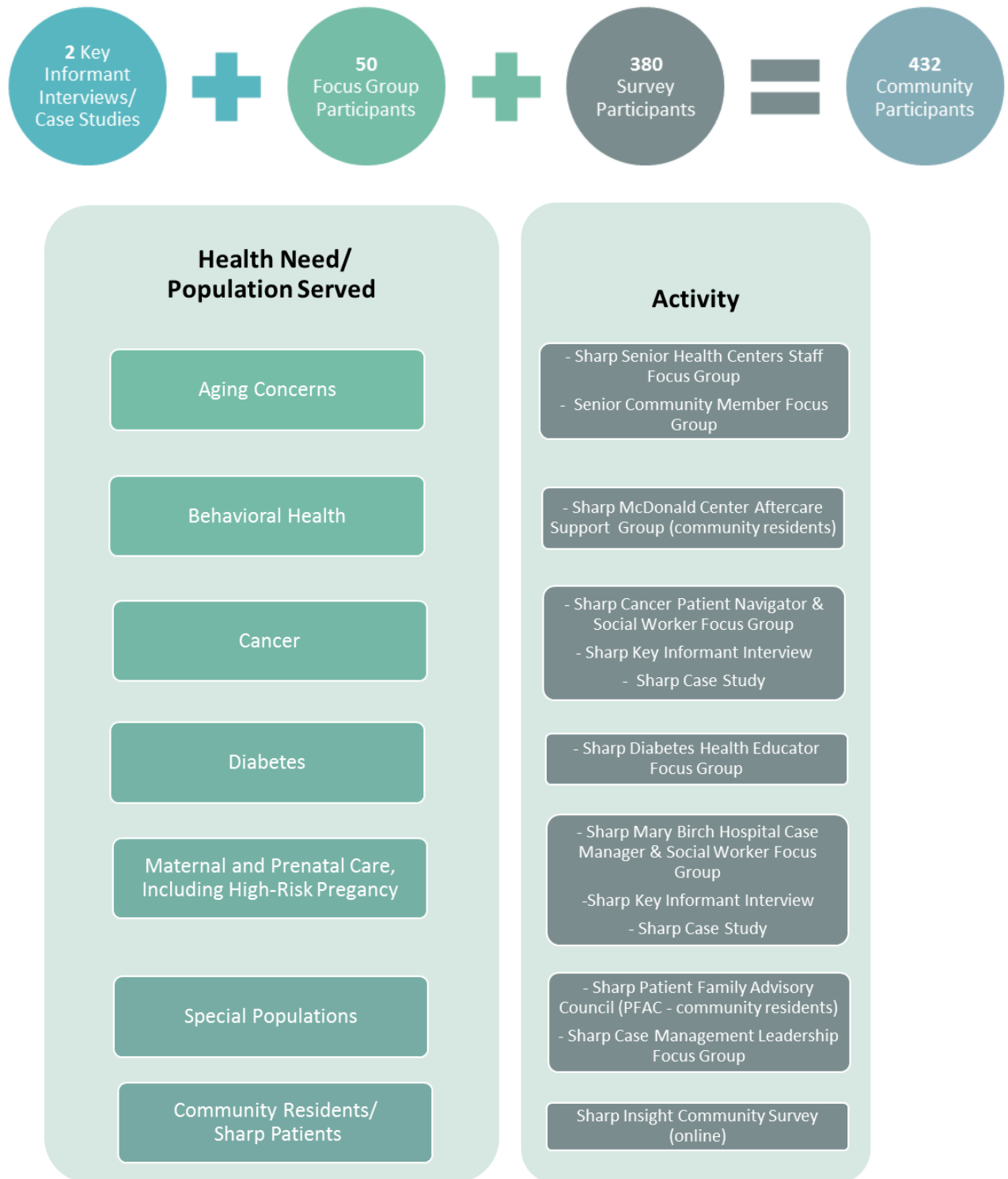
Figure 10: HASD&IC 2019 CHNA — Community Engagement Activity Summary



In addition, Sharp contracted separately with the IPH at SDSU to conduct multiple community engagement activities to collect input specifically from Sharp providers as well as from patients and community members served by Sharp hospitals. This input focused on behavioral health, cancer, diabetes, maternal and prenatal care, aging concerns (formerly termed senior health), and the needs of patients and community members facing inequities. These additional efforts included focus groups and key informant interviews involving 50 Sharp providers and 14 patients/community members. Further, IPH created case studies with the intent of representing a “typical” patient experience within Sharp. The case studies focused specifically on breast cancer and high-risk pregnancy.

Lastly, the Sharp 2019 CHNA community engagement process included a robust online survey conducted through the Sharp Insight Community. The Sharp Insight Community is a private, online environment for Sharp patients and their families, community members, Sharp employees and Sharp-affiliated physicians. The 2019 CHNA Sharp Insight Community online survey sought to obtain feedback on the top health and social needs faced by SDC community members, as well as assess their awareness of community outreach programs offered by Sharp. The online survey also gave participants the opportunity to provide specific suggestions for Sharp to improve community health and well-being. A total of **380** community members completed the online survey. **Figure 11** below summarizes Sharp 2019 CHNA community engagement activities.

Figure 11: Sharp 2019 CHNA Community Engagement Activities



Prioritization

The CHNA Committee collectively reviewed the quantitative and qualitative data and findings. Several criteria were applied to the data to determine which health conditions were of the highest priority in SDC. These criteria included: the severity of the need; the magnitude/scale of the need; disparities or inequities; and change over time. Those health conditions and SDOH that met the largest number of criteria were then selected as top priority community health needs.

As the HASD&IC 2019 CHNA process included robust representation from the communities served by Sharp, this prioritization process was replicated for Sharp's 2019 CHNAs.

Findings

The **Figure 12** below illustrates the highest priority community health needs in SDC, identified by the 2019 CHNA Committee (in alphabetical order by SDOH or health condition).

Figure 12: 2019 CHNA Top 10 Community Health Needs for San Diego County

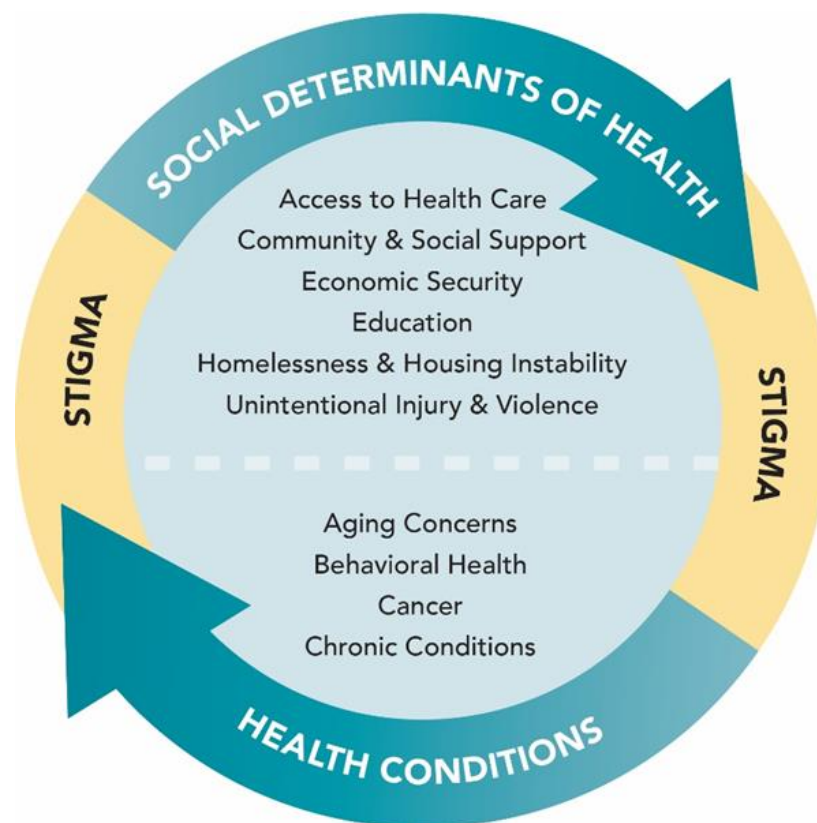


Figure 12 illustrates the interactive nature of SDOH and health conditions — each impacting the other.

In addition, an underlying theme of stigma and the barriers it creates arose across 2019 CHNA community engagement activities. For instance, stigma impacts the way in which people access needed services that address SDOH, which consequentially impacts their ability to maintain and manage health conditions.

These same findings were supported through both the quantitative analyses and community engagement activities conducted specifically as part of Sharp's 2019 CHNA process. In addition, *Maternal and Prenatal Care, including High-Risk Pregnancy*, was also identified as a community health need during Sharp's 2019 CHNA process.

Community Assets and Recommendations

The 2019 CHNAs identified many community assets in SDC, including social service organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations engaged in addressing many of the needs prioritized by the 2019 CHNAs. In addition, 2-1-1 San Diego (2-1-1) is an important community resource and information hub that facilitates access to services. Through its 24/7 phone service and online database, as well as a host of innovative navigation and support programs, 2-1-1 helps connect individuals with community, health and disaster services.

2-1-1 researched their database using relevant search terms for each identified need. The number of resources located for each need are listed below:

- Aging Concerns: 91
- Access to Care: 260
- Behavioral Health: 703
- Cancer: 129
- Cardiovascular Disease: 161
- Diabetes: 144
- Maternal and Prenatal Care, including High-Risk Pregnancy: 251
- Obesity: 298
- SDOH: 5,836 (e.g., transportation, food access, etc.)

In addition to community input on health conditions and SDOH, a wealth of ideas emerged from community engagement participants about how hospitals and health systems could support additional resources and partner with organizations to help meet San Diego's community health needs. **Figure 13** outlines types of resources identified by community engagement participants.

Figure 13: 2019 CHNA — Resources and Opportunities to Address Identified Health Needs

RESOURCES & OPPORTUNITIES TO ADDRESS PRIORITY HEALTH NEEDS

Community engagement participants identified three means by which the identified health needs could be better addressed:

1. The implementation of overarching *strategies* to address the health needs,
2. The development or expansion of *resources* to meet the needs,
3. The creation of *systemic, policy, and environmental changes* to better support health outcomes.

All of these approaches, participants emphasized, would require *collaboration* between political, health care system, and community leaders, health care professionals, community organizations, and residents.

STRATEGIES	1. Increase community knowledge with educational campaigns <i>that promote available services within the community, clinics, and hospitals</i> 2. Address potential barriers to care <i>such as insurance, translation, navigation services, transportation, and potential impacts on immigration status</i> 3. Improve patient experience <i>through culturally competent health navigators and case managers, care coordination, and community clinical linkages including language services</i>
RESOURCES	1. Urgent care services <i>that include expanded hours, availability to all populations, and mental health and substance use services</i> 2. Preventative care programs <i>that offer services such as immunizations (including the flu vaccine), HIV testing, and exercise programs</i> 3. Dental services <i>for preventive care and to address oral health issues such as carries and gum disease</i> 4. Onsite programs and mobile units <i>that bring services to the community, including programs in senior housing complexes, school clinics, mobile screening, and mobile food distribution</i> 5. Culturally competent programs <i>for refugees, Native Americans, Latinos, Blacks, African Americans, LGBTQ individuals, non-citizens, and asylum seekers</i> 6. Programs for the youth, <i>especially community centers and programs for young men and for homeless youth</i> 7. Homeless services and discharge support, <i>including mobile showers, more shelters, and further options for post-acute recuperative care</i> 8. Food insecurity navigation <i>that includes reference guides for food system/service navigation of San Diego County, private, and non-profit organizations, and signage for healthy food options for CalFresh/ Supplemental Nutrition Assistance Program (SNAP) users at stores and restaurants</i>
SYSTEMIC CHANGE	1. Create universal and/or affordable health care 2. Increase minimum wage 3. Fund policies: <i>increase applications for federal funding and allow more time to prove a return on investment (ROI) for funding</i>
COLLABORATION	1. Form partnerships <i>with community residents by engaging residents in advocacy</i> 2. Share and disseminate information <i>and data back into the communities from where the data came from</i> 3. Work with communities <i>to adapt programs and interventions to the unique needs of minority groups (go beyond collective impact approach)</i> 4. More collaboration <i>between social workers, law enforcement, and attorneys</i> 5. Warm hand-offs <i>between agencies and organizations</i>

Further, to increase awareness of Sharp's CHNA process and community programs, the Sharp CHNA Community Guide was developed and made publicly available on Sharp's website at: <https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm>. The Sharp CHNA Community Guide seeks to provide community members with a user-friendly resource to learn about Sharp's CHNA process and findings, as well as the identified health and SDOH needs addressed through Sharp programs. The Sharp CHNA Community Guide also provides a direct link for community members to provide feedback on Sharp's CHNA processes. An updated Sharp CHNA Community Guide will be available on sharp.com in early- to mid- 2020.

Next Steps for the CHNA

Sharp is committed to the health and well-being of its community, and the findings of Sharp's 2019 CHNAs will help inform the activities and services provided by Sharp to improve the health of its community members. These programs are detailed in Sharp hospitals' FY 2020 – FY 2023 Implementation Strategies, which are publicly available online at: <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

Sharp will continue to work with HASD&IC and IPH as part of the CHNA Committee to develop and implement Phase 2 of the 2019 CHNA. Phase 2 will focus on continued engagement of community partners to analyze and improve the CHNA process, as well as refine hospital implementation strategies. Thus, the CHNA process will evolve to meet the needs of San Diegans and support the work of our community partners who also address identified community health needs. This will include a deeper dive into the impact of stigma on health and exploration of how hospitals may address this impact.

The health needs and SDOH identified in the 2019 CHNA process will not be resolved with a quick fix. Rather, they will require time, persistence, collaboration and innovation. The entire Sharp system is devoted to this journey, and remains steadfastly dedicated to the care and improvement of health and well-being for all San Diegans. Further, Sharp is committed to providing a CHNA that is valuable to all our community partners, and we look forward to strengthening that value and those community partnerships in the years to come.

The findings of Sharp's 2019 CHNAs help inform and guide 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.

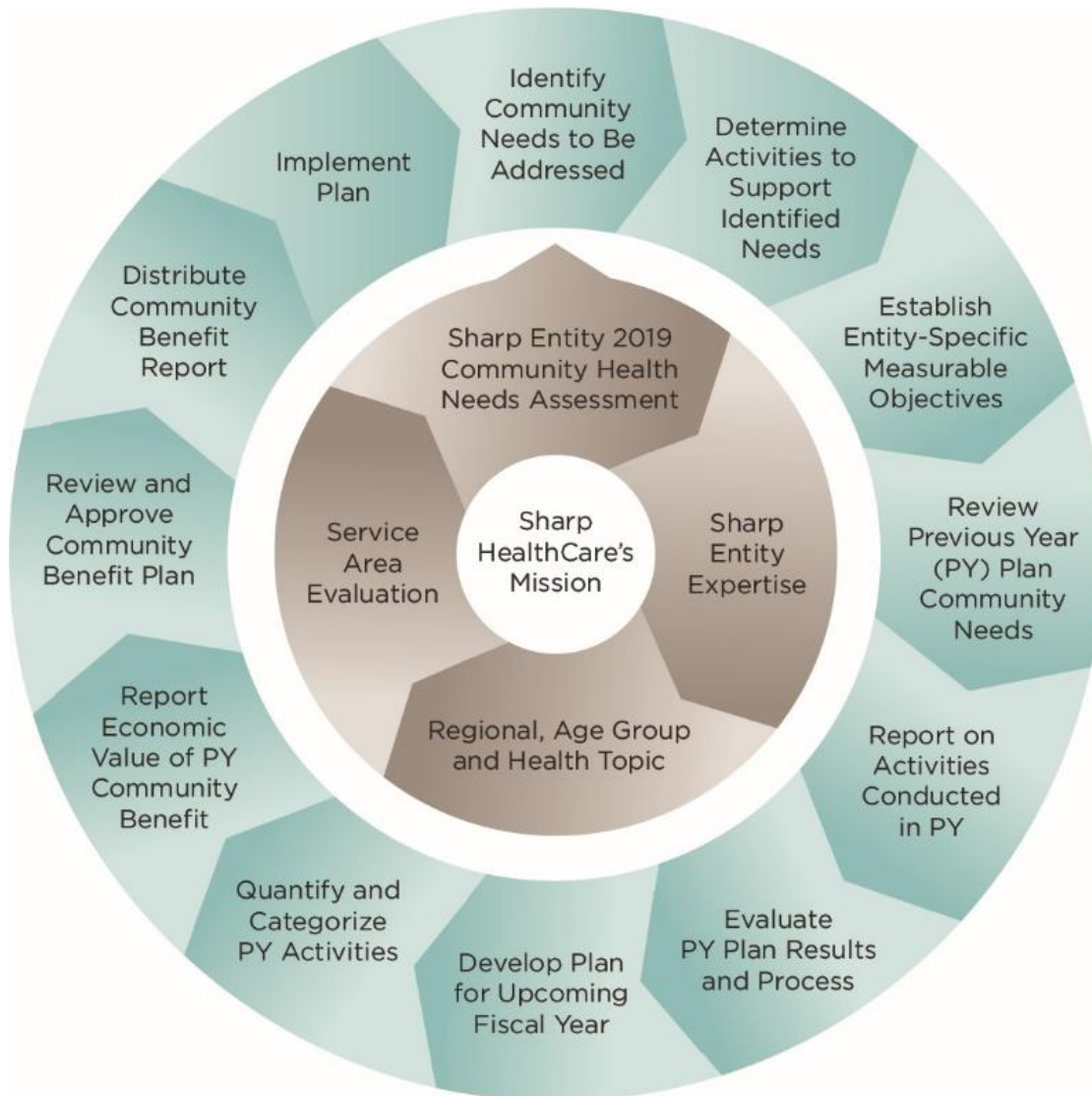
Steps Completed to Prepare Sharp's Community Benefit Plan and Report

On an annual basis, each Sharp hospital performs the following steps in the preparation of its Community Benefit Plan and 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) — **FY 2019 Report of Activities**
- Develops a plan for the upcoming FY, including specific steps to be undertaken — **FY 2020 Plan**
- Reports and categorizes the **economic value of community benefit provided in FY 2019**, according to the framework specifically identified in Senate Bill 697
- Reviews and approves a community benefit plan
- Distributes the *Community Benefit Plan and Report Executive Summary* to members of the Sharp Board of Directors and each of the Sharp hospital boards of directors
- Share the Community Benefit Plan and Report process and findings through presentations across Sharp, including to management, entity boards and committees, and others upon request
- Implement community benefit activities identified for the upcoming FY

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, 2-1-1 and the Community Information Exchange at 2-1-1.



Keeping Families Safe

Sharp Chula Vista Medical Center

Sharp Chula Vista Medical Center is committed to the health and safety of San Diego's youngest community members. This past year the hospital hosted its second annual Family Safety Fair, providing education and resources on a variety of prenatal and postpartum care topics, as well as car seat installation and inspection by the California Highway Patrol. Sharp Chula Vista's Family Safety Fair included collaboration with health care providers, local businesses and government officials, who all contributed expertise and materials to help families keep babies safe through every stage of development.

Section

4 Sharp Chula Vista Medical Center

Through personal giving, sharing of time and knowledge, and especially by showing others how they too can have a better life, that is how we impact the community. If we can guide them to helpful resources, if we can provide them a service that will improve their or their loved one's life, that is the goal. — Dan Dredla, Vice President of Patient Support Services and Development, Sharp Chula Vista Medical Center

Fiscal Year (FY) 2019 Community Benefit Program Highlights

Sharp Chula Vista Medical Center (SCVMC) provided a total of **\$91,017,600** in community benefit in FY 2019. See **Table 13** 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 13: Economic Value of Community Benefit Provided
Sharp Chula Vista Medical Center — FY 2019**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2019 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ²²	\$23,394,167
	Shortfall in Medicare ²²	56,383,399
	Shortfall in County Medical Services (CMS) ²²	175,954
	Shortfall in CHAMPVA/TRICARE ²²	1,125,086
	Charity Care ²³	6,303,043
	Bad Debt ²³	1,378,059
Other Benefits for Vulnerable ²⁴ Populations	Project HELP, patient transportation, and other assistance for the vulnerable ²⁵	503,023
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 ²⁵	242,611
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ²⁵	1,512,258
TOTAL		\$91,017,600

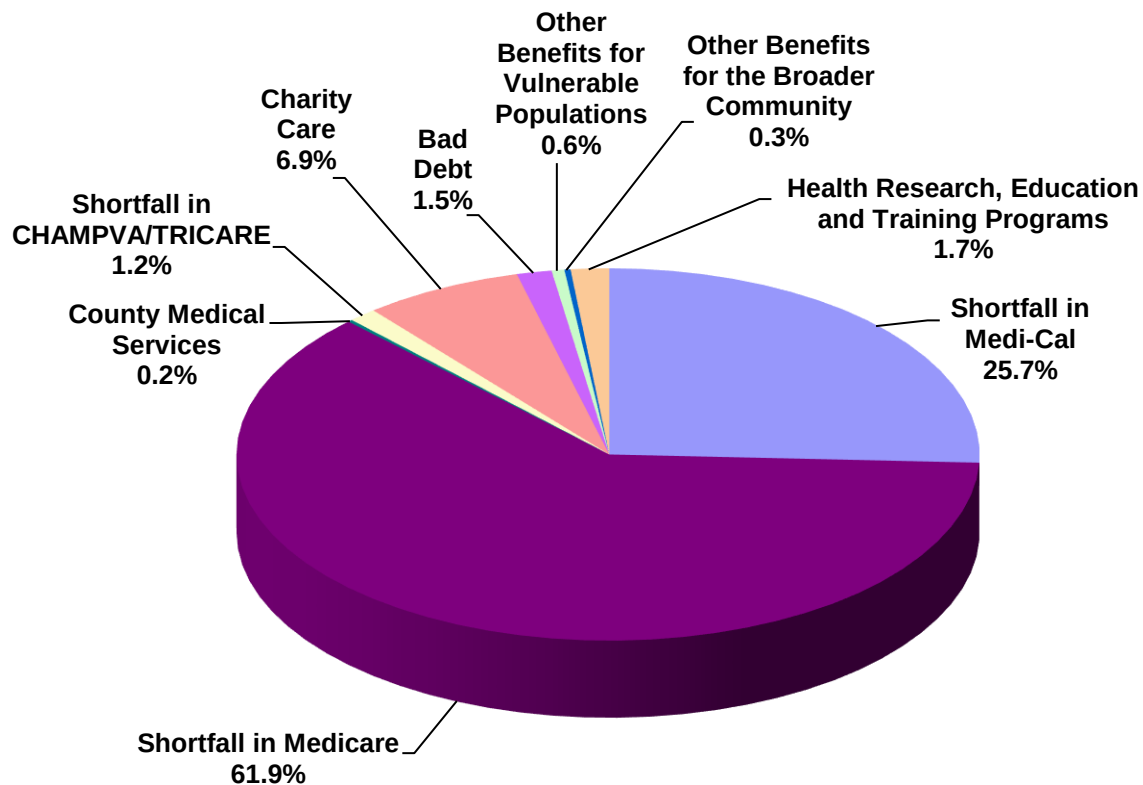
²² Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

²³ 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.

²⁴ "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs. <https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Data-And-Reports/Documents/Submit/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Legislature-Community-Benefit.pdf>.

²⁵ 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 2019**



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, CMS and CHAMPVA/TRICARE. In FY 2018, 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, 2017 through June 30, 2019. This resulted in recognition of net supplemental revenues for SCVMC totaling \$18.2 million in FY 2019. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2019 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 region; contribution of time to Habitat for Humanity, Stand Down for Homeless Veterans, Ssubi is Hope, Feeding San Diego, Mama's Kitchen and the San Diego Food Bank (Food Bank); the Sharp Humanitarian Service Program; and other assistance for vulnerable 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, weight and body fat, and breast, cervical, colorectal and lung 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), San Diego County Breastfeeding Coalition, Rotary Club of Chula Vista, Chula Vista Community Collaborative, San Diego Human Dignity Foundation, South Bay Community Services, San Diego Association of Directors of Volunteer Services, Las Primeras, American Lung Association, San Diego Immunization Coalition, 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) 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

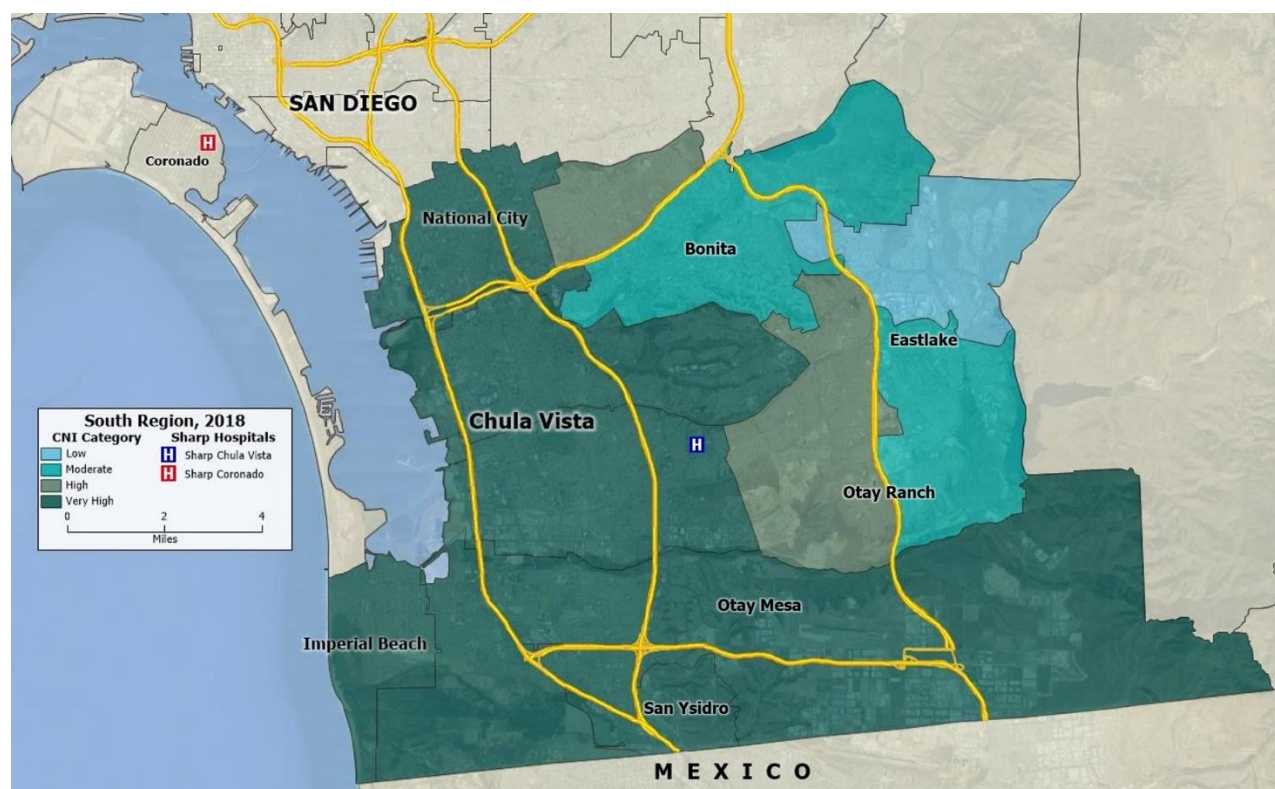
SCVMC is located at 751 Medical Center Court in Chula Vista, ZIP code 91911.

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 2019 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify communities with greater health disparity within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States (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 Region²⁶



SCVMC has been providing health care to the south region community for more than 40 years. 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 region. To meet this increased need for care, SCVMC began construction on a new patient tower in 2016. The tower is scheduled to open in January 2020, 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 region.

²⁶ Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018.

Description of Community Health

SDC's south region population is largely Hispanic (61.6%), and in 2019, there were 75,996 residents ages 65 and older in the region, representing 13.7% of the population. Between 2019 and 2024, it is anticipated that the senior population in SDC's south region will grow by 26.9%.²⁷

In 2017, 14.8% of the south region population reported living below 100% of the federal poverty level (FPL). The unemployment rate in SDC's south region was 9.2%, which was higher than the rate for SDC overall (6.8%). In addition, 6.8% of households received Supplemental Security Income, also higher than the rate for SDC overall (5.0%).²⁸

According to data from the San Diego Hunger Coalition, 1 in 7, or 14% of SDC's population, experienced food insecurity²⁹ in 2017. An additional 1 in 5 San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget. Latinos had a disproportionately higher incidence of food insecurity; 42% of low-income Latinos (household income below 200% FPL) experienced food insecurity and 55% of all food insecure adults were Latino.³⁰

In 2017, 11.0% of households in the south region participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 22.6% of the population lived at or below 138% FPL and were eligible for the program. These rates were higher than SDC overall (7.2% of households participated in SNAP benefits while 19.9% of households lived at or below 138% FPL).²⁸ Please refer to **Table 14** for SNAP participation and eligibility in the south region.

Table 14: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC's South Region, 2017-28

Food Stamps/SNAP Benefits	Percent of Population
Households	11.0%
Families with Children	9.5%
Eligibility by FPL	
Population ≤130% FPL	20.9%
Population ≤138% FPL	22.6%
Population 139% - 350% FPL	38.4%

²⁷ SpeedTrack®, Inc.; U.S. Census Bureau.

²⁸ County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit (2019), *2017 Demographic Profiles: San Diego County*; U.S. Census Bureau, American Community Survey 5-year estimates 2013-2017.

²⁹ Food security means access by all people at all times to enough food for an active, healthy life.

<https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/>

³⁰ San Diego Hunger Coalition (2019), *Hunger Free San Diego Issue Brief: 2017 San Diego County Food Insecurity*.

In SDC's south region in 2017, 93.2% of children ages 18 and under, 79.2% of young adults ages 19 to 25, 82.8% of adults ages 26 to 44, 86.6% of adults ages 45 to 64, and 97.8% of seniors ages 65 and older had health insurance.²⁸ Health insurance coverage for each age group was lower than the Healthy People 2020 (HP2020) national target of 100% health insurance coverage for all individuals under age 65.³¹ See **Table 15** for health insurance coverage in SDC's south region in 2017.

Table 15: Health Insurance Coverage in SDC's South Region, 2017²⁸

Description	Rate	HP2020 Target
Current Health Insurance Coverage		
Children 0 to 18 years	93.2%	100%
Young adults 19 to 25 years	79.2%	100%
Adults 26 to 44 years	82.8%	100%
Adults 45 to 64 years	86.6%	100%
Seniors 65+ years	97.8%	100%

According to the California Health Interview Survey (CHIS), in 2018, 26.8% of the south region population was covered by Medi-Cal.³² See **Table 16** for details.

Table 16: Medi-Cal (Medicaid) Coverage in SDC's South Region, 2018³²

Description	Rate
Covered by Medi-Cal	26.8%
Not covered by Medi-Cal	73.2%

CHIS data also revealed that 9.3% of individuals in the south region did not have a usual place to go when sick or in need of health advice (see **Table 17**).³³

Table 17: Regular Source of Medical Care in SDC's South Region, 2017-2018³³

Regular Source of Medical Care	Rate	HP2020 Target
Has a usual source of care	90.7%	100%
Has no usual source of care	9.3%	100%

³¹ 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.

³² 2018 CHIS.

³³ 2017-2018 CHIS (pooled data).

Diseases of the heart and cancer were the top two leading causes of death in SDC's south region in 2017.³⁴ See **Table 18** 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 2019 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

Table 18: Leading Causes of Death in SDC's South Region, 2017³⁴

Cause of Death	Number of Deaths	Percent of Total Deaths
Diseases of the Heart	738	23.4%
Malignant Neoplasms (Overall Cancer)	722	22.8%
Cerebrovascular Diseases	208	6.6%
Alzheimer's Disease	165	5.2%
Diabetes Mellitus	153	4.8%
Accidents/Unintentional Injuries	146	4.6%
Chronic Lower Respiratory Diseases	130	4.1%
Essential Hypertension and Hypertensive Renal Disease	94	3.0%
Influenza and Pneumonia	68	2.2%
Chronic Liver Disease and Cirrhosis	55	1.7%
All Other Causes	681	21.6%
Total Deaths	3,160	100.0%

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 bimonthly Community Relations Committee composed of representatives from a variety of hospital departments to discuss, plan and implement community outreach activities

³⁴ County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit (2019), *Leading Causes of Death Workbook 2011-2017*.

Priority Community Needs Addressed in Community Benefit Report — SCVMC 2019 CHNA

SCVMC completed its most recent CHNA in September 2019. SCVMC's 2019 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2019 CHNA process and findings. Please refer to **Section 3: Community Benefit Planning Process** for a detailed description of Sharp's 2019 CHNA process and findings.

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 2019 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 2019 CHNA, the following priority health needs were identified for the communities served by SCVMC (listed in alphabetical order):

- Access to Health Care
- Aging Concerns
- Behavioral Health (including Substance Use)
- Cancer
- Chronic Health Conditions (e.g., Cardiovascular Disease (CVD), Diabetes and Obesity)
- Community and Social Support
- Economic Security
- Education
- Homelessness and Housing Instability
- Maternal and Prenatal Care, including High-Risk Pregnancy
- Unintentional Injury and Violence

The following pages detail SCVMC programs, activities and services that specifically address aging concerns, behavioral health, cancer, chronic health conditions, community and social support (these programs also help address access to health care, economic security, and homelessness and housing), education, maternal and prenatal care, including high-risk pregnancy, and unintentional injury. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for additional entity and systemwide programs designed to address access to health care.

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 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 SCVMC programs that specifically address the needs identified in the 2019

CHNA, please refer to SCVMC's implementation strategy available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

Further, SCVMC's behavioral health (including substance use) community efforts are supported 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 substance use services in SDC. Please refer to **Section 11** of this report for details on those programs.

For each priority community need identified above, subsequent pages include a summary of the rationale for and importance of the need, objective(s), FY 2019 Report of Activities conducted in support of the objective(s), and FY 2020 Plan.

Identified Community Need: Education, Support and Screening for Stroke

Rationale references the findings of the SCVMC 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SCVMC 2019 CHNAs identified chronic conditions (including CVD and cerebrovascular diseases/stroke) as one of the priority health needs affecting members of the communities served by SCVMC.
- According to data presented in the HASD&IC 2019 CHNA, rates of emergency department (ED) visits for stroke in SDC increased 11.0% from 2014 to 2016, with the most significant increases in individuals ages 27 to 44 (20.0%) and those identified as "other" race (28.9%).
- Focus groups and key informant interviews conducted as part of the HASD&IC and SCVMC 2019 CHNA identified numerous barriers to care for chronic conditions, including: limited access to healthy food; lack of transportation; physical limitations or limited mobility; high health care costs; economic insecurity; low health literacy; poor health behaviors, such as unhealthy diet or lack of physical activity; medication management; unsafe neighborhoods; and unstable or complete lack of housing.
- Participants in the Sharp Case Management Leadership focus group conducted as part of the Sharp 2019 CHNAs identified the following hospital discharge challenges and barriers for patients, including those with chronic conditions: transportation support; a shortage of recuperative or respite care options; a lack of short-term caregivers and in-home support services; and a need for a streamlined process from the hospital to the County of San Diego Health and Human Services Agency (HHSA) for those who qualify for wraparound support.
- In 2017, cerebrovascular diseases including stroke were the third leading cause of death for SDC's south region.
- Data analysis in Sharp's 2019 CHNAs revealed a higher volume of hospital discharges for CVD and Type 2 diabetes in communities facing greater

socioeconomic challenges within SDC's south region such as Chula Vista and National City.³⁵

- In 2017, diseases of the heart were the leading cause of for SDC's south region.
- In 2017, SDC's south region experienced 208 deaths due to cerebrovascular diseases (including stroke),³⁶ as well as 1,040 hospitalizations and 419 ED visits attributed to stroke.
- According to 2018 CHIS data, 28.6% of residents in SDC's south region had ever been diagnosed with high blood pressure, which was slightly lower than the rate for SDC overall (29.0%).
- According to the Centers for Disease Control and Prevention (CDC), more than 795,000 people in the U.S. have a stroke each year, and strokes are responsible for approximately one out of every 20 deaths (CDC, 2017).
- The National Institute of Neurological Disorders and Stroke (NINDS) reports that 25% of people who recover from their first stroke will have another stroke within five years (NINDS, 2019).
- The CDC estimates that up to 80% of strokes are preventable through the recognition of early signs/symptoms and the elimination of stroke risk factors. Behaviors that can mitigate the risk of stroke include choosing a healthy diet full of fruits and vegetables, maintaining a healthy weight, engaging in at least 2.5 hours of moderate-intensity aerobic physical activity each week, refraining from or quitting smoking, and limiting alcohol intake (CDC, 2018).

FY 2019 Report of Activities

In August 2017, the Joint Commission and AHA/ American Stroke Association (ASA) certified SCVMC 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/ASA's 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.

During Stroke Awareness Month in May, Sharp's systemwide stroke program participated in Stroke Awareness Day at the Padres, held at Petco Park. This annual event is organized by the San Diego County Stroke Consortium, the County of San Diego HHSA, the San Diego Padres and other key partners to promote stroke

³⁵Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018; California Office of Statewide Health Planning and Development via SpeedTrack, Inc., 2017.

³⁶The County of San Diego HHSA's Community Health Statistics Unit collects annual data on leading causes of death using methodology established by the NCHS. Data is based on "underlying cause of death" information from all death certificates filed in SDC in 2017. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10's "List of 113 Selected Causes of Death and Enterocolitis due to *Clostridium difficile*." (County of San Diego HHSA Public Health Services, Community Health Statistics Unit, 2019; Heron, M., Deaths: Leading causes for 2017. National Vital Statistics Reports; vol. 68 no 6. Hyattsville, Maryland: National Center for Health Statistics (NCHS), 2019).

prevention, awareness and recovery, as well as celebrate stroke survivors. During the baseball game, Sharp offered education about the warning signs of stroke and how to respond using B.E. F.A.S.T. (Balance, Eyes, Face, Arms, Speech, Time) — an easy technique to detect and enhance responsiveness to a stroke. Giveaways were provided throughout the evening, while stroke education was displayed on the Jumbotron to the entire stadium of nearly 30,000 community members.

In FY 2019, Sharp's systemwide stroke program, including SCVMC, served older adults in the south region through stroke education and screenings. In November, SCVMC provided stroke education at the Chula Vista Chamber of Commerce Mixer. Sharp's systemwide stroke program also provided education on signs and symptoms of stroke, the importance of calling 911 and stroke risk factors, as well as provided blood pressure screenings to community members at St. Paul's Senior Services' annual Senior and Family Resource Fair in May. In addition, at Sharp's Health and Wellness in Aging: Know Your Options Conference in August, a nurse practitioner provided blood pressure screenings and education on stroke awareness, prevention, risk factors and how to lower blood pressure to more than 80 community members at the Elks Lodge in Chula Vista.

SCVMC actively participated in the quarterly San Diego County Stroke Consortium, a collaborative effort with other SDC hospitals to improve stroke care and discuss issues impacting stroke care in SDC. SCVMC also continued its 14-year collaboration with the County of San Diego Emergency Medical Services to provide data for the SDC stroke registry.

FY 2020 Plan

SCVMC Stroke Program will do the following:

- Provide stroke education, screening and outreach to community members in the south region
- Continue to participate in Stroke Awareness Day at the Padres
- Participate in Sharp's partnership with the City of San Diego to provide stroke education and resources to residents in the city's nine districts
- Continue to participate in the San Diego County Stroke Consortium
- Continue to provide data to the SDC stroke registry
- Provide stroke risk factor education to community health professionals at the Veterans Home of California, Chula Vista

Identified Community Need: Cancer Education and Patient Navigator Services

Rationale references the findings of the SCVMC 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SCVMC 2019 CHNAs identified cancer as one of the priority health needs affecting members of the communities served by SCVMC.
- According to data presented in the HASD&IC 2019 CHNA, cancer was the leading cause of death in SDC in 2016.
- Data analyzed as part of the SCVMC 2019 CHNA identified the top sites for cancer diagnoses at SCVMC in 2018 to be breast, lung, colon, lymphoma and prostate.
- Focus groups conducted as part of the HASD&IC 2019 CHNA identified cancer as a condition that many members of the community fear, particularly brain, colon and breast cancers. Participants also described barriers to receiving cancer screenings and treatment, including: stigma surrounding a cancer diagnosis; fear about immigration status, particularly for asylum seekers; financial burdens, even for those with health insurance; and practical issues such as transportation to medical appointments.
- According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 67% of respondents ranked cancer among the top five health conditions with the greatest impact on overall community health in SDC.
- As part of the SCVMC 2019 CHNA, focus groups comprised of Sharp cancer patient navigators and clinical social workers identified the following health conditions and social determinants of health (SDOH) related to cancer: chronic diseases such as asthma or heart disease, which are often connected to stress; care challenges associated with behavioral health and substance use; barriers to care (cost, delays in receiving care and fear related to diagnosis or immigration status; frustration navigating health insurance; screening avoidance; logistics such as transportation or childcare; and language barriers); and fear of stigma due to cancer diagnosis.
- Sharp cancer patient navigator and clinical social worker focus group participants also described the following hospital discharge barriers and support needs: lack of patient or family support and education (particularly for caregivers); homelessness; health insurance issues; lack of follow-up care or access to medication; and a need for a "one-stop shop" incorporating financial navigators and legal support, as well as other resources like pain management or wigs.
- The most frequently observed cancers at SCVMC in 2018 were (in rank order): breast, colorectal, lung, prostate and gynecological cancers. In total, there were 983 new cases of cancer at SCVMC in 2018.
- According to 2018 Sharp oncology data, 50% of the 431 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. At SCVMC, anxiety related to integrated political and health care issues was a significant contributor to patient

distress, causing reluctance to provide identification and consideration of dropping health insurance coverage for fear of negative immigration consequences.

- In 2017, cancer was the second leading cause of death in SDC's south region.
- There were 722 deaths due to cancer (all types) in SDC's south region in 2017. The region's age-adjusted rate of death due to cancer was 153.0 deaths per 100,000 population, which is higher than the overall SDC age-adjusted rate of 136.7 per 100,000 population.³⁶
- In 2017, the south region's age-adjusted death rates were higher than the rates for SDC overall for the following cancers: brain, colorectal, female reproductive, kidney, liver, lung, Non-Hodgkin's lymphoma, pancreatic, prostate and skin.
- In 2017, 19.5% of all cancer deaths in SDC's south region were due to lung cancer, 9.2% to colorectal cancer, 8.2% to pancreatic cancer, 7.3% to female breast cancer, 7.3% to female reproductive cancers, 6.4% to prostate cancer, and 6.2% to liver cancer.
- According to the ACS 2017 *California Cancer Facts & Figures* report, 72.4% of breast cancer cases among non-Hispanic white women in SDC were diagnosed at an early stage, compared to 69.3% of African American cases, 68.1% of Hispanic cases and 70.4% of Asian/Pacific Islander cases. Data suggests that early breast cancer detection resources are needed in minority communities.
- According to findings from the ACS *Cancer Facts & Figures 2019* report, the 40% decrease in the female breast cancer death rate between 1989 and 2016 is attributed to improvements in early detection, namely screening and increased awareness. The rates of new cancer cases and cancer deaths vary significantly among racial and ethnic groups, with rates generally highest among African Americans and lowest for Asian Americans. (ACS, 2019).
- A recent study by the ACS found that 42% of newly diagnosed cancer cases in the U.S. are potentially avoidable. Many of the known causes of cancer — and other noncommunicable diseases — are attributable to behavioral factors including tobacco use as well as excess body weight due to poor dietary habits and lack of physical activity (ACS, 2018).
- The *Journal of Oncology Navigation & Sponsorship* (JONS) emphasizes the importance of patient navigators as part of a multidisciplinary oncology team with the goal of reducing mortality among underserved patients. The navigator works with the patient across the care continuum, and often makes suggestions to help manage a patient from a holistic perspective (JONS, 2019).
- According to the National Institutes of Health (NIH), clinical trials, a part of clinical research, are at the heart of all medical advances. Greater clinical trial enrollment benefits medical research and increases the health of future generations as well as improves disease outcomes, quality of life and health of trial participants (NIH, 2017).

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 2019 Report of Activities

The Cancer Centers of Sharp HealthCare (Cancer Centers of Sharp), which includes SCVMC, Sharp Grossmont Hospital and Sharp Memorial Hospital, are 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 2019, the Douglas & Nancy Barnhart Cancer Center at SCVMC (Barnhart Cancer Center) hosted more than 40 free cancer-related seminars and classes, where 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. Education included advance care planning (ACP) with assistance in drafting advance health care directives (advance directives); nutrition management and healthy eating during and after treatment (in English and Spanish); and management of treatment-related lymphedema.

In addition, the hospital continued its collaboration with Las Damas de San Diego Foundation, San Diego Imaging – Chula Vista and La Maestra Community Health Centers to provide quarterly breast and cervical cancer screening events for approximately 100 attendees in FY 2019. Attendees were primarily low-income Hispanic women residing in the south region who were registered with 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, clinical breast exams and pelvic exams or Pap smears. 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 Barnhart Cancer Center served more than 1,400 individuals at community events, providing breast self-examination demonstrations and education on the importance of clinical breast exams and annual mammograms, as well as education on proper techniques for monthly breast self-exams. Additional cancer-specific education and resources were provided at these events, including genetic testing, nutrition information and patient navigator services. Events included San Diego Community Action Network (SanDi-CAN) and South County Action Network's (SoCAN's) Interactive Technology & Health Fair for Older Adults and Adults with Disabilities at the Jackie Robinson YMCA, St. Paul's Senior Services Senior and Family Resource Fair, Sharp Senior Resource Centers' and Sharp HospiceCare's Health and Wellness in Aging: Know Your Options conference at the Elks Lodge, the Chula Vista

Chamber of Commerce Mixer and Trade Show events, and the Sharp Women's Health Conference, where a dietitian and Sharp-affiliated hematologist/oncologist presented on breast cancer and lifestyle choices to reduce risk. SCVMC also supported the Making Strides Against Breast Cancer Walk – San Diego, sponsored by the ACS, where Sharp nurses provided first aid and blood pressure screenings for walkers and runners. In June, SCVMC provided education on the Mediterranean diet, as well as tips to help improve eating habits and manage lifestyle factors to promote long-term health and help prevent chronic disease at the San Diego Central Library. In addition, the Barnhart Cancer Center provided resources to community physicians and health care professionals at the Incorporating Updated Guidelines into the Management of Breast Cancer event at Sharp's Corporate Office.

In FY 2019, the Barnhart Cancer Center reached more than 300 individuals through a variety of cancer support groups provided in response to community needs. This included a monthly women's cancer survivor support group offered in English and Spanish; a twice-monthly men's cancer support group; a monthly support group for children with an adult loved one facing any type of cancer; a monthly support group for individuals living with advanced cancer; and a support group for women newly diagnosed with cancer, offered twice monthly in English and monthly in Spanish. New in FY 2019, the twice-monthly Women's Peer Survivor Network, led by an SCVMC volunteer, offered women the opportunity to network with fellow cancer survivors to discuss issues that may arise after completing cancer treatment, such as follow-up care, anxiety, fear of recurrence and where to find additional support.

SCVMC also provided free meeting space for community cancer groups throughout the year. This included the peer-facilitated Young Women's Breast Cancer Forum and Support Group for the Young Survival Coalition, an organization dedicated to assisting young women diagnosed with breast cancer. In addition, in collaboration with Las Damas de San Diego Foundation, a Las Damas support group met twice a month at the Barnhart Cancer Center to provide psychosocial support for women undergoing diagnosis and treatment for breast or cervical cancer.

The Barnhart Cancer Center also continued to offer a wig and prosthesis bank. In FY 2019, two trained wig fitters provided 85 cancer patients with more than 100 donated wigs, prosthetic devices, bras, scarves, hats and other items at no cost. The wigs and prostheses were provided through the hospital's partnership with ACS as well as through donations from community members and associations.

The 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 2019, cancer patient navigators assisted more than 600 patients at the Barnhart Cancer Center. The Barnhart Cancer Center team also includes a licensed clinical social worker, a genetics counselor, a speech-language pathologist, a lymphedema therapist, and a palliative care specialist. In addition, the Barnhart Cancer Center provides a certified dietitian who identifies patients at risk of nutritional problems and provides group education classes and referrals to meal delivery services and in-home

parenteral nutrition (method of getting nutrition into the body through the veins) care. Further, 20 volunteers — including a cancer survivor — assisted patients with wigs and prosthetics as well as offered Healing Touch, Reiki and pet therapy. Additional volunteers brought waiting room patients freshly baked cookies, coffee and warm blankets, as well as provided other assistance as needed. Volunteers also assembled bouquets from flowers donated by Trader Joe's Chula Vista for display throughout the center as well as to give to "graduating" cancer patients who completed a course of treatment. Lastly, Southwestern College (SWC) students who enrolled in the Integrative Therapies Collaborative, an innovative externship program developed by Sharp and SWC, offered cancer patients a variety of integrative healing therapies, including music for healing, hand massage and aromatherapy.

In FY 2019, the Barnhart Cancer Center helped raise community awareness of cancer through a variety of special events. In honor of National Mammography Day in October, the Barnhart Cancer Center held the Sharp Chula Vista Goes Pink event to increase awareness of the lifesaving importance of mammograms. The event featured a cancer survivor and employees of her salon who dyed the hair of Sharp-affiliated physicians and staff as well as Chula Vista police officers. New this year, event attendees were invited to participate in the Girls Love Mail project by writing letters of support to women newly diagnosed with breast cancer. These efforts were featured by numerous media outlets, including FOX 5 San Diego, NBC 7 San Diego, CBS News 8 – San Diego, Televisa Tijuana Oficial, Telemundo, *El Latino Newspaper* and Diego 99.3 FM. Throughout FY 2019, Sharp cancer specialists appeared in local English and Spanish television as well as print and radio news to educate community members about cancer. This included a discussion with 10News – ABC San Diego KGTV about supporting children with loved ones diagnosed with cancer and a discussion with FOX 5 San Diego regarding cancer diagnosis, support group options, and advice to family and friends regarding what to say to someone diagnosed.

The Cancer Centers of Sharp conduct 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 2019, the Cancer Centers of Sharp approached and evaluated 480 patients for participation in oncology clinical trials. As a result, 111 patients were enrolled in cancer research studies. In FY 2019, clinical trials focused on multiple types of cancer, including but not limited to brain, breast, colon, head and neck, lung, lymphoma, melanoma, ovarian, prostate and spinal cord.

FY 2020 Plan

The Barnhart Cancer Center at SCVMC will do the following:

- Continue to partner with local organizations and agencies to provide underserved community residents with health education and access to cancer screenings
- Offer cancer support groups for patients, caregivers and loved ones as well as members of the community, including groups in English and Spanish

- Continue to offer complementary integrative therapies including Healing Touch, Reiki and music for healing as well as aroma, hand and pet therapies
- Continue to offer wigs, prosthetics, bras, hats and scarves for cancer patients
- Offer monthly educational classes on nutrition for cancer prevention and nutrition during cancer treatment in both English and Spanish
- Provide meeting space for a program that offers quarterly sessions to assist women with makeup application during and after treatment, and following facial hair loss from chemotherapy
- Offer monthly lymphedema education classes
- Offer monthly ACP classes

Identified Community Need: Diabetes Education, Prevention and Support

Rationale references the findings of the SCVMC 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SCVMC 2019 CHNAs identified chronic conditions, including diabetes, as one of the priority health needs affecting members of the communities served by SCVMC.
- Data analysis in the SCVMC 2019 CHNA revealed a higher volume of hospital discharges due to Type 2 diabetes in communities within SDC's south region facing greater socioeconomic challenges, such as National City and San Ysidro.³⁵
- According to data presented in the HASD&IC 2019 CHNA, rates of ED visits for diabetes in SDC increased 7.2% from 2014 to 2016, with the most significant increases in individuals ages 27 to 44 (13.9%) and those identified as black/African American (15.1%).
- According to data presented in the SCVMC 2019 CHNA, in 2017, the top three ED and inpatient Type 2 diabetes diagnoses at SCVMC included Type 2 diabetes with hyperglycemia (high blood sugar), Type 2 diabetes with chronic kidney disease and Type 2 diabetes (uncomplicated).
- According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 51.0% of respondents ranked diabetes (Types 1 and 2) among the top five health conditions with the greatest impact on overall community health in SDC.
- Focus groups and key informant interviews conducted as part of the HASD&IC and SCVMC 2019 CHNAs identified numerous barriers to care for chronic conditions such as diabetes, including: lack of access to healthy food; lack of transportation; physical limitations or limited mobility; high health care costs; economic insecurity; low health literacy; poor health behaviors, such as unhealthy diet or lack of physical activity; medication management; unsafe neighborhoods; and unstable or complete lack of housing.
- Participants in the Sharp diabetes educator focus group conducted as part of the SCVMC 2019 CHNA process identified several barriers to effective diabetes

management, including: challenges associated with pharmacies, insurance policies and finances (including co-pays, loss of income due to time off work and the cost of transportation to medical appointments); fear related to job loss or immigration status; and lack of knowledge or cultural beliefs about food and illness.

- The Sharp diabetes educator focus group also identified the following barriers associated with diabetes management: isolation and loneliness; stigma, particularly when it is reinforced by physicians; lack of support from family members; and difficulty managing co-morbidities including cardiovascular issues, kidney issues, neuropathy, and vision issues.
- In 2017, diabetes was the fifth leading cause of death in SDC's south region.
- In 2017, there were 153 deaths due to diabetes in SDC's south region. The region's age-adjusted death rate due to diabetes was 32.1 per 100,000 population, nearly 50% higher than the overall SDC age-adjusted diabetes death rate (21.5 deaths per 100,000 population).³⁶
- In 2017, there were 859 hospitalizations due to diabetes in SDC's south region. The age-adjusted rate of hospitalization was 177.5 per 100,000 population. This rate was the second highest among all SDC regions and was higher than the age-adjusted rate of hospitalization for SDC overall (122.9 per 100,000 population).
- In 2017, there were 1,117 diabetes-related ED visits in SDC's south region, a 12.9% increase from 2016. The age-adjusted rate of diabetes-related ED visits was 230.3 per 100,000 population. This was the second highest rate among all SDC regions and was higher than the rate for SDC overall (165.0 per 100,000 population).
- According to 2017-2018 CHIS data, 16.5% of adults living in SDC's south region indicated that they had ever been diagnosed with diabetes, which was higher than SDC overall (9.6%) and the state of California (10.4%). Diabetes rates among seniors were particularly high, with 33.6% of south region adults over 65 reporting that they had ever been diagnosed with diabetes.
- According to 2018 CHIS data, 25.3% of residents in the south region had been told by their doctor that they had pre- or borderline diabetes, compared to 17.3% of residents in SDC overall.
- A study by the University of California, Los Angeles (UCLA) Center for Health Policy Research estimated that 13 million adults in California (46%) have prediabetes or undiagnosed diabetes, while another 2.5 million (9%) have already been diagnosed with diabetes (UCLA Center for Health Policy Research, 2016).
- Data presented by the United Health Foundation (UHF) indicates that, in 2017, diabetes prevalence in California was highest among American Indian/Alaska Natives (24.8%), followed by individuals of other race (16.4%), non-Hispanic blacks (14.8%) and Hispanics (12.1%) (UHF, 2018).
- According to the CDC, diabetes is the seventh leading cause of death in the U.S. In addition, the number of adults diagnosed with diabetes in the U.S. has more than tripled in the last 20 years (CDC, 2019).
- According to the CDC's 2017 *National Diabetes Statistics Report*, 87.5% 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 engaging in regular physical activity.

- The CDC estimates that 30.3 million people in the U.S. have diabetes. Of those individuals, 1 in 4 is not aware they have the disease (CDC, *National Diabetes Statistics Report*, 2017).
- The CDC identify diabetes as the leading cause of kidney failure, non-traumatic lower-limb amputations and new cases of blindness among adults (CDC, 2019).

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 2019 Report of Activities

The SCVMC Diabetes Education Program is recognized by the American Diabetes Association (ADA) for meeting national standards for excellence and quality in diabetes education covering blood sugar monitoring, medication and nutritional counseling as well as insulin pump and other device training. The program is led by certified diabetes educators who provide individuals and their support systems with the skills needed to successfully self-manage various conditions, including prediabetes, gestational diabetes (diabetes developed during pregnancy), and Type 1 and Type 2 diabetes. Small group and one-on-one education options are offered in English and Spanish.

In FY 2019, the Sharp Diabetes Education Program (Sharp's systemwide diabetes program) offered 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 the different types of diabetes; diabetes prevention; signs, symptoms and complications of diabetes; the connection between diabetes and CVD; nutrition and reading food labels; exercise; medication; and diabetes self-management. Also during the conference, a Sharp diabetes expert presented on the prevention and management of Type 2 diabetes, including helpful diets, physical activity and the power of lifestyle change. In addition, the Sharp Diabetes Education Program provided fundraising and team participation for the San Diego Heart & Stroke Walk at Balboa Park in September.

In November, the SCVMC Diabetes Education Program provided education on diabetes, including prediabetes, risk factors, signs and symptoms, treatment and goal-setting to eight community members at the Community Congregational Church of Chula Vista. The Sharp Diabetes Education Program also participated in Sharp's partnership with the City of San Diego to provide diabetes resources and nutrition education, including how food groups and serving sizes affect blood sugar levels, to nearly 15 community members at the Colonel Irving Salomon San Ysidro Community Activity Center.

The Sharp Diabetes Education Program continued to collaborate with FHCSO to provide education to patients with diabetes at multiple FHCSO sites, including those in the south region, through the organization's Diabetes Management Care Coordination Project (DMCCP). Through DMCCP, Sharp's diabetes educators provide weekly group health and nutrition education, healthy cooking demonstrations, physical activity classes, and one-on-one support from a nurse practitioner to FHCSO's diabetes patients. In addition, project "graduates" offer peer support and education to current enrollees in both English and Spanish. The project monitors participants' physical activity as well as their A1C and blood glucose levels, which it has proven to successfully lower and maintain. In FY 2019, Sharp diabetes educators provided 6 lectures in English and Spanish to nearly 60 community members at FHCSO's Chula Vista site. Topics included creating an active lifestyle; nutrition, including the effect of food groups and serving sizes on blood sugar levels; prediabetes; and diabetes risk factors, symptoms, treatment, self-management and goal-setting. In 2019, 32.5% of those enrolled in DMCCP saw a decrease in their overall A1C results.

The Sharp 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 Sharp Diabetes Education Program teaches underserved pregnant women and breastfeeding mothers with Type 1, Type 2 or gestational diabetes how to manage their blood sugar levels. In collaboration with community clinics, in FY 2019, the Sharp Diabetes Education Program provided these patients with a variety of education and resources to support a healthy pregnancy. Topics covered 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 Sharp Diabetes Education Program evaluated patients' management of their blood sugar levels and collaborated with community clinics' obstetrician/gynecologists (OB-GYN) to prevent complications. At SCVMC, the Sharp Diabetes Education Program provided services and education to nearly 430 underserved pregnant and breastfeeding women with diabetes in FY 2019.

Throughout the year, the Sharp Diabetes Education Program continued to provide services and resources to meet the needs of culturally 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. Resources were provided in Arabic, Somali, Tagalog, Vietnamese and Spanish, and food diaries and logbooks were distributed for community members to track their blood sugar levels. Additionally, live interpreter services were available in more than 200 languages via the Stratus Video

Interpreting iPad application. Further, Sharp team members received education regarding the different cultural needs of diverse communities to improve the delivery of inclusive and culturally competent care.

In FY 2019, the Sharp Diabetes Education Program supported the professional health care community through participation in various conferences. At the Liberty Station Conference Center in May, team members gave a presentation titled Obesity, Diabetes and Cardiovascular Disease to approximately 250 health professionals during Sharp's Obesity Crisis Conference. The Sharp Diabetes Education Program's presentation covered multiple topics, including: the history and prevalence of diabetes and prediabetes in the U.S.; testing for diabetes; the link between diabetes, CVD and obesity; decreasing risks; and weight management. In June, the Sharp Diabetes Education Program attended the ADA's 79th Scientific Sessions conference in San Francisco, California. The conference shared research advances to improve the lives of people with and affected by diabetes with more than 15,000 international attendees. In addition, in August, the Sharp Diabetes Education Program presented on the Use of Outcomes Data and Marketing Strategies to Sustain Diabetes Programs to approximately 200 health professionals at the American Association of Diabetes Educators' 2019 Annual Conference in Houston, Texas.

In November, the Sharp Diabetes Education Program hosted a diabetes conference for physicians, nurses, pharmacists, laboratorians, clinical and managerial leaders and other community health professionals interested in optimizing inpatient diabetes care. The conference provided 150 participants with specific tools and strategies for creating a culture that supports and encourages emerging therapeutic trends in glycemic management in a hospital setting. Topics included treating patients with Type 2 diabetes; cardiovascular risk for patients with Type 1 or Type 2 diabetes; new insulin products and their potential benefits; metabolism and weight loss in those using insulin; automated insulin infusion algorithms; and insulin pumps and continuous glucose monitoring. In addition, in FY 2019 the Sharp Diabetes Education Program provided diabetes education — including the different types of diabetes, diagnoses, current technology and medication, and careers in diabetes education — to more than 20 nurse practitioner students at San Diego State University (SDSU), as well as mentored two dietetic interns from the San Diego Women, Infants, and Children (WIC) program. Lastly, the Sharp Diabetes Education Program presented on diabetes and exercise to approximately 10 students at Point Loma Nazarene University (PLNU) School of Nursing's Health Promotion Center at the Church of the Nazarene in Mid-City, as well as provided diabetes education to approximately 10 Azusa Pacific University (APU) nursing students.

FY 2020 Plan

The SCVMC and Sharp Diabetes Education Programs will do the following:

- Provide community members with information related to prediabetes and diabetes at various community venues in SDC's south region

- Explore 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 residents in the city's nine districts, including the San Ysidro community
- Explore opportunities to provide diabetes education to the Imperial Beach community
- Explore additional opportunities to provide community-based diabetes education classes
- Continue to collaborate with FHCSO to provide education and resources to their patients with diabetes
- Continue to provide gestational diabetes services and resources to underserved pregnant and breastfeeding women, both at the hospital and in collaboration with community clinics
- Offer blood glucose screenings for community members in the south region of SDC
- Participate in Tour de Cure — the ADA's signature fundraising event to fight diabetes — as well as the San Diego Heart & Stroke Walk
- 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 to share best practices in diabetes treatment and control with the broader health care community
- Conduct educational symposiums for health care professionals focused on improving outpatient and inpatient diabetes care
- Continue to host a diabetes conference for health care professionals
- Explore collaborations with community service organizations that focus on diabetes prevention and care
- Partner with community physicians to help them improve patient outcomes using technology, including insulin pumps and blood glucose monitors

Identified Community Need: Health Education and Screening Activities

Rationale references the findings of the SCVMC 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SCVMC 2019 CHNAs identified access to health care, aging concerns, behavioral health, cancer, chronic conditions, community and social support, economic security, education, homelessness and housing instability, and unintentional injury and violence as the priority health issues affecting members of the communities served by SCVMC. In addition, maternal and prenatal care, including high-risk pregnancy was identified in the SCVMC 2019 CHNA as a priority health need.
- HASD&IC focus group participants also identified health literacy as a barrier to care, and recommended several strategies to address this issue, including: culturally sensitive education about preventive care, including immunizations and health

screenings; education about lifestyle choices that promote health, such as smoking cessation, nutrition and exercise; and assistance understanding and navigating the health care and insurance systems, particularly for those who have received a serious health diagnosis.

- As part of the SCVMC 2019 CHNA, a focus group comprised of members of Sharp's Patient Family Advisory Council described lack of health education and health literacy, particularly surrounding preventive care (including immunizations), illness and disease as barriers to health care. Participants also noted that many patients and community members do not understand how to navigate the health care system, especially identifying the appropriate sites of care to meet their needs.
- Participants in the Sharp Insight Community survey conducted as part of Sharp's 2019 CHNAs identified the following as being in the top five most important health conditions for south region residents: cancer (83%); aging concerns (72%); diabetes (64%); obesity (69%); and behavioral/mental health issues (58%). In addition, the SDOH most frequently identified as having the greatest impact on south region residents were: health insurance issues (83%); health behaviors (72%); economic security (67%); access to care (58%); and homelessness (31%).
- As part of Sharp's 2019 CHNAs, facilitated discussions with Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) case managers, social workers and a Nurse Educator identified the following health conditions that impact Sharp's maternal and prenatal patients: diabetes; preterm pregnancies; short interval pregnancies; substance use; and mood disorders, including postpartum depression and anxiety. Discussions also identified the following SDOH affecting their patients: limited access to behavioral health services, even for those patients with insurance; lack of access to transportation; and economic stress related to childcare and maternity leave.
- According to 2018 CHIS data, the self-reported obesity rate for adults in SDC's south region was 34.7%, higher than the rate for SDC overall (26.3%).
- In 2018, between 25% and 30% of California adults self-reported being obese. Obesity levels decreased as education levels increased, highlighting the need for health education as a tool for reducing obesity rates (CDC, 2019).
- 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% of Americans were obese (CDC, 2017).
- In 2018, 13.0% of south region adults reported that fresh fruits and vegetables were only sometimes affordable in their neighborhood (CHIS, 2018).
- According to the CDC, Americans now experience mortality at a much later age and largely due to chronic disease. In 2017, only 30% of Americans had advance care plans. With the largest generation of Americans now aging, education on end-of-life care is a public health issue (CDC, 2017).
- In 2017, 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 diseases and asthma when compared to SDC overall. Seniors in the south region experienced higher rates of

hospitalization for Alzheimer's and Parkinson's disease compared to seniors in SDC overall.

- In 2017, there were 497 low birth weight (LBW) births in SDC's south region, accounting for 6.8% of the region's total births. In the same year, there were 78 very low birth weight (VLBW) births in the south region, or 1.1% of total births. In SDC overall in 2017, LBW births accounted for 6.5% of births while VLBW births accounted for 1.0% of all births.
- There were 4,998 hospitalizations due to maternal complications in SDC's south region in 2017. The region's age-adjusted rate was 2,132.8 per 100,000 population, which was higher than the age-adjusted rate for SDC overall (1,843.0 per 100,000 population).³⁷
- According to the 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 from fractures. It can also affect the lives of family members and friends who serve as caregivers. Preventable risk factors for osteoporosis include smoking, alcohol consumption, and medication and vitamin intake (NIH, 2018).

Objectives

- Provide health education classes, support groups and screening activities for the community with a focus on health issues identified through the SCVMC 2019 CHNA
- Participate in community-sponsored events and support nonprofit health organizations

FY 2019 Report of Activities

In FY 2019, SCVMC participated in numerous community health fairs and events serving more than 500 community members. Events included the 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 five blood drives where more than 160 SCVMC team members donated blood.

Throughout the year, SCVMC provided flu vaccinations to nearly 170 south region community members at various locations, including St. Paul's Plaza assisted living facility, the Salvation Army's Silvercrest Residence in Chula Vista, and a shelter for asylum seekers. At the Chula Vista Chamber of Commerce Business Trade Show & Mixer in November and August, more than 150 community members were offered flu vaccinations; blood pressure, cholesterol and glucose screenings; and education and resources on cancer, blood pressure, hospice, stroke, sepsis and other health topics.

³⁷ The definition of maternal complications is based on analysis of ICD-10 codes conducted by the County of San Diego HHSA Community Health Statistics Unit. In 2018, the definition of maternal complications included 666 ICD-10 codes, however it was expanded in 2019 to include 1,827 ICD-10 codes. Notable conditions now included in this definition include: supervision of high-risk pregnancy, gestational or preexisting diabetes, preterm labor and/or delivery, complications related to sexually transmitted infections, maternal alcohol or drug use, and sexual, physical or psychological abuse of the mother.

Lastly, SCVMC offered flu vaccinations to staff and community members at the Consulate General of Mexico in San Diego.

In August, SCVMC attended Sharp Senior Resource Centers' and Sharp HospiceCare's Health and Wellness in Aging: Know Your Options conference at the Elks Lodge, which reached nearly 90 seniors and their families. The conference focused on ways to manage and promote healthy aging and wellness for seniors and their family members. Topics included staying safe and avoiding elder abuse, achieving emotional wellness as one ages, aging mindfully, understanding the expectations of normal aging, daily habits to encourage healthy aging, and the benefits of ACP including advance directives. The conference also included a resource fair with a variety of senior services and programs as well as mood screenings to assess attendees' emotional well-being.

SCVMC provided health education to a variety of groups throughout the year. In October, SCVMC continued to collaborate with Sharp HospiceCare to provide classes on advance directives to nearly 20 community members. In June, SCVMC presented on the importance of high-reliability measures to more than 50 people aboard the U.S. Navy hospital ship, the USNS Mercy, before deployment on a humanitarian mission. In July, SCVMC provided nearly 280 community members with resources and information on senior health issues and breast cancer at SanDi-CAN and SoCAN's Interactive Technology & Health Fair for Older Adults and Adults with Disabilities at the Jackie Robinson YMCA.

SCVMC also provided education and resources on orthopedics and bone health during FY 2019. In October, a Sharp-affiliated orthopedic surgeon provided education on pain management to 20 community members at the Kiwanis Club of Bonita. At the Sharp Women's Health Conference in May, the Sharp Ortho-Neuro Service Line, including staff from SCVMC, provided osteoporosis heel scans — a quick and painless method to measure the risk of low bone mass; orthopedic education and materials on calcium and vitamin D requirements; and exercise tips for osteoporosis treatment and prevention to approximately 100 attendees. In addition, SCVMC provided seminars on treating knee, hip and shoulder pain to more than 90 community members in FY 2019.

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 lactation educators provided education, support and guidance to more than 120 breastfeeding mothers in FY 2019. The groups were offered in both English and Spanish as well as held twice a week to accommodate working mothers. In October, SCVMC Women's Health Services held its 18th annual Breastfeeding Support Group Halloween Costume Parade for more than 40 mothers and family members 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 trick-or-treaters paraded around several floors of the hospital. Also in FY 2019, 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.

In September, SCVMC hosted its second Family Safety Fair to educate more than 50 parents, expecting parents and grandparents on prenatal and postnatal safety. The fair included a variety of resource booths, free car seat installations and checks from the California Highway Patrol (CHP), and information on baby-proofing, lead poisoning and poison control, emergency preparedness and umbilical cord blood banking. The event collaborated with local retailer buybuy BABY for giveaways and raffle prizes and was supported and attended by local Assembly Member Shirley Weber and her team. In addition, Sharp-affiliated OB-GYNs and pediatricians were available to answer questions at the event.

On two days in April, SCVMC clinicians and staff collaborated with CHP to provide the Every 15 Minutes program to raise awareness among juniors and seniors at Olympian High School about the dangers of driving under the influence of drugs or alcohol. The event included an in-depth simulation of a car accident and video of SCVMC staff caring for the victim in one of the hospital's patient rooms to illustrate that, on average, someone in the U.S. dies from an alcohol-related incident every 15 minutes. In addition, an SCVMC staff member spoke in opposition of drinking and driving to approximately 1,300 students attending the event. Through the program, students were challenged to think about substance use, driving, personal safety, the responsibility of making mature decisions and how their decisions impact family, friends and the community.

SCVMC continued to raise awareness of and foster collaboration around behavioral health needs in SDC's south region. In May, SCVMC hosted its third annual Changing Minds – Minds Matter South County Mental Health 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 region. In collaboration with SMV, the event included Check Your Mood screenings — a brief questionnaire aimed at assessing risk for depression — as well as educational workshops on substance use, dementia, mental health awareness, and child and adolescent mental health. The event brought more than 50 community partners together for a day of learning intended to reduce stigma, inspire recovery and empower 150 community members.

Throughout FY 2019, SCVMC helped raise community awareness of important health issues through information segments with KUSI News. Experts included a Sharp-affiliated cardiologist, a Sharp-affiliated emergency medicine physician and a registered dietitian. Topics included what plants to be cautious of, how a plant-based diet could help reduce the risk of developing Type 2 diabetes, and how at least six hours of sleep per night may help prevent plaque build-up in arteries.

Throughout the year, SCVMC provided coordination, support and related fundraising activities for various community nonprofit organizations, including Rotary Club of Chula Vista, Chula Vista Chamber of Commerce, Kiwanis Club of Bonita, AHA, AHA Regional Policy Board, Community Emergency Response Team, La Maestra Community Health Centers, San Diego Association of Directors of Volunteer Services, Chula Vista

Community Collaborative, ACS, San Diego Human Dignity Foundation, FHCSD, Las Primeras, American Lung Association, South Bay Community Services, Altrusa International Club of San Diego, San Diego Immunization Coalition, California Immunization Coalition, Champions for Health, and South Region – Live Well San Diego leadership, chronic disease, and communities of excellence committees. SCVMC also collaborated with the City of Chula Vista on the Healthy Chula Vista Advisory Commission to promote community wellness.

FY 2020 Plan

SCVMC will do the following:

- Provide a variety of educational resources, services and screenings at community health fairs and events
- In collaboration with community partners, provide an off-site, behavioral health resource and education event for community members in the south region
- 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 seven 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
- Continue to host an annual conference for seniors
- Continue to host a family safety fair

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 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SCVMC 2019 CHNAs identified education as one of 10 priority health conditions and SDOH affecting members of the communities served by SCVMC.
- According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 31% of respondents ranked education, including access, health literacy, workforce development and economic mobility, among the top five SDOH with the greatest impact on their community.
- According to participants in a focus group conducted during the HASD&IC 2019 CHNA, when residents are unable to attain higher levels of educational

achievement, individual and community health are impacted in the following ways: limited or low wage employment opportunities for those with low educational attainment; constant stress related to housing or food among families who are not economically secure, which contributes to poor health; and limited career mobility in low-wage jobs, creating little potential for promotions or higher wages.

- The San Diego Workforce Partnership (SDWP) reported that, in 2018, there were 157,756 people employed in the health care sector in SDC, accounting for 9% of all jobs countywide (SDWP, 2019).
- According to a 2017 report from the SDWP titled *San Diego's Priority Sectors: An Update on Labor Force and Training Needs*, the health care industry in SDC experienced net employment growth of 40.4% between 2006 and 2016 — considerably higher than the growth rate in the state of California (27%) and the nation (21%) (SDWP, 2017).
- The report also found that health care employers identified registered nurses (RNs), physicians and surgeons, and health technologists and technicians as the most difficult positions to fill. The most frequently cited reasons for hiring difficulties were lack of experience, small applicant pools, and insufficient non-technical skills (SDWP, 2017).
- According to SDWP, a major challenge faced by education and training programs in the health care sector is accommodating the number of clinical training hours required for students in California to become certified. In addition, the health care industry is facing significant changes due to uncertainty related to legislation and technology, as well as the growing demand for services to support California's aging population (SDWP, 2017).
- Total employment in California is projected to grow 10.7% between 2016 and 2026, reflecting an increase of 1.9 million jobs statewide over the decade. The health care and social assistance sector is expected to be the fastest growing industry in California, with 24.9% growth anticipated (California Employment Development Department, 2018).
- In its *Employment Projections – 2018-2028* report, the U.S. Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/ technical occupations will contribute about 30% of all new jobs and account for 18 of the 30 fastest growing occupations. Increased demand for health care services for an aging population and people with chronic conditions will drive much of the expected employment growth (BLS, 2019).
- As of 2018, SDC was one of 28 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (California Office of Statewide Health Planning and Development (OSHPD) *Registered Nurse Shortage Areas Update*, 2019).
- The U.S. Department of Health and Human Services Bureau of Health Workforce (BHW) projects that the demand for RNs in California will increase 71% by 2030 if current levels of health care are maintained. The report projects that California will need to hire an additional 26,270 nurses to meet the demand (BHW, 2018).
- According to forecasting 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% by 2030. These forecasts predict that the

southern border region will experience some of the highest levels of clinician shortages in the state. UCSF recommends a comprehensive and holistic targeted strategy to enhance the education pipeline, improve recruitment and retention, maximize the existing workforce, and leverage workforce data (UCSF, 2017-2018).

- According to a report from the California Health Care Foundation (CHCF), titled *California Physician Supply: Headed for a Drought?*, the total supply of active patient care physicians in California declined slightly between 2013 and 2015, a trend that appears to be driven by the aging of the physician workforce. In SDC, nearly a quarter of practicing physicians were ages 60 and older in 2015 (CHCF, 2018).
- The same report found that 32% of California's active patient care physicians were primary care physicians. In SDC, there were 112.3 specialty physicians practicing per 100,000 residents in 2015, compared to 49.8 primary care physicians per 100,000 residents (CHCF, 2018).
- According to a report from PolicyLink, a national research institute dedicated to advancing economic and social equity, building a diverse health care workforce in California — one that reflects the state's racial, ethnic, and linguistic diversity — is a critical strategy for increasing access to culturally and linguistically appropriate services, eliminating racial and ethnic health inequities, improving the quality of care, and reducing preventable costs (*Building an Inclusive Health Workforce in California: A Statewide Policy Agenda*, 2018).
- A report by the California Future Health Workforce Commission (CFHWC) titled *Meeting the Demand for Health* identified several strategies to recruit and maintain California's health care workforce, including but not limited to: offer health career pipeline programs for students from low-income backgrounds; provide academic, advising and health career development support to underrepresented college students; expand educational programs that train students to provide health care in underserved communities; and provide scholarships for low-income students (CFHWC, 2019).

Objective

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

FY 2019 Report of Activities

Throughout FY 2019, SCVMC provided more than 131,200 hours of training and supervision for nearly 850 students pursuing health care careers. Students came from colleges and universities throughout the community, including APU, California College San Diego, California State University Dominguez Hills, California State University San Marcos, Capella University, CBD College, Concorde Career College, EMSTA College, Grand Canyon University, Grossmont College, Grossmont Health Occupations Center, Keck Graduate Institute, Midwestern University, National University (NU), Palomar College, Pima Medical Institute, PLNU, San Diego City College, San Diego Mesa College, San Jose State University (SJSU), SDSU, SWC, Touro University, University of California San Diego, University of San Diego (USD), University of Southern

California and Western Governors University, as well as the San Diego Fire Department.

This included more than 700 nursing students who dedicated more than 87,200 hours to clinical rotations and individual training with hospital preceptors. Nursing students sought degrees ranging from associate level to Master of Science in Nursing. This also included a variety of students specializing in social work, dietetics, clinical or medical laboratory science, health informatics and more. In addition, the Barnhart Cancer Center precepted two radiation therapy students from NU, as well as a medical dosimetrist student and a Master of Social Work student from SJSU. Further, SCVMC Women's Health Services precepted eight nursing students from USD and SDSU in the Neonatal Intensive Care Unit.

SCVMC provided more than 1,300 hours of supervision, training, lectures and support to pharmacy students and more than 900 hours to pharmacy tech students in FY 2019. In addition, the hospital hosted 37 pharmacy students in advanced pharmacy practice experience rotations as well as provided over 1,060 hours of training to eight postgraduate year one Doctor of Pharmacy (PharmD) residents and one post-graduate year two Emergency Medicine Pharmacy Resident. SCVMC also provided information to hundreds of PharmD candidates, residents, students and interns about the education and training opportunities provided by the hospital's residency program. Education was provided through participation in showcases, educational sessions, poster presentations and lectures at various schools and state and national conferences. Furthermore, in FY 2019, SCVMC conducted 36 half-day interviews for pharmacy residency candidates after receiving and processing more than 110 applications.

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 hand massage, aromatherapy and music for healing. Students visit patient rooms on each nursing unit as well as hospital waiting areas and the Barnhart Cancer Center, where they nurture and interact with patients, families and visitors to help create a relaxing environment. SCVMC trained 30 students through the Integrative Therapies Collaborative in FY 2019.

In October and April, an SCVMC social worker presented on the role of a medical social worker in a hospital setting to 50 social work students at San Diego City College. In November, two SCVMC nurses presented at Castle Park High School's fourth annual Building and Construction Trades Fair on topics including what it is like to be a nurse, nursing career opportunities, nursing prerequisites, profession expectations and general compensation.

Throughout FY 2019, Sharp offered Spanish-language resources and educational opportunities to Hispanic or Latino community members and health workers in the south region. As part of the Conviva y Aprende (Share and Learn) educational series, Sharp offered five educational sessions to approximately 300 promotores (community health

workers) at the San Diego Country Club in Chula Vista. Session topics included Domestic Violence and How it Affects the Whole Family; Diets and Healthy Eating; Depression Can Affect Anyone at Any Age; Diet and Daily Stress Affect the Digestive System; and Alzheimer's Disease and Dementia. Sharp also offered three open enrollment Medicare presentations and four New to Medicare seminars in Spanish to more than 100 attendees.

Throughout FY 2019, 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 2019, more than 30 students in grades nine through 12 explored a variety of hospital specialties based on their interests, including pharmacy, radiation oncology, pathology, nursing, medical/surgical, Sodexo/food and nutrition services, engineering and physical rehabilitation. HSHMC students spent more than 7,300 hours at SCVMC during FY 2019.

SCVMC also continued to foster student interest in health care careers through the provision of hospital tours. In FY 2019, four tours were provided to 60 students from San Ysidro Adult School, SWC and UEI College.

FY 2020 Plan

SCVMC will do the following:

- Continue to provide educational 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 Health Care and Community and Social Support

Rationale references the findings of the SCVMC 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SCVMC 2019 CHNAs identified community and social support, economic security, and homelessness and housing instability among the priority health needs affecting members of the communities served by SCVMC, particularly underserved and underfunded patients who face inequities.
- Focus groups and key informant interviews conducted as part of the HASD&IC 2019 CHNA identified five primary barriers to accessing health care in San Diego: (1) lack

of insurance; (2) economic insecurity; (3) transportation; (4) fear related to immigration status; and (5) lack of culturally competent/linguistically appropriate care options.

- According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 72% of respondents identified access to care, 60% identified economic security, and 35% identified care management, including disease management and community social service linkage, among the top five SDOH with the greatest impact on their community.
- Participants in the Sharp Case Management Leadership focus group conducted as part of the SCVMC 2019 CHNA identified a lack of: family support; caregiver upon discharge; and childcare assistance as priority SDOH related to community and social support that influence the health and well-being of their patients.
- Sharp Case Management Leadership focus group participants also identified economic security as a significant barrier to care. In particular the cost of housing, taking time off work for medical appointments, the cost of medication and food insecurity were highlighted.
- Further, Sharp Case Management Leadership focus group participants identified the following hospital discharge challenges and barriers for patients: transportation support; a shortage of recuperative or respite care options; a lack of short-term caregivers and in-home support services; and a need for a streamlined process from the hospital to the County of San Diego HHSA for those who qualify for wraparound support.
- Participants in Sharp's 2019 CHNA community engagement activities identified the following strategies to address economic security in patients: prioritizing the hiring and training of social workers; offering free post-surgery visits; providing follow-up phone calls to patients following discharge; making in-home care more accessible; ensuring access to 2-1-1 San Diego's (2-1-1's) Community Information Exchange (CIE) to and other community resources at all Sharp facilities; establishing more patient-centered initiatives; and creating on-site resources to assist patients in finding and applying for affordable housing.
- In 2017, there were 710 ED visits related to mood disorders in SDC's south region, and the age-adjusted rate was 138.1 per 100,000 population. Individuals ages 15 to 24 had a significantly higher rate of ED visits for mood disorders when compared to all other age groups (282.9 per 100,000 population).
- There were 511 ED visits for substance-related disorders in SDC's south region in 2017. The age-adjusted rate of ED visits for substance-related disorders was 102.5 per 100,000 population.
- From 2017-2018, 25.8% of adults reported visiting the emergency room in SDC's south region, while 9.3% of south region adults, teens and children claimed to have no usual source of care (CHIS, 2017-2018).
- According to the San Diego Hunger Coalition, 1 in 7 San Diegans experienced food insecurity in 2017. Half of adults experiencing food insecurity are living with a disability (San Diego Hunger Coalition, 2019).
- The Regional Taskforce on the Homeless' January 2019 *WeAllCount* campaign estimated that there were 8,102 homeless individuals in SDC, roughly 55% of whom were unsheltered.

- In 2019, 5.3% of SDC's homeless population resided in the south region.
- A 2016 report by the County of San Diego HHSA 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. Two of the lowest income communities, Chula Vista and National City, are located in SDC's south region.
- According to OSHPD, the number of primary care clinics in California rose steadily between 2014 and 2018. During this period, the number of patients utilizing these clinics increased by 22.0%, while the total number of primary care clinic encounters increased by 38.8% (OSHPD, 2018).
- According to a report from the CHCF titled *Mental Health in California: For Too Many, Care Not There*, the prevalence of serious mental illness varies by income level, with lower-income individuals experiencing higher rates of mental illness. Although the number of adults with mental health coverage in California increased nearly 50% between 2012 and 2015 because of Medi-Cal expansion, in 2015, approximately two-thirds of Californian adults with mental illness and adolescents who experienced major depressive episodes did not receive treatment (CHCF, 2018).
- According to the same report, ED visits resulting in inpatient psychiatric admissions increased 30% from 2010 to 2015. More robust community behavioral health services for low-income and uninsured patients may decrease unnecessary ED use (CHCF, 2018).

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, pharmaceutical assistance and connection to services in the community

FY 2019 Report of Activities

In FY 2019, SCVMC continued to provide specialized programming to support low-income, uninsured and medically underserved patients in SDC's south region who receive care from SCVMC hospitalists. The program provided these patients with access and timely referrals to primary care and behavioral health services, as well as facilitated the establishment of medical homes (e.g., primary care) at community clinics, including Chula Vista Family Health Center and San Ysidro Health locations.

SCVMC provided care and community resources to safety net patients with chronic conditions to help them better manage their pain, diseases and overall health care. This included providing affordable medications through low-cost generic prescriptions

available at Costco and Walmart, as well as discount cards for select medications. Additional pharmaceutical assistance was provided through referrals to Sharp's pharmacy assistance program, which helps patients enroll in discount programs through pharmaceutical companies. Patients also received other resources including but not limited to medication assistance through community clinics and programs for various conditions through the County of San Diego Public Health Services. In addition, in FY 2019, SCVMC provided nearly \$26,700 in free medications, transportation and financial assistance through its Project HELP funds as well as financial assistance for a variety of post-acute care services, such as durable medical equipment necessary for the safe discharge of unfunded patients. Further, Sharp's Patient Access Services team provides robust services to assist with access to care and health insurance coverage for patients at all Sharp hospitals, including patients of SCVMC. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for more information on these programs and services.

SCVMC's social services staff continued to provide safety net patients with comprehensive behavioral health services. Individuals who presented in the ED with severe mental illness received mental health evaluation, appropriate placement within the hospital and community, and community resources and referrals as needed. In FY 2019, more than 14,600 social service interventions, including behavioral health interventions, were provided throughout the hospital as well as Birch Patrick Convalescent Center — a skilled nursing facility at SCVMC. Through these interventions, the hospital conducted more than 1,800 family conferences, nearly 2,700 psychosocial assessments and nearly 5,600 staff consultations. In addition, the total number of interventions strictly for information and resources were nearly 4,200. Further, more than 1,650 patients received counseling and nearly 1,100 patients were evaluated for substance use. Individuals were also assessed for suicidal or homicidal ideation and provided with outpatient resources or mental health treatment and placement as needed.

SCVMC's specialized programming establishes a higher standard of care delivery for nurses and doctors who handle exceptionally vulnerable patients. In FY 2019, SCVMC continued to collaboratively establish outpatient treatment plans with safety net patients who frequent the ED, and provided these patients with education on the proper use of the ED. More than 850 patients were treated strictly for issues related to homelessness, and many of those patients also received treatment for substance use. In addition, SCVMC's efforts to establish medical homes has resulted in a dramatic decrease in the number of vulnerable community members utilizing the hospital's ED as a primary source of care, indicating improved access to and quality of care for these individuals.

Diapers are expensive — a month's supply can cost up to \$80 per child — and cannot be purchased with CalFresh or 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 May 2019, SCVMC collaborated with the Food Bank to help struggling families cope with a serious challenge — the cost of diapers — by starting a Diaper Bank at SCVMC. This three-year partnership provides diapers to low-income

parents in SDC so they can remain employed, provide for their families, and lift themselves out of poverty. In FY 2019 SCVMC distributed more than 5,500 diapers to more than 80 households through this partnership, serving more than 100 children in the community.

New in FY 2019, SCVMC joined Sharp's systemwide pilot partnership with 2-1-1's CIE to better understand and address the SDOH that influence the health and well-being of their patients. Research continues to underscore that SDOH — the conditions where people live, learn, work and play — have a significant impact on the ability for community members to access care and maintain their health. SCVMC joined the CIE pilot partnership in order to provide more informed, holistic care to patients with SDOH needs, and to connect them directly to community resources specifically for those needs.

More than 70 CIE community partners — including health care, food banks, housing and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared community member records enable CIE partners to evaluate an individual's SDOH needs and current use of community programs and services, and to make direct referrals to critical, community-based resources. Beginning in summer 2019, SCVMC case managers and social workers received training on CIE as a tool to serve vulnerable patients in the acute care setting, including those patients experiencing food insecurity and homelessness. Metrics of this partnership, including demographic and utilization data, as well as volume and successful community referrals, are currently being collected and will help to assess the impact and value of the partnership at the end of its pilot year in early summer 2020.

In addition, SCVMC continued to collaborate with the San Diego Rescue Mission's (SDRM) Recuperative Care Unit (RCU) to provide a safe discharge plan for patients experiencing chronic homelessness who require further supervision and a stable living environment for their continued recovery. The RCU was a temporary shelter program that addressed the needs of men and women experiencing homelessness who were newly released from the hospital. The program provided 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. In January 2019, SDRM closed their RCU, thus ending this partnership. Lastly, in FY 2019, SCVMC continued to participate in the County of San Diego's Whole Person Wellness pilot program to help provide comprehensive care management for homeless Medi-Cal beneficiaries who experience high utilization of medical services.

FY 2020 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 region; continue inclusion of SCVMC transition planning

- 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
- Continue to participate in 2-1-1's CIE program to serve homeless and other complex patients by connecting them to needed services in the community
- Continue to collaborate with the Food Bank to provide free diapers to patients
- Establish a collaboration between the Birch Patrick Convalescent Center and a mobile dentist to provide in-house dental care (beginning October 2019)
- Continue to partner with the Food Bank to provide diapers to low-income parents in SDC

SCVMC Program and Service Highlights

- 24-hour emergency services
- ACP
- Acute inpatient medical care
- Birch Patrick Convalescent Center
- Bloodless Medicine and Surgery
- Cancer care, including radiation and infusion therapy at the Barnhart Cancer Center
- Classes, events and physician referral through 1-800-82-SHARP
- Clinical trials for cancer treatment, orthopedics and cardiovascular health
- Diagnostic imaging, including X-ray, computed tomography (CT) scan, magnetic resonance imaging (MRI), positron emission tomography (PET) scan, nuclear medicine, mammography, ultrasound, bone density testing, and outpatient imaging center
- Ear, nose and throat
- Endoscopy services
- Eye care
- Financial counseling and assistance
- FollowMyHealth[®], a secure on-line patient website that gives patients convenient, 24-hour access to their personal health information
- General and specialty surgical services, including robotic surgery, open-heart surgery, total joint replacement and minimally invasive surgery
- Genetic counseling and testing
- Heart and vascular care, including diagnostics, open-heart surgery, interventional cardiology and cardiac rehabilitation
- Home health³⁸
- Hospice³⁹
- Integrative and complementary medicine, including Healing Touch and aromatherapy
- Interventional radiology
- Laboratory services
- Medical and Surgical Intensive Care Units
- Mindful Café, offering healthy and nutritious food options for patients, family and staff
- Neurology and stroke services (nationally recognized by the AHA/ASA for stroke)
- Nutrition counseling
- Orthopedics
- Outpatient diabetes services, recognized by the ADA
- Outpatient Surgery Center
- Pharmacy (inpatient and outpatient), including residency program
- Pulmonary care
- Rehabilitation, including physical, occupational, speech and lymphedema therapies, as well as balance and vestibular rehabilitation
- Social services
- Translation and interpreter services

³⁸ Provided through Sharp Memorial Hospital Home Health Agency.

³⁹ Provided through Sharp HospiceCare.

- Transportation services, a free non-emergency community van service
- Weight-loss surgery (bariatric)
- Women's and infants' services, including maternity services, neonatal intensive care, English and Spanish childbirth education and support groups, and gynecologic procedures



Protecting Seniors From Falls

Sharp Coronado Hospital and Healthcare Center

Falls are the leading cause of fatal and non-fatal injuries for older Americans, and can have a severe impact on quality of life. In response to community need, Sharp Coronado Hospital and Healthcare Center developed the Fall Prevention Workshop to protect senior community members from the potentially devastating effects of a fall.

Since July 2018, the monthly Fall Prevention Workshop has educated community members about common causes of falls, equipment and home modifications to help prevent falls, and strategies to avoid injury during a fall. Each participant is screened for their risk of falling by the hospital's physical therapist and certified personal trainer. Finally, attendees leave with a personalized fall prevention plan for continued support at and away from home.

Section

5 Sharp Coronado Hospital and Healthcare Center

Sharp Coronado Hospital was built by our community for our community. Together we have transformed health care and have set a standard of patient and family centered care that is amongst the world's best. We are grateful to our community for sharing our vision to make this hospital the best in the universe! — Susan Stone, Chief Executive Officer, SCHHC

Fiscal Year (FY) 2019 Community Benefit Program Highlights

Sharp Coronado Hospital and Healthcare Center (SCHHC) provided a total of **\$22,137,976** in community benefit in FY 2019. See **Table 19** 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 19: Economic Value of Community Benefit Provided
Sharp Coronado Hospital and Healthcare Center — FY 2019**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2019 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ⁴⁰	\$5,410,843
	Shortfall in Medicare ⁴⁰	13,433,378
	Shortfall in CHAMPVA/TRICARE ⁴⁰	1,563,577
	Shortfall in Workers' Compensation	15,021
	Charity Care ⁴¹	772,829
	Bad Debt ⁴¹	109,439
Other Benefits for Vulnerable ⁴² Populations	Project HELP, patient transportation, and other assistance for the vulnerable ⁴³	81,575
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 ⁴³	62,863
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ⁴³	688,451
TOTAL		\$22,137,976

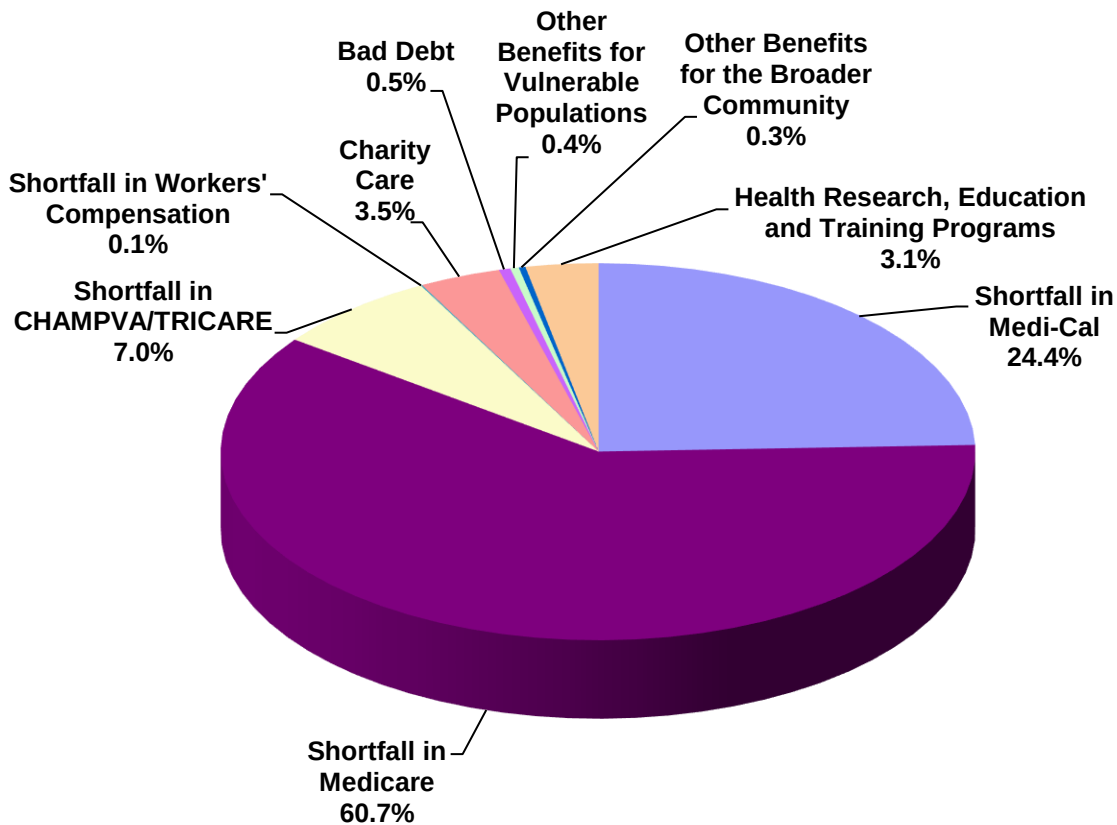
⁴⁰ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

⁴¹ 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.

⁴² "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs. <https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Data-And-Reports/Documents/Submit/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Legislature-Community-Benefit.pdf>.

⁴³ 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 2019**



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 2018, 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, 2017 through June 30, 2019. This resulted in recognition of net supplemental revenues for SCHHC totaling \$7.2 million in FY 2019. These supplemental revenues were funded through SCHHC's traditional Medi-Cal program, which was only in a shortfall position of \$3.5 million prior to the fee. As such, the net impact of the program was to reduce SCHHC's shortfall in traditional Medi-Cal to \$0.00 (zero). This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2019 understate the true unreimbursed medical care services performed for the past fiscal year.

- **Other Benefits for Vulnerable Populations** included Project HELP, which provides funding for specific needs (e.g., medications, etc.) to assist lower-income patients; contribution of time to Promises2Kids, Mama's Kitchen, the Sharp Humanitarian Service Program and Meals on Wheels San Diego County; and other assistance for vulnerable 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 SAFE (Student And Family Enrichment), Coronado Chamber of Commerce, San Diego Eye Bank Nurses' Advisory Board, Grossmont College Respiratory Advisory Committee, California Department of Public Health (CDPH) Healthcare Associated Infection (HAI)/Antimicrobial Stewardship Program (ASP) Subcommittee (CDPH HAI/ASP Subcommittee), and the Planetree Board of Directors. See **Appendix A** for a listing of Sharp's involvement in community organizations in FY 2019. 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.

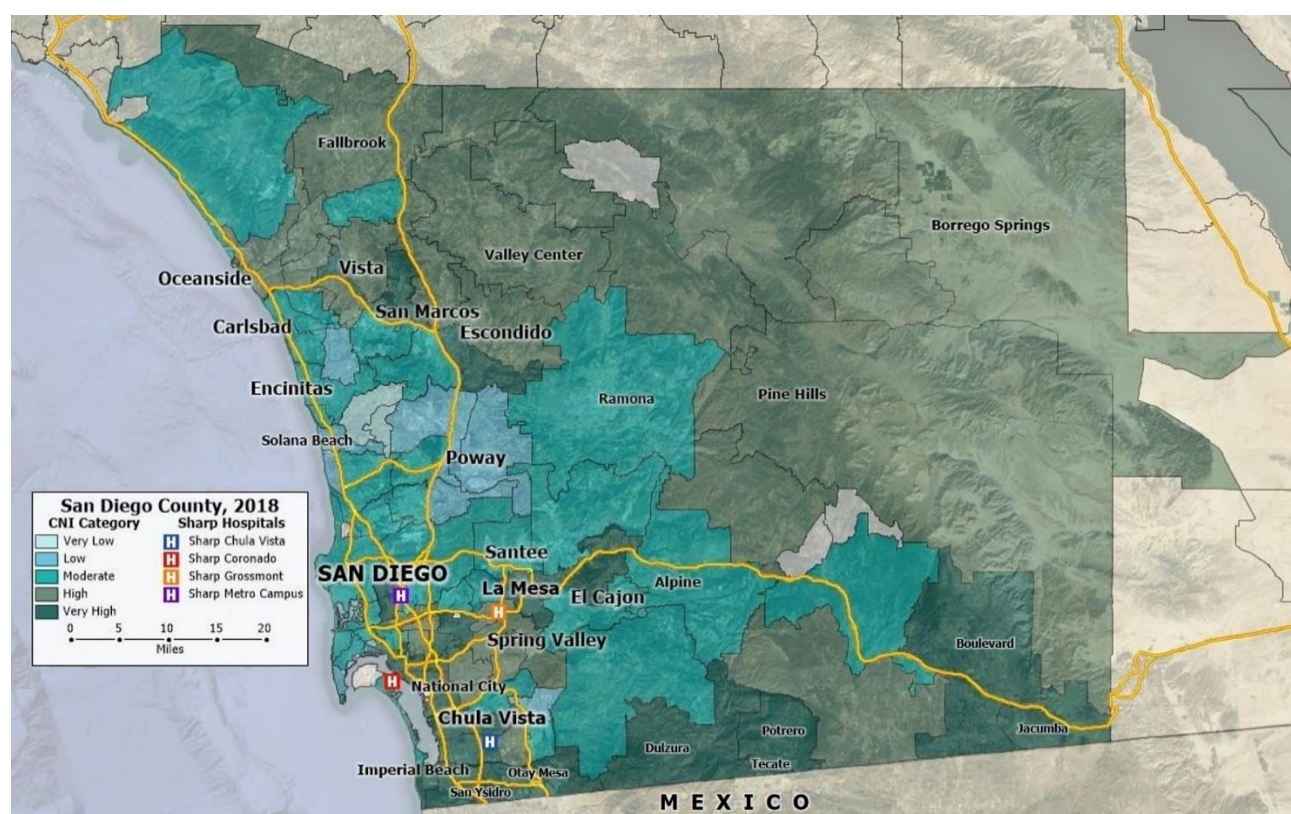
The communities served by SCHHC include the City of Coronado, Downtown San Diego and Imperial Beach, an incorporated city. Notably, most Coronado residents use SCHHC. Coronado is connected to central San Diego by a bridge to the east and an isthmus known as the Silver Strand to the south. SCHHC is geographically 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 (SDC) are provided. See **Appendix B** for a map of community and region boundaries in SDC.

For SCHHC’s 2019 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify communities with greater health disparity within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States (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** presents a map of the CNI scores across SDC.

Figure 18: CNI Map — SDC⁴⁴



Description of Community Health

In 2019, there were 504,267 residents ages 65 and older in SDC, representing 15.1% of the population. Between 2019 and 2024, it is anticipated that SDC’s senior population will grow by 22.4%. Further, individuals ages 65 and older make up 19.2% of Coronado Island’s population, while adults ages 45 to 64 make up 20.0%. Between 2019 and 2024, the senior population is projected to grow by 20.3% on Coronado Island and by

⁴⁴ Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018.

24.9% in SCHHC's service area, which includes Coronado Island, Imperial Beach and Otay Mesa, among other communities.⁴⁵ Given the unique geography and demographic composition of SCHHC, many of the hospital's services address the health needs of older adults.

In 2017, 13.3% of the SDC population reported living below 100% of the federal poverty level (FPL). The county's unemployment rate was 6.8% and 5.0% of households received Supplemental Security Income.⁴⁶

According to data from the San Diego Hunger Coalition, 1 in 7, or 14% of SDC's population experienced food insecurity⁴⁷ in 2017. An additional 1 in 5 San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget.⁴⁸ In 2017, 7.2% of households in SDC participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 19.9% of the population lived at or below 138% FPL and were eligible for the program.⁴⁶ Please refer to **Table 20** for SNAP participation and eligibility in SDC.

Table 20: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2017⁴⁶

Food Stamps/SNAP Benefits	
Households	7.2%
Families with Children	6.9%
Eligibility by FPL	
Population ≤130% FPL	18.5%
Population ≤138% FPL	19.9%
Population 139% - 350% FPL	32.2%

In SDC in 2017, 94.6% of children ages 18 and under, 82.7% of young adults ages 19 to 25, 84.0% of adults ages 26 to 44, 89.1% of adults ages 45 to 64, and 98.5% of seniors ages 65 and older had health insurance.⁴⁶ Health insurance coverage for each age group was lower than the Healthy People 2020 (HP2020) national target of 100% health insurance coverage for all individuals under age 65.⁴⁹ See **Table 21** for health insurance coverage in SDC in 2017.

⁴⁵ SpeedTrack Inc.; U.S. Census Bureau.

⁴⁶ County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit (2019), *2017 Demographic Profiles: San Diego County*; U.S. Census Bureau, American Community Survey 5-year estimates 2013-2017

⁴⁷ Food security means access by all people at all times to enough food for an active, healthy life.

<https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/>.

⁴⁸ San Diego Hunger Coalition (2019), *Hunger Free San Diego Issue Brief: 2017 San Diego County Food Insecurity*.

⁴⁹ 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 21: Health Insurance Coverage in SDC, 2017⁴⁶

Description	Rate	HP2020 Target
Current Health Insurance Coverage		
Children 0 to 18 years	94.6%	100%
Young adults 19 to 25 years	82.7%	100%
Adults 26 to 44 years	84.0%	100%
Adults 45 to 64 years	89.1%	100%
Seniors 65+ years	98.5%	100%

According to the California Health Interview Survey (CHIS), in 2018, 28.9% of SDC's population was covered by Medi-Cal.⁵⁰ See **Table 22** for details.

Table 22: Medi-Cal (Medicaid) Coverage in SDC, 2018⁵⁰

Description	Rate
Covered by Medi-Cal	28.9%
Not covered by Medi-Cal	71.1%

CHIS data also revealed that 10.3% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 23**).⁵⁰

Table 23: Regular Source of Medical Care in SDC, 2018⁵⁰

Regular Source of Medical Care	Rate	HP2020 Target
Has a usual source of care	89.7%	100%
Has no usual source of care	10.3%	100%

Cancer and diseases of the heart were the top two leading causes of death in SDC in 2017.⁵¹ See **Table 24** for a summary of leading causes of death in SDC. For additional demographic and health data for communities served by SCHHC, please refer to the SCHHC 2019 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

⁵⁰ 2018 CHIS.

⁵¹ County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit (2019), *Leading Causes of Death Workbook 2011-2017*.

Table 24: Leading Causes of Death in SDC, 2017⁵¹

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	5,033	23.2%
Diseases of the Heart	4,764	21.9%
Alzheimer's Disease	1,450	6.7%
Cerebrovascular Diseases	1,376	6.3%
Accidents/Unintentional Injuries	1,188	5.5%
Chronic Lower Respiratory Diseases	1,025	4.7%
Diabetes Mellitus	799	3.7%
Essential Hypertension and Hypertensive Renal Disease	469	2.2%
Intentional Self-Harm (Suicide)	428	2.0%
Influenza and Pneumonia	393	1.8%
All Other Causes	4,807	22.1%
Total Deaths	21,732	100.0%

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 2019 CHNA

SCHHC completed its most recent CHNA in September 2019. SCHHC's 2019 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2019 CHNA process and findings. Please refer to **Section 3: Community Benefit Planning Process** for a detailed description of Sharp's 2019 CHNA process and findings.

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 2019 CHNA. The most recent CHNA and implementation strategy for SCHHC are available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

Through the SCHHC 2019 CHNA, the following priority health needs were identified for the communities served by SCHHC (listed in alphabetical order):

- Access to Health Care
- Aging Concerns
- Behavioral Health (including Substance Use)
- Cancer
- Chronic Health Conditions (e.g., Cardiovascular Disease (CVD), Diabetes and Obesity)
- Community and Social Support
- Economic Security
- Education
- Homelessness and Housing Instability
- Unintentional Injury and Violence

The following pages detail SCHHC programs, activities and services that specifically address aging concerns, chronic health conditions, community and social support (these programs also help address access to health care, economic security and homelessness and housing), education and unintentional injury. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for additional entity and systemwide programs designed to address access to health care.

In light of the significant number of adults and older adults that comprise the community served by SCHHC (adults ages 45 to 65-plus, nearly 40%), many of SCHHC's programs focus on aging concerns. However, SCHHC also provides education and screening programs that address a healthy lifestyle and are an important factor in care for obesity, CVD and diabetes. Unfortunately, SCHHC has limited capacity and resources to comprehensively address these health needs through community initiatives, as well as lacks 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 by Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center, which are the major providers of behavioral health and substance use services in SDC. Please refer to **Section 11** of this report for details on those programs. SCHHC has collaborated with SMV in recent years and continues to explore those opportunities as capacity allows.

For additional details on SCHHC programs that specifically address the needs identified in the 2019 CHNA, please refer to SCHHC's implementation strategy available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2019 Report of Activities conducted in support of the objective(s) and FY 2020 Plan.

Identified Community Need: Health Education, Screening and Support Activities

Rationale references the findings of the SCHHC 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SCHHC 2019 CHNAs identified access to health care, aging concerns, behavioral health, cancer, chronic conditions, community and social support, economic security, education, homelessness and housing instability, and unintentional injury and violence as the priority health issues affecting members of the communities served by SCHHC.
- HASD&IC focus group participants also identified health literacy as a barrier to care, and recommended several strategies to address this issue, including: culturally sensitive education about preventive care, including immunizations and health screenings; education about lifestyle choices that promote health, such as smoking cessation, nutrition and exercise; and assistance understanding and navigating the health care and insurance systems, particularly for those who have received a serious health diagnosis.
- As part of the SCHHC 2019 CHNA, a focus group comprised of members of Sharp's Patient Family Advisory Council described lack of health education and health literacy, particularly surrounding preventive care (including immunizations), illness and disease as barriers to health care. Participants also noted that many patients and community members do not understand how to navigate the health care system, especially identifying the appropriate sites of care to meet their needs.
- Participants in the Sharp Insight Community survey conducted as part of Sharp's 2019 CHNAs ranked the following health conditions and social determinants of health (SDOH) as the top ten items with the greatest impact on the health of community residents: understanding, securing and using health insurance; access to care, particularly primary, dental, behavioral health and specialty care; aging concerns; behavioral/mental health issues; cancer (all types); obesity; economic security; heart disease; health behaviors (diet, physical and sexual activity, tobacco and substance use) and diabetes.
- Focus groups conducted as part of the HASD&IC and SCHHC 2019 CHNAs identified several health conditions that particularly impact older adults, including: Alzheimer's and Parkinson's diseases, dementia, arthritis, loss of mobility, opioid abuse, diabetes, heart disease, anxiety, depression, lung disease, obesity and poor oral health. In addition, the focus group identified the following SDOH that impact seniors: lack of accessible or reliable transportation options; challenges accessing fresh food; social isolation and inadequate family support; economic insecurity and environmental pollutants.

- Sharp senior health focus group participants suggested the following strategies for increasing health care access for seniors: establishing a centralized communication database so that patient information can be shared across health care systems; creating and promoting programs to assist seniors with transportation to medical appointments and grocery stores; expanding meal delivery services; expanding behavioral health care options for Medi-Cal and Medicare patients and increasing the availability of translators.
- Data analysis in Sharp's 2019 CHNAs revealed a higher volume of hospital discharges due to CVD and Type 2 diabetes in communities facing greater socioeconomic challenges throughout SDC.⁵²
- In 2017, cancer was the leading cause of death, and diseases of the heart were the second leading cause of death in SDC.
- In 2017, the 10 leading causes of death among adults ages 65 years and older in SDC were diseases of the heart, cancer, Alzheimer's disease, cerebrovascular diseases (including stroke), chronic lower respiratory diseases, diabetes, accidents/unintentional injuries, essential hypertension and hypertensive renal disease, Parkinson's disease, and influenza or pneumonia.⁵³
- In 2017, the number of osteoarthritis-related hospitalizations in SDC totaled 9,235 — an age-adjusted rate of 245.3 per 100,000 population. SDC adults ages 65 years and older represented the highest hospitalization rate for arthritis when compared to all other age groups, with a rate of 1,251.2 per 100,000 population.
- According to 2018 CHIS data, 26.3% of SDC adults reported being obese.
- In 2018, between 25% and 30% of California adults self-reported being obese. Prevalence of obesity decreased as education levels increased, highlighting the need for health education as a tool for reducing obesity rates (Centers for Disease Control and Prevention (CDC), 2019).
- 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 some types of cancer. In 2015-2016, 39.8% of Americans were obese (CDC, 2017).
- According to an article titled *Social and Environmental Factors Influencing Obesity*, obesity prevalence is significantly associated with sex, racial or ethnic identity, and socioeconomic status. Higher odds of obesity are attributed to multiple factors, including: environments experiencing deprivation, disorder, or high crime; proliferation of high calorie, energy dense food options that are perceived as more affordable; and reductions in occupational and transportation-related physical activity. Both objective and subjective measures of social status and inequality are associated with increased energy intake and decreased energy expenditure, which could place individuals of low social status at greater risk of developing obesity (Lee, Cardel & Donahoo, 2019).

⁵² Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018; California Office of Statewide Health Planning and Development via SpeedTrack, Inc., 2017.

⁵³ The County of San Diego Health and Human Services Agency's Community Health Statistics Unit collects annual data on leading causes of death using methodology established by the National Center for Health Statistics (NCHS). Data is based on "underlying cause of death" information from all death certificates filed in SDC in 2017. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10's "List of 113 Selected Causes of Death and Enterocolitis due to *Clostridium difficile*." (County of San Diego Health and Human Services Agency Public Health Services, Community Health Statistics Unit, 2019; Heron, M., Deaths: Leading causes for 2017. National Vital Statistics Reports; vol. 68 no 6. Hyattsville, Maryland: NCHS. 2019.).

- 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 from fractures. It can also affect the lives of family members and friends who serve as caregivers. Preventable risk factors for osteoporosis include smoking, alcohol consumption, and medication and vitamin intake (NIH, 2018).
- 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; physical environment both at home and in the community; access to health services and systems for injury-related care; and social environment, including individual social experiences (e.g., social norms, education and victimization history), social relationships (e.g., parental monitoring and supervision of youth, peer group associations and family interactions), community environment (e.g., cohesion in schools, neighborhoods and communities) and societal factors (e.g., cultural beliefs, attitudes, incentives and disincentives, laws and regulations).

Objectives

- Provide on-site and community-based education addressing CHNA-identified health needs, including chronic conditions (e.g., obesity, diabetes and CVD), cancer, aging concerns, unintentional injury and health literacy
- Provide community health screenings that respond to the CHNA-identified chronic health conditions of obesity, diabetes and CVD
- Collaborate with local schools and first responders to promote community safety

FY 2019 Report of Activities

In FY 2019, SCHHC actively supported the health and well-being of hundreds of San Diego and Coronado community members through the provision of health education and screenings addressing a range of health needs, including many identified in the 2019 CHNA process. Outreach took place during several community health fairs and events as well as numerous opportunities hosted on-site at the hospital.

SCHHC reached approximately 180 community members through participation in health fairs hosted by the John D. Spreckels Center and Bowling Green (Spreckels Center). This included the Spreckels Center annual Wellness Fair in October, where team members provided various health screenings, including for blood pressure, blood glucose, cholesterol and body composition, as well as offered chair massage, ear acupressure and nutrition education. In April, SCHHC participated in the Spreckels Center Spring into Health event to provide community members with education and resources that support healthy aging, including body composition and blood pressure screenings as well as tips for balance and fall prevention.

In October, SCHHC provided stroke education and blood pressure screenings to more than 100 community members at the City of Coronado Fire and Police Departments'

Annual Public Safety Open House. In February, SCHHC helped raise community awareness about heart health through the provision of nearly 15 community blood pressure screenings as part of Live Well San Diego's (LWSD's) Love Your Heart initiative. The annual effort brings organizations together from across the U.S. and Mexico to provide free blood pressure screenings to the public on Valentine's Day.

In September, SCHHC's Sewall Healthy Living Center hosted its inaugural Community Wellness Fair. More than 50 community members attended the free event which offered fitness demonstrations, chair massage, acupuncture, body composition testing, fall prevention tips, and healthy food samples from the hospital's Mindful Café.

In FY 2019, SCHHC supported special safety events aimed at reducing drug and alcohol related incidents among Coronado's youth. At Coronado Middle School in April, team members participated in Coronado SAFE's Drug Store event which used lifelike scenarios to educate sixth-grade students about the dangers of drugs and alcohol. During the event, a SCHHC pharmacist taught students about the negative impact of drugs and alcohol on the brain, while the hospital's nurses supported a demonstration and discussion about what occurs in the emergency room following an overdose.

SCHHC provided a variety of community health education opportunities throughout the year. At the Spreckels Center, SCHHC offered free monthly classes for community members on a range of health and wellness topics, including understanding Medicare, cancer prevention, mindful eating, stroke prevention and warning signs, disaster preparedness, Chinese medicine and longevity, musculoskeletal conditions, and women's health and fitness. Approximately 120 community members attended the classes in FY 2019. In May, SCHHC provided health education to 20 seniors in the Coronado Seniors Out & About Program — a volunteer-driven program that provides scheduled rides to seniors for a nominal fee. Education covered how to recognize the signs of a heart attack or stroke and get to the hospital for care.

In March, SCHHC opened its auditorium for the Coronado Cultural Arts Commission's community seminar titled The White Plague: Tuberculosis, Yesterday and Today. During the event, more than 20 community members heard from a County of San Diego Public Health Services expert about the history and trends of tuberculosis, how the disease continues to impact the population, and recommendations for screening and prevention. In April, an SCHHC team member spoke during a FOX 5 San Diego live news segment regarding new mammogram guidelines from the American College of Physicians.

Various fitness and wellness classes were also offered throughout the year at the hospital's Sewall Healthy Living Center and Sandermann Education Center. Free weekly chair yoga promoted mobility, stress reduction and increased mental clarity, while a free weekly Mini Guided Meditation class offered stress reduction techniques, coping skills for chronic physical or emotional pain, and tips to improve focus and sense of well-being. A variety of yoga classes were offered each week, including healing yoga, simple yoga, restorative yoga, Vinyasa yoga and yoga sculpt, as well as biweekly cardio

circuit, Qigong and tai chi. In addition, 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 Balance, Strength and Flexibility class — offered four times a week — focused on strengthening muscles and reflexes to reduce the risk of falling. Further, SCHHC offered daily Express Yoga and Express Zumba to community members and employees during the lunch hour. SCHHC also provided four fall prevention workshops in FY 2019, covering topics such as common causes of falls, home modifications for safety, frequently used equipment for fall prevention and tips to stay safe in the community. The workshops included a one-hour lecture as well as the provision of a personalized fall prevention plan. Finally, SCHHC hosted nine physician-led community seminars during the year on topics including sleep apnea, Medicare and treating orthopedic conditions.

SCHHC participated in several Sharp-sponsored events in FY 2019, including the annual Sharp Women's Health Conference in May, held at the Sheraton San Diego Hotel & Marina. During the conference, team members reached hundreds of community members through screenings for osteoporosis, body composition and balance/fall prevention; chair massages and consultations with a personal trainer. In addition, team members provided orthopedic education and materials including calcium and vitamin D requirements, and exercise for osteoporosis treatment and prevention. SCHHC's Sewall Health Living Center also provided several fitness-oriented educational sessions during the conference, including Qigong for pain management and injury prevention; resistance band strength training; and stretching, strengthening, and meditation to alleviate pain and discomfort and promote a balanced lifestyle.

In support of community and environmental health, SCHHC participated in Sharp's annual Drug Take Back, Document Shredding and E-Waste Events in October and April. Community members were invited to drop off expired or unwanted prescription drugs, paperwork and electronics for convenient, confidential and safe disposal. Further, SCHHC participated in year-round fundraising activities on behalf of Sharp in support of the 2019 American Heart Association Heart & Stroke Walk.

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. SCHHC also supports patients, family and community members with locating reliable health information to support their diagnosis. Individuals can search relevant literature from high-quality websites using the hospital's computer stations.

In FY 2019, SCHHC leadership and hospital staff contributed their time to several organizations, including Rotary Club of Coronado, Coronado SAFE, Coronado Chamber of Commerce, San Diego Eye Bank Nurses' Advisory Board, Grossmont College Respiratory Advisory Committee, CDPH HAI/ASP Subcommittee, and the Planetree Board of Directors. In addition, SCHHC 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. SCHHC also continued its 14-year collaboration

with the County of San Diego Emergency Medical Services to provide data for the SDC stroke registry.

FY 2020 Plan

SCHHC will do the following:

- Provide education and screenings at community health fairs and events as well as at the hospital to support identified community health needs surrounding obesity, cardiovascular health, aging concerns and unintentional injury
- Support health literacy among seniors and their caregivers through the distribution of easy-to-read materials from the Institute for Healthcare Advancement at community health fairs and events
- Participate in two community health fairs at the Spreckels Center
- Participate in the LWSD Love Your Heart initiative to provide free blood pressure screenings to the public
- Continue to provide free educational classes for the community on a variety of health topics in collaboration with the Spreckels Center
- Provide education on fall prevention and safety at the City of Coronado Fire and Police Departments' Annual Public Safety Open House
- Promote healthy eating, including the consumption of anti-inflammatory foods, at A Taste of Coronado
- Collaborate with local schools and first responders to provide community safety activities
- Explore opportunities to provide behavioral health screenings and resources to community members in collaboration with SMV
- Expand education, screenings and outreach to the Logan Heights and Imperial Beach communities
- Continue to participate in the San Diego County Stroke Consortium with other SDC hospitals
- Continue to provide data to the SDC stroke registry

Identified Community Need: Access to Health Care and Community and Social Support

Rationale references the findings of the SCHHC 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SCHHC 2019 CHNAs identified community and social support, economic security, and homelessness and housing instability among the priority health needs affecting members of the communities served by SCHHC, particularly underserved and underfunded patients who face inequities.
- Focus groups and key informant interviews conducted as part of the HASD&IC 2019 CHNA identified five primary barriers to accessing health care in San Diego: (1) lack

of insurance; (2) economic insecurity; (3) transportation; (4) fear related to immigration status; and (5) lack of culturally competent/linguistically appropriate care options.

- According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 72% of respondents identified access to care, 60% identified economic security, and 35% identified care management, including disease management and community social service linkage, among the top five SDOH with the greatest impact on their community.
- Participants in the Sharp Case Management Leadership focus group conducted as part of the SCHHC 2019 CHNA identified economic security as a significant barrier to care. In particular, the cost of housing, taking time off work to for medical appointments, the cost of medication and food insecurity were highlighted.
- Further, Sharp Case Management Leadership focus group participants identified the following hospital discharge challenges and barriers for patients: transportation support; a shortage of recuperative or respite care options; a lack of short-term caregivers and in-home support services; and a need for a streamlined process from the hospital to the County of San Diego Health and Human Services Agency for those who qualify for wraparound support.
- Participants in Sharp's 2019 CHNA community engagement activities identified the following strategies to address economic security in patients: prioritizing the hiring and training of social workers; offering free post-surgery visits; providing follow-up phone calls to patients following discharge; making in-home care more accessible; ensuring access to 2-1-1 San Diego (2-1-1) Community Information Exchange (CIE) and other community resources at all Sharp facilities; establishing more patient-centered initiatives; and creating on-site resources to assist patients in finding and applying for affordable housing.
- According to the San Diego Hunger Coalition, 1 in 7 San Diegans experienced food insecurity in 2017. Half of adults experiencing food insecurity are living with a disability (San Diego Hunger Coalition, 2019).
- As of October 2019, the overall unemployment rate in SDC was 2.8%, which was lower than the unemployment rate for the state of California (3.9%) and the national rate (3.6%) during the same period (Labor Market Information, California Employment Development Department (EDD), 2019; BLS, 2019).
- The Regional Taskforce for the Homeless' January 2019 *WeAllCount* campaign estimated that there were 8,102 homeless individuals in SDC, roughly 55% of whom were unsheltered.

Objectives

- Provide free flu vaccinations to community members, including seniors
- Improve food security among at-risk seniors through home-based meal delivery services
- Assist economically disadvantaged individuals through financial assistance for transportation and pharmaceuticals
- Support environmental health through sustainable food purchasing and initiatives to prevent food waste

FY 2019 Report of Activities

SCHHC provides supportive programs that address a variety of SDOH — the conditions where people live, learn, work and play — impacting seniors and community members who face inequities, including access to health care, access to healthy food and environmental health.

SCHHC continued to assist economically disadvantaged individuals through its Project HELP financial assistance program, providing more than \$10,800 in free medication and transportation in FY 2019. SCHHC also provided more than \$118,000 in free valet services to improve patient, family and community member access to the hospital, including approximately \$8,500 to support access to SCHHC's community seminars and events. In addition, Sharp's Patient Access Services team provides robust services to assist with access to care and health insurance coverage for patients at all Sharp hospitals, including patients of SCHHC. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for more information on these programs and services.

In an effort to protect members of the community from the flu virus, in FY 2019, SCHHC provided free seasonal flu vaccinations to more than 260 community members. This included residents of the Coronado Retirement Village, members of the Coronado Fire Department, attendees of the hospital's annual community flu clinics, family members of the hospital's long-term care residents, and staff, students and family members at Logan K-8 elementary school. In addition, SCHHC served as a blood donation site in support of Sharp's FY 2019 systemwide blood drive effort to collect life-saving blood for those with medical needs.

In May, SCHHC participated in the San Diego Unified School District's Community Education Resource Fair at the Educational Cultural Complex located near the Logan Heights community. During the event, SCHHC shared information and resources with approximately 40 community members about free and low-cost services provided by the hospital, including health education and screenings opportunities.

For more than 30 years, SCHHC has helped deliver meals to the homes of vulnerable community seniors, including those who are homebound or living alone. Beginning in 2016, SCHHC partnered with Meals on Wheels San Diego County to create the new Sharp Coronado Hospital Auxiliary Meals on Wheels Adopt-a-Route. This program provides more extensive services to the community, including meals with enhanced nutritional quality, free pet food, in-home safety assessments and sliding-scale payment options for those in need. Through the partnership, SCHHC auxiliary members and volunteers provided 5,500 meals to approximately 30 community members in FY 2019.

Again, in FY 2019, SCHHC partnered with the San Diego Food Bank (Food Bank) to support community members facing hunger. Throughout the year, the hospital donated surplus food from its kitchen, as well as collected 480 pounds (lbs.) of food during the 2018 Holiday SuperFood Drive, for the Food Bank to distribute to San Diegans in need.

New in FY 2019, SCHHC joined Sharp's systemwide pilot partnership with 2-1-1's CIE to better understand and address the SDOH that influence the health and well-being of their patients. Research continues to underscore that SDOH have a significant impact on the ability for community members to access care and maintain their health. SCHHC joined the CIE pilot partnership in order to provide more informed, holistic care to patients with SDOH needs, and to connect them directly to community resources specifically for those needs.

More than 70 CIE community partners — including health care, food banks, housing and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared community member records enable CIE partners to evaluate an individual's SDOH needs and current use of community programs and services, and to make direct referrals to critical, community-based resources. Beginning in summer 2019, SCHHC's case manager and social worker received training on CIE as a tool to serve vulnerable patients in the acute care setting, including those patients experiencing food insecurity and homelessness. Metrics of this partnership, including demographic and utilization data, as well as volume and successful community referrals, are currently being collected and will help to assess the impact and value of the partnership at the end of its pilot year in early summer 2020.

SCHHC supports community health through a variety of sustainable food and food waste initiatives. The hospital purchases 40% of its produce from local sustainable farms (a 20% increase from 2018, with a goal of 50% of purchases by July 2020) to help reduce the number of deliveries coming from more than 250 miles outside of SDC. SCHHC is also committed to purchasing sustainable protein, hormone-free dairy and cage-free eggs. In addition, SCHHC saves an average of 45 lbs. of food each week by creating soup stock from unused vegetable scraps. Further, the hospital's on-site, certified organic fruit, vegetable and herb garden provides nutritious ingredients for the hospital's Mindful Café, as well as serves as an educational tool to teach community members how to start an organic garden through free monthly gardening classes.

FY 2020 Plan

SCHHC will do the following:

- Continue to administer Project HELP funds to those in need
- Continue to provide free flu vaccinations for community members at a variety of community sites
- Serve as a blood donation site in support of Sharp's systemwide blood drive effort
- 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 donation site for Sharp's annual holiday food drive to support the Food Bank
- Evaluate the impact of the pilot year of the Sharp-CIE partnership to inform next steps in collaboration with community organizations to address SDOH

- Continue sustainable food purchasing and food waste prevention efforts to support environmental health

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 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SCHHC 2019 CHNAs identified education as one of 10 priority health conditions and SDOH affecting members of the communities served by SCHHC.
- According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 31% of respondents ranked education, including access, health literacy, workforce development and economic mobility, among the top five SDOH with the greatest impact on their community.
- According to participants in a focus group conducted during the HASD&IC 2019 CHNA, when residents are unable to achieve higher levels of education, individual and community health are impacted in the following ways: limited or low wage employment opportunities for those with low educational attainment; constant stress related to housing or food among families who are not economically secure, which contributes to poor health; and limited career mobility in low-wage jobs, creating little potential for promotions or higher wages.
- The San Diego Workforce Partnership (SDWP) reported that, in 2018, there were 157,756 people employed in the health care sector in SDC, accounting for 9% of all jobs countywide (SDWP, 2019).
- According to a 2017 report from the SDWP titled *San Diego's Priority Sectors: An Update on Labor Force and Training Needs*, the health care industry in SDC experienced net employment growth of 40.4% between 2006 and 2016 — considerably higher than the growth rate in the state of California (27%) and the nation (21%) (SDWP, 2017).
- The report also found that health care employers identified registered nurses (RNs), physicians and surgeons, and health technologists and technicians as the most difficult positions to fill. The most frequently cited reasons for hiring difficulties were lack of experience, small applicant pools, and insufficient non-technical skills (SDWP, 2017).
- According to SDWP, a major challenge faced by education and training programs in the health care sector is accommodating the number of clinical training hours required for students in California to become certified. In addition, the health care industry is facing significant changes due to uncertainty related to legislation and technology, as well as the growing demand for services to support California's aging population (SDWP, 2017).

- Total employment in California is projected to grow 10.7% between 2016 and 2026, reflecting an increase of 1.9 million jobs statewide over the decade. The health care and social assistance sector is expected to be the fastest growing industry in California, with 24.9% growth anticipated (California EDD, 2018).
- In its *Employment Projections – 2018-2028* report, the U.S. Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/ technical occupations will contribute about 30% of all new jobs and account for 18 of the 30 fastest growing occupations. Increased demand for health care services for an aging population and people with chronic conditions will drive much of the expected employment growth (BLS, 2019).
- As of 2018, SDC was one of 28 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (California Office of Statewide Health Planning and Development *Registered Nurse Shortage Areas Update*, 2019).
- The U.S. Department of Health and Human Services Bureau of Health Workforce (BHW) projects that the demand for RNs in California will increase 71% by 2030 if current levels of health care are maintained. The report projects that California will need to hire an additional 26,270 nurses to meet the demand (BHW, 2018).
- According to forecasting performed by the Healthforce Center at the University of California, San Francisco (UCSF), the demand for primary care clinicians in California will increase 12% to 17% by 2030. These forecasts predict that the southern border region will experience some of the highest levels of clinician shortages in the state. UCSF recommends a comprehensive and holistic targeted strategy to enhance the education pipeline, improve recruitment and retention, maximize the existing workforce, and leverage workforce data (UCSF, 2017-2018).
- According to a report from the California Health Care Foundation (CHCF) titled *California Physician Supply: Headed for a Drought?*, the total supply of active patient care physicians in California declined slightly between 2013 and 2015, a trend that appears to be driven by the aging of the physician workforce. In SDC, nearly a quarter of practicing physicians were ages 60 and older in 2015 (CHCF, 2018).
- The same report found that 32% of California's active patient care physicians were primary care physicians. In SDC, there were 112.3 specialty physicians practicing per 100,000 residents in 2015, compared to 49.8 primary care physicians per 100,000 residents (CHCF, 2018).
- According to a report from PolicyLink, a national research institute dedicated to advancing economic and social equity, building a diverse health care workforce in California — one that reflects the state's racial, ethnic and linguistic diversity — is a critical strategy for increasing access to culturally and linguistically appropriate services, eliminating racial and ethnic health inequities, improving the quality of care and reducing preventable costs (*Building an Inclusive Health Workforce in California: A Statewide Policy Agenda*, 2018).
- A report by the California Future Health Workforce Commission (CFHWC) titled *Meeting the Demand for Health* identified several strategies to recruit and maintain California's health care workforce, including but not limited to: offer health career pipeline programs for students from low-income backgrounds; provide academic, advising and health career development support to underrepresented college

students; expand educational programs that train students to provide health care in underserved communities and provide scholarships for low-income students (CFHWC, 2019).

Objectives

- Collaborate with local schools, colleges and universities to provide 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, including focus on the Planetree philosophy of patient-centered care
- Disseminate best practices in clinical research findings to the health care community

FY 2019 Report of Activities

In FY 2019, SCHHC provided training opportunities for more than 330 nursing students and approximately 40 ancillary students. Together, these students dedicated 45,500 hours on the SCHHC campus. Internships were completed by students from a variety of schools, including Azusa Pacific University, Brightwood College, California College San Diego, Concorde Career College, Keck Graduate Institute, Lake Erie College of Osteopathic Medicine, National University (NU), Pima Medical Institute, Point Loma Nazarene University, Roseman University of Health Sciences, San Diego Mesa College, Sodexo Dietetic Internships, Southwestern College, The George Washington University, Touro University, University of San Diego (USD), Walden University and Western University of Health Sciences. In addition, SCHHC continued to partner with Midwestern University at Glendale, Arizona, to provide physician-led mentorship opportunities for medical students, serving 24 students in FY 2019. Further, in November, an SCHHC team member provided a lecture on clinical aromatherapy to 12 NU nursing students, while in March and April, an SCHHC clinical informatics expert provided three lectures on the use of electronic health records to approximately 40 Master of Science in Health Care Informatics students at USD.

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 is one of only three hospitals worldwide to have maintained this designation for each of the past 12 years. In 2017, NU's School of Health and Human Services achieved Planetree Silver Recognition, making it the first academic institution in the world to be recognized by Planetree. Since September 2018, SCHHC has supported NU's efforts to integrate the Planetree model of patient-centered care into its student training curriculum by providing internship opportunities for the school's nursing students. As two Planetree recognized organizations, SCHHC and NU serve as a global model for other academic-practice partnerships, while exposure to a Planetree designated hospital in action helps give students a competitive advantage for entering the health care profession.

In FY 2019, SCHHC shared its expertise on the Planetree philosophy of care, as well as other innovative knowledge, with community health care professionals throughout the

U.S. In October, team members provided several presentations at the annual Planetree International Conference on Patient-Centered Care, including: Creating a Culture of Rounding to Engage Patients, Families and Team Members; Fantastic Four: Acupuncture, Massage, Aromatherapy, Healing Touch – Superpowers that Transform Patients' Experience and Satisfaction; How to Wow: Making Clinical Experiences Less "Clinical"; Making Human Connections Through an Evidence-based Music Therapy Program; Lights, Camera, Action: The Making of a Planetree Video; Building a Pipeline of Community, Patient and Family Advisors; and Community Wellness Fair: Your Passport to Health.

In April, hospital leadership participated on the executive leadership panel at the Southern California & San Diego Healthcare Financial Management Association Chapter's 4th Annual Women's Event in Newport Beach, CA. Designed specifically for women health care professionals and leaders, the event panel provided 500 attendees with insights from executive leaders into the biggest industry challenges seen today and projected for the next five to 10 years. In September, hospital leadership presented at the California Hospital Association's annual Disaster Planning for Hospitals Conference in Pasadena, CA. The presentation highlighted the role of an executive leader during a disaster response and reached nearly 1,000 hospital emergency preparedness coordinators throughout the state. Further, in October, a member of SCHHC's clinical informatics team presented on delivering person-centered care with the electronic health record to 65 attendees of the Cerner Health Conference 2019 in Kansas City, Missouri.

SCHHC also educated approximately 150 community health professionals about the prevention of facility-acquired infections through a poster presentation, titled Modeling the Cost Savings from a Multipronged Approach to Minimize Antibiotic-Associated Diarrhea and C. Difficile Infections at Sharp Coronado Hospital, at the 2018 Hospital Quality Institute Conference in October. In addition, SCHHC continued to participate in the CDPH HAI/ASP Subcommittee, which holds monthly teleconferences to develop toolkits designed to aid long-term care facilities in the formation of an ASP, following requirements that took effect in January 2017. SCHHC also shares resources about its own long-term care ASP on the CDPH website to help other facilities establish similar programs.

In FY 2019, SCHHC provided free hospital tours to expose local and international health professionals and students to a day at a local hospital in action. Tours were provided to nursing students from NU, nursing students from Korea, nurses from Saudi Arabia and Lebanon, and Planetree members from the Auckland District Health Board New Zealand.

In FY 2019, SCHHC provided a variety of professional development education and opportunities for students in grades K-12. In March, SCHHC leadership spoke to 15 community Girl Scouts about women in leadership roles, including career paths and the importance of education and self-motivation. SCHHC also shared information about

careers in the medical field at two student career fairs in FY 2019, including Coronado High School (CHS) in March, and Feaster Charter School in April.

SCHHC continued to host ninth and 10th grade students from Health Sciences High and Middle College (HSHMC). HSHMC students visited SCHHC once a week to shadow staff in a range of hospital departments and observe health care in a real-world setting. During the 2019 school year, this included rotations in the departments of physical therapy, clinical nutrition, emergency, laboratory, radiology, respiratory, cardiovascular, pharmacy, medical/surgical, pre-anesthesia, spiritual care, wound care and long-term care. 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 2019, nine HSHMC students dedicated nearly 1,950 hours of learning on the SCHHC campus.

With funding from a state health science grant, SCHHC continued the CHS – SCHHC Internship Partnership. In FY 2019, 10 students in grades 10 through 12 from CHS' Advanced Sports Medicine program spent 345 hours rotating through various hospital departments, including laboratory, emergency, physical therapy, radiology, medical/surgical 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.

FY 2020 Plan

SCHHC will do the following:

- 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 ninth and 10th grade students
- Continue to collaborate with CHS to provide learning experiences for 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 with non-urgent online reservations available
- Acute care
- Advanced liver care and hepatology, including clinical trials, MARS® treatment for liver dialysis, and joint liver transplantation program with UC San Diego Health
- Care Partner Program
- Classes, events and physician referral through 1-800-82-SHARP
- FollowMyHealth®, a secure online patient website that gives patients convenient, 24-hour access to their personal health information
- Heart and lung services, including electrocardiogram
- Home health, including home infusion services⁵⁴
- Hospice⁵⁵
- Imaging services, including computed tomography scan, magnetic resonance imaging (MRI), mammography and ultrasound
- Inpatient hospice unit
- Integrative therapies, including acupuncture, clinical aromatherapy and massage
- Intensive Care Unit
- Laboratory services
- Long-term care at Villa Coronado Skilled Nursing Facility, accredited by the Joint Commission
- Mindful Café, offering healthy and nutritious food options for patients, families, staff and community members
- Nutrition counseling
- Orthopedics, including Radiostereometric Analysis, and robotic and total joint replacement surgeries recognized by HealthGrades and certified by The Joint Commission
- Online appointment scheduling for emergency care, mammograms, physical therapy, laboratory services, integrative spa therapies and fitness services
- Payne Family Outpatient Pavilion, including robotic surgery, endoscopy suite with endoscopic ultrasound, and dedicated imaging and women's services suite, providing 3D mammography, DEXA scanning and ultrasound
- Pathology services
- Pharmacy, including a prescription medication disposal kiosk, Community Pharmacy Travel Clinic and free delivery throughout Coronado and the Cays
- Rehabilitation services, including sports medicine, and occupational, physical, and speech therapies
- Sharp Coronado Hospital Auxiliary and Meals on Wheels Adopt-a-Route
- Senior community wellness and educational services
- Sewall Healthy Living Center, providing integrative spa therapies, rehabilitation and fitness programs
- Stroke care, nationally certified as Acute Stroke Ready by The Joint Commission
- Subacute services
- Surgical services

⁵⁴ Provided through Sharp Memorial Hospital Home Health Agency.

⁵⁵ Provided through Sharp HospiceCare.

- Vision-saving laser treatment for glaucoma using endoscopic cyclophotocoagulation
- Women's services and surgeries
- Wound care



Mentoring Future Health Care Professionals

Sharp Grossmont Hospital

To support the next generation of health care professionals, Sharp Grossmont Hospital launched the “I Inspire” program, a weeklong experience that encourages high school students from underrepresented backgrounds to explore careers in nursing and learn directly from those in the field.

In partnership with local nonprofit License to Freedom, Sharp Grossmont recruits qualified high school seniors from San Diego’s East County who are bilingual in English and either Arabic, Farsi, Kurdish, Turkish or Dari. During the program, students shadow nurses in various departments from acute care to women’s health to administration. At daily meet-and-greet luncheons, students explore nursing programs and degrees, and the processes for pursuing each educational track with students from local universities. The program culminates with students presenting research projects that address current local community health needs.

Section

6 Sharp Grossmont Hospital

You can change the community by being fully present and engaged in it. The community are its people and therefore it reflects the collective value of the group. Influence positively and shape the future. — Scott Evans, Chief Executive Officer, Sharp Grossmont Hospital

Fiscal Year (FY) 2019 Community Benefit Program Highlights

Sharp Grossmont Hospital (SGH) provided **\$146,439,047** in community benefit in FY 2019. See **Table 25** 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 25: Economic Value of Community Benefit Provided
Sharp Grossmont Hospital — FY 2019**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2019 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for onsite workers to process Medi-Cal eligibility forms ⁵⁶	\$38,094,768
	Shortfall in Medicare ⁵⁶	94,592,468
	Shortfall in County Medical Services (CMS) ⁵⁶	105,704
	Shortfall in CHAMPVA/TRICARE ⁵⁶	2,322,983
	Charity Care ⁵⁷	7,075,826
	Bad Debt ⁵⁷	939,504
Other Benefits for Vulnerable ⁵⁸ Populations	Patient transportation, Project HELP and other assistance for the vulnerable ⁵⁹	1,204,662
Other Benefits for the Broader Community	Health education and information, health screenings, health fairs, flu vaccinations, support groups, meeting room space, donation of time to community organizations and cost of fundraising for community events ⁵⁹	584,960
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ⁵⁹	1,518,172
TOTAL		\$146,439,047

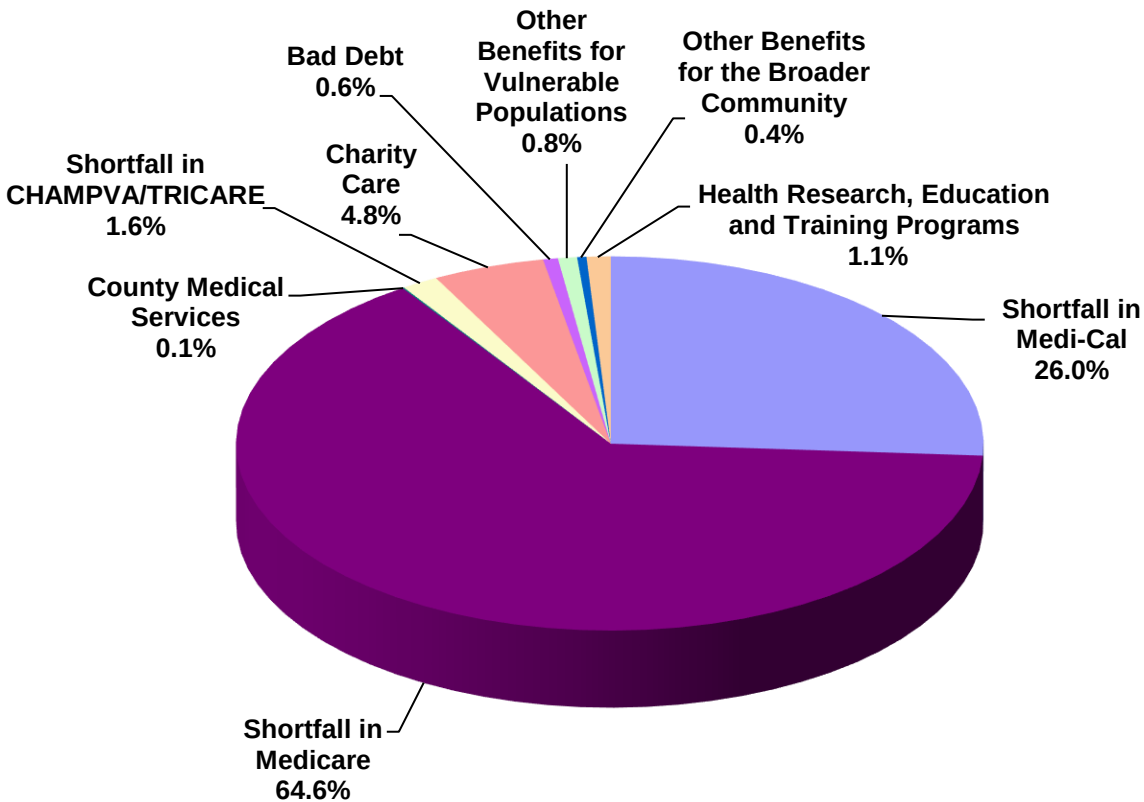
⁵⁶ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received.

⁵⁷ 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.

⁵⁸ "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs. <https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Data-And-Reports/Documents/Submit/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Legislature-Community-Benefit.pdf>.

⁵⁹ 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 2019**



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, CMS and CHAMPVA/TRICARE. In FY 2018, 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, 2017, through June 30, 2019. This resulted in recognition of net supplemental revenues for SGH totaling \$31.5 million in FY 2019. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2019 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 vulnerable adults, including seniors; contribution of time to Stand Down for Homeless Veterans, Mama's Kitchen, Promises2Kids, Feeding San Diego (FSD) 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); the Care Transitions Intervention (CTI) program; and other assistance for vulnerable 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, balance and fall prevention, blood pressure, depression, diabetes, hand mobility, and osteoporosis; 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 Angels Foster Family Network, Association of California Nurse Leaders (ACNL), the local chapter of Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), Beacon Council's Patient Safety Collaborative, California Association of Hospitals and Health Systems (CAHHS), California School-Age Families Education, California Society for Clinical Social Work Professionals, Cameron Family YMCA, Caregiver Coalition of San Diego (Caregiver Coalition), Committee on Volunteer Services and Directors' Coordinating Council, County of San Diego Aging and Independence Services (AIS) Health Promotion Committee, County of San Diego Breastfeeding Coalition Advisory Board, County of San Diego Emergency Medical Care Committee (EMCC), County of San Diego Public Health Nursing Advisory Board, East County Action Network (ECAN), East County Senior Service Providers (ECSSP), Grossmont College Occupational Therapy Assistant Advisory Board, Grossmont Healthcare District's (GHD's) Community Grants and Sponsorships Committee, Hospital Association of San Diego and Imperial Counties (HASD&IC), La Mesa Parks and Recreation, Lantern Crest Senior Living Advisory Board, Meals on Wheels San Diego County East County Advisory Board, Partnership for Smoke-Free Families, San Diego Adolescent Pregnancy and Parenting Program, San Diego Association of Directors of Volunteer Services, San Diego East County Chamber of Commerce, and Santee-Lakeside Rotary Club. See **Appendix A** for a listing of Sharp HealthCare's (Sharp'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

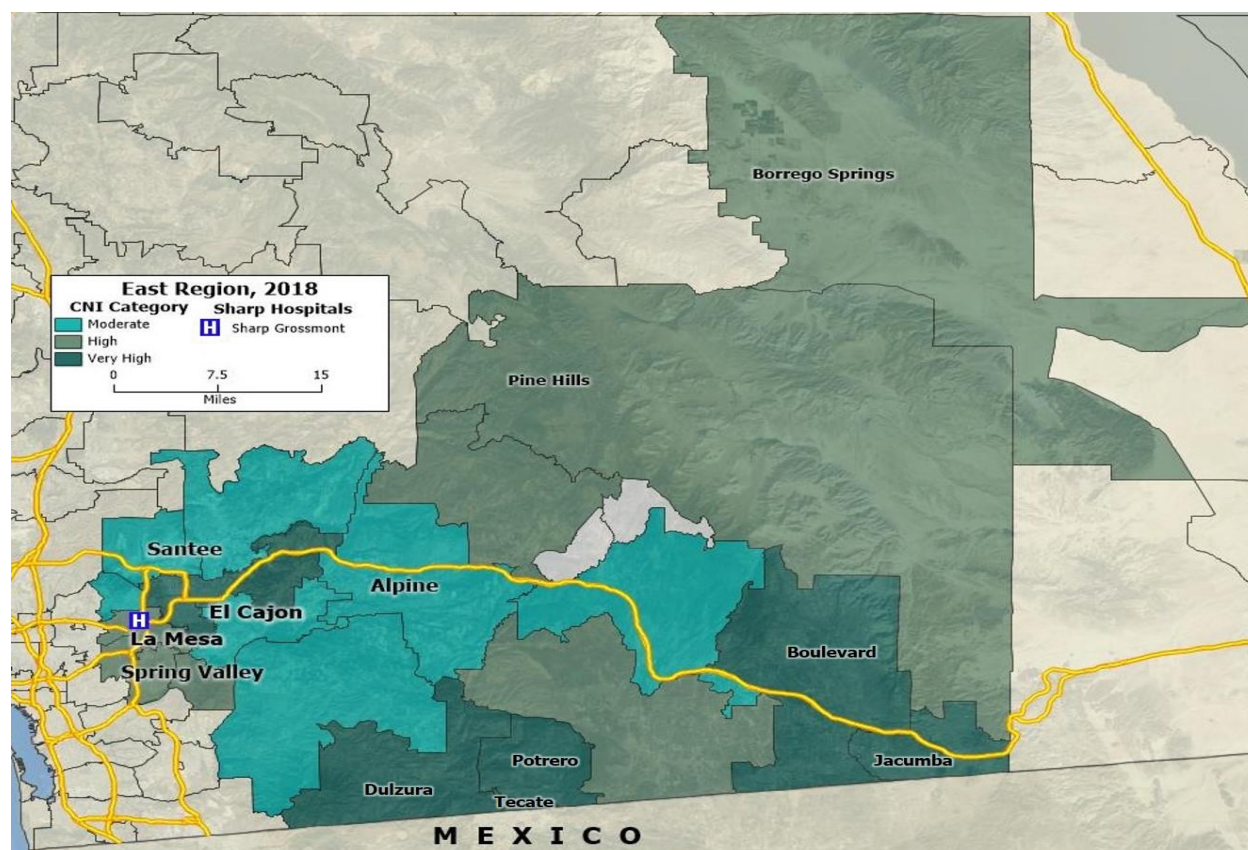
SGH is located at 5555 Grossmont Center Drive in La Mesa, ZIP code 91942.

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 5% 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 2019 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify communities with greater health disparity within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States (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** presents a map of the CNI scores across SDC's east region.

Figure 20: CNI Map — SDC's East Region⁶⁰



⁶⁰Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018.

Description of Community Health

In 2019, there were 88,400 residents ages 65 and older in SDC's east region, representing 16.6% of the total regional population. Between 2019 and 2024, it is anticipated that the east region's senior population will grow by 21.4%.⁶¹

In 2017, 13.7% of the east region population reported living below 100% of the federal poverty level (FPL). The unemployment rate in SDC's east region was 8.2%, which was higher than the rate for SDC overall (6.8%). In addition, 7.0% of households received Supplemental Security Income (SSI), also higher than SDC overall (5.0%).⁶²

According to data from the San Diego Hunger Coalition, 1 in 7, or 14% of the SDC population experienced food insecurity⁶³ in 2017. An additional 1 in 5 San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget.⁶⁴ In 2017, 11.4% of households in the east region participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 20.6% of the population lived at or below 138% FPL and were eligible for the program. These rates were higher than SDC overall (7.2% of households participated in SNAP benefits while 19.9% of households lived at or below 138% of the FPL).⁶² Please refer to **Table 26** for SNAP participation and eligibility in the east region.

Table 26: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC's East Region, 2017⁶²

Food Stamps/SNAP Benefits	Percent of Population
Households	11.4%
Families with Children	10.5%
Eligibility by FPL	
Population ≤130% FPL	19.2%
Population ≤138% FPL	20.6%
Population 139% - 350% FPL	33.6%

In SDC's east region in 2017, 94.6% of children ages 18 and under, 83.6% of young adults ages 19 to 25, 84.9% of adults ages 26 to 44, 90.5% of adults ages 45 to 64, and 98.7% of seniors ages 65 and older had health insurance.⁶² Health insurance coverage for each age group was lower than the Healthy People 2020 (HP2020) national target of

⁶¹ SpeedTrack® Inc.; U.S. Census Bureau.

⁶² County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit (2019), *2017 Demographic Profiles: San Diego County*; U.S. Census Bureau, American Community Survey 5-year estimates 2013-2017.

⁶³ Food security means access by all people at all times to enough food for an active, healthy life.

⁶⁴ <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/>

⁶⁴ San Diego Hunger Coalition (2019), *Hunger Free San Diego Issue Brief: 2017 San Diego County Food Insecurity*.

100% health insurance coverage for all individuals under age 65.⁶⁵ See **Table 27** for health insurance coverage in SDC's east region in 2017.

Table 27: Health Insurance Coverage in SDC's East Region, 2017⁶²

Description	Rate	HP2020 Target
Current Health Insurance Coverage		
Children 0 to 18 years	94.6%	100%
Young adults 19 to 25 years	83.6%	100%
Adults 26 to 44 years	84.9%	100%
Adults 45 to 64 years	90.5%	100%
Seniors 65+ years	98.7%	100%

According to the California Health Interview Survey (CHIS), in 2018, 32.1% of the east region population was covered by Medi-Cal.⁶⁶ See **Table 28** for details.

Table 28: Medi-Cal (Medicaid) Coverage in SDC's East Region, 2018⁶⁶

Description	Rate
Covered by Medi-Cal	32.1%
Not covered by Medi-Cal	67.9%

CHIS data also revealed that 14.4% of individuals in the east region did not have a usual place to go when sick or in need of health advice (see **Table 29**).⁶⁷

Table 29: Regular Source of Medical Care in SDC's East Region, 2016-2018⁶⁷

Regular Source of Medical Care	Rate	HP2020 Target
Has a usual source of care	85.6%	100%
Has no usual source of care	14.4%	100%

Cancer and diseases of the heart were the top two leading causes of death in SDC's east region in 2017.⁶⁸ See **Table 30** 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 2019 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

⁶⁵ 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.

⁶⁶ 2018 CHIS.

⁶⁷ 2016-2018 CHIS (pooled data).

⁶⁸ County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit (2019), *Leading Causes of Death Workbook 2011-2017*.

Table 30: Leading Causes of Death in SDC's East Region, 2017⁶⁸

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	922	23.7%
Diseases of the Heart	858	22.1%
Cerebrovascular Diseases	226	5.8%
Alzheimer's Disease	211	5.4%
Accidents/Unintentional Injuries	210	5.4%
Chronic Lower Respiratory Diseases	195	5.0%
Diabetes Mellitus	158	4.1%
Essential Hypertension and Hypertensive Renal Disease	96	2.5%
Intentional Self-Harm (Suicide)	82	2.1%
Chronic Liver Disease and Cirrhosis	69	1.8%
All Other Causes	862	22.2%
Total Deaths	3,889	100.0%

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 2019 CHNA

SGH completed its most recent CHNA in September 2019. SGH's 2019 CHNA was significantly influenced by the collaborative HASD&IC 2019 CHNA process and findings.

Please refer to **Section 3: Community Benefit Planning Process** for a detailed description of Sharp's 2019 CHNA process and findings.

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 2019 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 2019 CHNA, the following priority health needs were identified for the communities served by SGH (listed in alphabetical order):

- Access to Health Care
- Aging Concerns
- Behavioral Health (including Substance Use)
- Cancer
- Chronic Health Conditions (e.g., Cardiovascular Disease (CVD), Diabetes and Obesity)
- Community and Social Support
- Economic Security
- Education
- Homelessness and Housing Instability
- Maternal and Prenatal Care, including High-Risk Pregnancy
- Unintentional Injury and Violence

The following pages detail SGH programs, activities and services that specifically address aging concerns, cancer, chronic health conditions, community and social support (these programs also help address access to health care, economic security and homelessness and housing), education, maternal and prenatal care, including high-risk pregnancy, and unintentional injury. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for additional entity and systemwide programs designed to address access to health care.

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 (including substance use). 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 substance use services in SDC. Please refer to **Section 11** of this report for details on those programs.

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 CVD, diabetes and other health issues influenced by healthy weight and exercise. In addition, Sharp Rees-Stealy Medical Group 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 2019 CHNA, please refer to SGH's implementation strategy available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2019 Report of Activities conducted in support of the objective(s), and FY 2020 Plan.

Identified Community Need: Education, Support and Screening for Stroke

Rationale references the findings of the SGH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SGH 2019 CHNAs identified chronic conditions (including CVD and cerebrovascular diseases/stroke) as one of the priority health needs affecting members of the communities served by SGH.
- According to data presented in the HASD&IC 2019 CHNA, rates of ED visits for stroke in SDC increased 11.0% from 2014 to 2016, with the most significant increases in individuals ages 27 to 44 (20.0%) and those identified as “other” race (28.9%).
- Focus groups and key informant interviews conducted as part of the HASD&IC and SGH 2019 CHNA identified numerous barriers to care for chronic conditions, including: limited access to healthy food; lack of transportation; physical limitations or limited mobility; high health care costs; economic insecurity; low health literacy; poor health behaviors, such as unhealthy diet or lack of physical activity; medication management; unsafe neighborhoods; and unstable or complete lack of housing.
- Participants in the Sharp Case Management Leadership focus group conducted as part of the Sharp 2019 CHNAs identified the following hospital discharge challenges and barriers for patients, including those with chronic conditions: transportation support; a shortage of recuperative or respite care options; a lack of short-term caregivers and in-home support services; and a need for a streamlined process from the hospital to the County of San Diego Health and Human Services Agency (HHSA) for those who qualify for wraparound support.
- In 2017, cerebrovascular diseases (including stroke) were the third leading cause of death for SDC's east region.

- In 2017, there were 226 deaths due to stroke in SDC's east region. The region's age-adjusted death rate due to stroke was 40.0 per 100,000 population. This rate was the second highest among all SDC regions and was higher than the HP2020 target of 34.8 deaths per 100,000.⁶⁹
- In 2017, there were 1,150 hospitalizations due to stroke in SDC's east region. The region's age-adjusted rate of hospitalizations for stroke was 199.0 per 100,000 population – the second highest among all SDC regions.
- In 2017, there were 448 stroke-related ED visits in SDC's east region, a 14.9% increase from 2016. The age-adjusted rate of ED visits was 78.3 per 100,000 population.
- According to 2018 CHIS data, an estimated 30.4% of east region adults were obese, 14.5% were current smokers, 12.1% reported that they were not physically active at all, and 20.0% reported that fresh fruits and vegetables were only sometimes affordable in their neighborhood. The rates for each of these activities were higher in the east region than SDC overall.
- According to the Centers for Disease Control and Prevention (CDC), more than 795,000 people in the U.S. have a stroke each year, and strokes are responsible for approximately one out of every 20 deaths (CDC, 2017).
- The National Institute of Neurological Disorders and Stroke (NINDS) reports that 25% of people who recover from their first stroke will have another stroke within five years (NINDS, 2019).
- The CDC estimates that up to 80% of strokes are preventable through the recognition of early signs/symptoms and the elimination of stroke risk factors. Behaviors that can mitigate the risk of stroke include choosing a healthy diet full of fruits and vegetables, maintaining a healthy weight, engaging in at least 2.5 hours of moderate-intensity aerobic physical activity each week, refraining from or quitting smoking, and limiting alcohol intake (CDC, 2018).

Objective

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

FY 2019 Report of Activities

The Joint Commission and American Heart Association (AHA)/American Stroke Association (ASA) has certified SGH's Stroke Center as a Primary Stroke Center (recertified in June 2016). 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 AHA/ASA's Get With The Guidelines® (GWTG) — Stroke Gold Plus Quality Achievement Award for excellence in stroke care as well as the

⁶⁹ The County of San Diego HHSA's Community Health Statistics Unit collects annual data on leading causes of death using methodology established by the National Center for Health Statistics (NCHS). Data is based on "underlying cause of death" information from all death certificates filed in SDC in 2017. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10's "List of 113 Selected Causes of Death and Enterocolitis due to *Clostridium difficile*." (County of San Diego HHSA Public Health Services, Community Health Statistics Unit, 2019; Heron, M., Deaths: Leading causes for 2017. National Vital Statistics Reports; vol. 68 no 6. Hyattsville, Maryland: NCHS, 2019).

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 2019, the SGH Stroke Center provided stroke education and screenings to more than 750 community members at 11 community events in SDC's east region. Education included stroke risk factors, warning signs and appropriate interventions, including arrival at the hospital within early onset of symptoms. The SGH Stroke Center also provided nearly 200 attendees with blood pressure checks or stroke screenings, during which the team identified risk factors, provided education and advised behavior modification, including smoking cessation, weight loss and stress reduction. Community events and locations included: San Ysidro Health's Chaldean & Middle-Eastern Social Services' Family Health and Wellness Fair at Crystal Ballroom in El Cajon; the 2019 Love Your Heart event — an annual event in which organizations from across the U.S. and Mexico join together to provide free blood pressure screenings — at San Diego Oasis; Spring into Healthy Living senior health and technology fair at McGrath Family YMCA; ECSSP's annual East County Senior Health Fair at the La Mesa Community Center; the annual La Mesa Safety Fair hosted by the La Mesa Police Department and Heartland Fire and Rescue Department; the San Diego East County Chamber of Commerce's Health Fair Saturday events at Grossmont Center and Parkway Plaza; and the annual Lakeside Firefighters Open House.

In April, the SGH Stroke Center provided stroke education and risk factor screenings with pulse checks to more than 100 attendees at the Sharp Women's Health Conference held at the Sheraton San Diego Hotel & Marina. Educational topics included types of strokes, how to identify risk factors, strategies for risk reduction and recognizing symptoms of stroke. In addition, the SGH Stroke Center provided education to nearly 30 certified nursing assistant students at San Diego City College. Education focused on stroke codes, general stroke information, and B.E. F.A.S.T. (Balance, Eyes, Face, Arms, Speech, Time) — an easy technique to detect and enhance responsiveness to a stroke.

During Stroke Awareness Month in May, Sharp's systemwide stroke program participated in Stroke Awareness Day at the Padres, held at Petco Park. This annual event is organized by the San Diego County Stroke Consortium, the County of San Diego HHSA, the San Diego Padres and other key partners to promote stroke prevention, awareness and recovery, as well as 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 B.E. F.A.S.T. Giveaways were provided throughout the evening, while stroke education was displayed on the Jumbotron to the entire stadium of nearly 30,000 community members.

The SGH Outpatient Rehabilitation Department continued to offer a weekly Stroke Communication Support Group for stroke survivors and their family members with a

focus on stroke and 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, a community network that offers social, recreational and support group activities to stroke survivors and their families and caregivers. An average of six community members attended each session in FY 2019.

In addition, SGH actively participated in the quarterly San Diego County Stroke Consortium, a collaborative effort with other SDC hospitals to improve stroke care and discuss issues impacting stroke care in SDC. SGH also continued its 14-year collaboration with the County of San Diego Emergency Medical Services (EMS) to provide data for the SDC stroke registry.

FY 2020 Plan

SGH Stroke Center will do the following:

- Provide stroke screening and education at events in the east region of SDC
- Provide education for individuals with identified stroke risk factors
- Continue to participate in Stroke Awareness Day at the Padres
- 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 residents in the city's nine districts
- Offer a stroke support group in conjunction with the hospital's Outpatient Rehabilitation Department
- Continue to participate in the San Diego County Stroke Consortium
- Continue to provide data to the SDC stroke registry
- Provide community members with at least one physician speaking event on stroke care and prevention

Identified Community Need: Heart and Vascular Disease Education and Screening

Rationale references the findings of the SGH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SGH 2019 CHNAs identified chronic conditions, including CVD, as one of the priority health needs affecting members of the communities served by SGH.

- Data analysis in the SGH 2019 CHNA revealed a higher volume of hospital discharges due to CVD in communities facing greater socioeconomic challenges within SDC's east region, such as El Cajon and Spring Valley.⁷⁰
- According to data presented in the HASD&IC 2019 CHNA, rates of ED visits for coronary heart disease (CHD) in SDC increased 35.3% from 2014 to 2016, with the most significant increases in individuals ages 45 to 64 (41.9%) and those identified as Asian/Pacific Islander (55.1%). In addition, heart disease was the second leading cause of death in SDC in 2016.
- According to data presented in the SGH 2019 CHNA, in 2017, the top three inpatient CVD diagnoses at SGH were classified as hypertension, coronary artery disease (CAD), and heart failure, while the top three CVD diagnoses for ED visits were classified as hypertension, CAD, and undiagnosed prior heart attack.
- Focus groups and key informant interviews conducted as part of the HASD&IC and SGH 2019 CHNAs identified numerous barriers to care for chronic conditions such as CVD, including: lack of access to healthy food; transportation; physical limitations or limited mobility; high healthcare costs; economic insecurity; low health literacy; poor health behaviors, such as unhealthy diet or minimal physical activity; medication management; unsafe neighborhoods; and unstable or complete lack of housing.
- Participants in the Sharp Case Management Leadership focus group conducted as part of the Sharp 2019 CHNAs identified the following hospital discharge challenges and barriers for patients, including those with chronic conditions: transportation support; a shortage of recuperative or respite care options; a lack of short-term caregivers and in-home support services; and a need for a streamlined process from the hospital to the County of San Diego Department of Health and Human Services for those who qualify for wraparound support.
- According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 56.0% of respondents ranked CHD among the top five health conditions with the greatest impact on overall community health in SDC.
- In 2017, there were 858 deaths due to diseases of the heart in SDC's east region. The region's age-adjusted death rate due to heart disease was 144.0 per 100,000 population. This was higher than the age-adjusted death rate for SDC overall (126.2 deaths per 100,000 population) and the HP2020 target (103.4 deaths per 100,000 population).⁶⁹
- In 2017, there were 1,016 hospitalizations for CHD in SDC's east region. The age-adjusted rate of hospitalization for CHD was 176.1 per 100,000 population, which is higher than the age-adjusted rate for SDC overall (157.6 per 100,000 population).
- In 2017, there were 253 ED visits for CHD in SDC's east region. The age-adjusted rate of ED visits was 44.7 per 100,000 population, the highest among all county regions and higher than the age-adjusted rate for SDC overall (35.3 per 100,000 population).
- According to 2017-2018 CHIS data, 8.7% of adults living in SDC's east region indicated that they were ever diagnosed with heart disease, which is higher than SDC overall (6.5%).

⁷⁰ Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018; California Office of Statewide Health Planning and Development via SpeedTrack, Inc., 2017.

- Data from the 2017-2018 CHIS indicated that 31.9% of adults living in SDC's east region had ever been diagnosed with high blood pressure, higher than SDC overall (27.5%) and the state of California (29.4%).
- According to the CDC, heart disease (including CHD, hypertension and stroke) is the leading cause of death for both men and women, and kills approximately 630,000 people each year (CDC, 2017).
- Heart disease is the leading cause of death for people of most racial/ethnic groups in the U.S. including African Americans, Hispanics, and whites. For Asian Americans/Pacific Islanders and American Indians or Alaska Natives, heart disease is second only to cancer (CDC, 2017).
- In 2018, the AHA reported that CHD is responsible for 1 in 7 deaths in the U.S., killing nearly 370,000 people each year. Death rates and actual numbers of deaths from CHD decreased significantly between 2005 and 2015, but disease burden and risk factors remain high. According to blood pressure guidelines championed by the AHA and the American College of Cardiology, 45.6% of U.S. adults now have hypertension (AHA, 2018).
- According to the AHA, it may be possible to prevent heart disease, stroke, and CVD by not smoking, engaging in daily physical activity, maintaining a healthy diet and body weight, and controlling cholesterol, blood pressure, and blood sugar (AHA, 2018).

Objectives

- Provide heart and vascular education and screening services for the community, with an emphasis on adults, women and seniors
- Share expertise in cardiovascular care with 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 2019 Report of Activities

In FY 2019, 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 100 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 310 individuals. In addition, SGH's Cardiac Rehabilitation Department provided two community lectures about risk factors for heart disease as well as information about exercise to approximately 25 attendees from the Better Breathers Club and SGH Senior Resource Center.

SGH's Cardiac Training Center and Cardiac Rehabilitation Departments participated in a variety of community events throughout San Diego in FY 2019. 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 Celebrando Latinas, AHA San Diego Heart & Stroke Walk and Health Fair Saturday at Grossmont Center.

Throughout the year, SGH provided expert speakers on heart disease and heart failure at professional conferences and events. This included SGH's 10th annual Heart and Vascular Conference in October, a two-day event at the US Grant Hotel where more than 350 health care professionals — including physicians, nurses and allied health workers caring for patients with CVD — received education on advances in cardiovascular care. In November and May, SGH participated in the 14th and 15th semiannual meetings of Southern California VOICe (Vascular Outcomes Improvement Collaborative), which included more than 30 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 clinical 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 and participated in the quarterly County of San Diego Cardiac Advisory Committee for STEMI. 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.

Throughout FY 2019, SGH-affiliated cardiologists and an electrophysiologist shared heart-related information with local news outlets, including: KUSI News; Bustle, an online women's magazine; Mic, a digital media company; and *The East County Californian*. Topics included the elevated risk of heart attack on Christmas Eve, heart rhythm problems and treatments, heart disease, and the impact of coffee on arterial health.

SGH's cardiac team is committed to supporting future health care leaders through active participation in student training and internship programs. In FY 2019, the team spent more than 500 hours mentoring more than 35 students from Azusa Pacific University (APU), Pima Medical Institute, San Diego State University (SDSU), University of California (UC) San Diego, Grossmont College, National University (NU) and Western University of Health Sciences, including students with an interest in a career as a nurse, cardiovascular technologist or x-ray technologist.

New in FY 2019, SGH's Cardiac Rehabilitation Department began offering an internship program for exercise physiology and kinesiology students. The program provides

students with comprehensive, hands-on practical and technical experience in delivering care to cardiac rehabilitation patients. Upon completion, students are proficient in obtaining vitals, prescribing exercise, providing patient education and modifying patient risk factors. The internship is approximately 8 to 12 weeks in length but may be adjusted to meet school requirements. Through the program, SGH's Cardiac Rehabilitation Department dedicated approximately 185 hours to two Exercise Physiology Master's program students from Point Loma Nazarene University (PLNU).

FY 2020 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, including an internship module for exercise physiology and kinesiology students
- Continue to provide data on STEMI to the County of San Diego EMS and participate in the County of San Diego Cardiac Advisory Committee
- Continue to provide the Peripheral Vascular Disease Rehabilitation Program
- Conduct three live, low sodium cooking demonstrations and provide recipes for patients and community members affected by CHF

Identified Community Need: Diabetes Education, Prevention and Support

Rationale references the findings of the SGH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SGH 2019 CHNAs identified chronic conditions, including diabetes, as one of the priority health needs affecting members of the communities served by SGH.

- Data analysis in the SGH 2019 CHNA revealed a higher volume of hospital discharges due to Type 2 diabetes in communities within SDC's east region facing greater socioeconomic challenges, such as El Cajon and Spring Valley.⁷⁰
- According to data presented in the HASD&IC 2019 CHNA, rates of ED visits for diabetes in SDC increased 7.2% from 2014 to 2016, with the most significant increases in individuals ages 27 to 44 (13.9%) and those identified as black/African American (15.1%).
- According to data presented in the SGH 2019 CHNA, in 2017, the top three ED and inpatient Type 2 diabetes diagnoses at SGH included Type 2 diabetes (uncomplicated), Type 2 diabetes with chronic kidney disease, and Type 2 diabetes with hyperglycemia (high blood sugar).
- According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 51.0% of respondents ranked diabetes (Types 1 and 2) among the top five health conditions with the greatest impact on overall community health in SDC.
- Focus groups and key informant interviews conducted as part of the HASD&IC and SGH 2019 CHNAs identified numerous barriers to care for chronic conditions such as diabetes, including: lack of access to healthy food; lack of transportation; physical limitations or limited mobility; high health care costs; economic insecurity; low health literacy; poor health behaviors, such as unhealthy diet or lack of physical activity; medication management; unsafe neighborhoods; and unstable or complete lack of housing.
- Participants in the Sharp diabetes educator focus group conducted as part of the SGH 2019 CHNA process identified several barriers to effective diabetes management, including: challenges associated with pharmacies, insurance policies and finances (including co-pays, loss of income due to time off work and the cost of transportation to medical appointments); fear related to job loss or immigration status; and lack of knowledge or cultural beliefs about food and illness.
- The Sharp diabetes educator focus group also identified the following barriers associated with diabetes management: isolation and loneliness; stigma, particularly when it is reinforced by physicians; lack of support from family members; and difficulty managing co-morbidities including cardiovascular issues, kidney issues, neuropathy, and vision issues.
- In 2017, diabetes was the seventh leading cause of death in SDC's east region.
- In 2017, there were 158 deaths due to diabetes in SDC's east region. The region's age-adjusted death rate due to diabetes was 26.4 per 100,000 population, higher than the overall SDC age-adjusted rate (21.5 deaths per 100,000 population).⁶⁹
- In 2017, there were 982 hospitalizations due to diabetes in SDC's east region. The age-adjusted rate of hospitalizations for diabetes was 189.6 per 100,000 population. This rate was the highest among all SDC regions and higher than the age-adjusted rate of hospitalization for SDC overall (122.9 per 100,000 population).
- In 2017, there were 1,050 diabetes-related ED visits in SDC's east region. The age-adjusted rate of diabetes-related ED visits was 202.2 per 100,000 population. This was the third highest rate among all SDC regions and was higher than the age-adjusted rate for SDC overall (165.0 per 100,000 population).

- According to 2018 CHIS data, 11.7% of adults living in SDC's east region indicated that they had ever been diagnosed with diabetes, which was slightly higher than SDC overall (9.8%) and the state of California (10.1%). Diabetes rates among seniors were particularly high, with 25.0% of east region adults over 65 reporting that they had ever been diagnosed with diabetes.
- According to 2018 CHIS data, 17.6% of residents in the east region had been told by their doctor that they have pre- or borderline diabetes, slightly higher than residents in SDC overall (17.3%).
- A study by the University of California, Los Angeles (UCLA) Center for Health Policy Research estimated that 13 million adults in California (46%) have prediabetes or undiagnosed diabetes, while another 2.5 million (9%) have already been diagnosed with diabetes (UCLA Center for Health Policy Research, 2016).
- Data presented by the United Health Foundation (UHF) indicates that, in 2017, diabetes prevalence in California was highest among American Indian/Alaska Natives (24.8%), followed by individuals of other race (16.4%), non-Hispanic blacks (14.8%) and Hispanics (12.1%) (UHF, 2018).
- According to the CDC, diabetes is the seventh leading cause of death in the U.S. In addition, the number of adults diagnosed with diabetes in the U.S. has more than tripled in the last 20 years (CDC, 2019).
- According to the CDC's 2017 *National Diabetes Statistics Report*, 87.5% 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.
- The CDC estimates that 30.3 million people in the U.S. have diabetes. Of those individuals, 1 in 4 is not aware they have the disease (CDC, *National Diabetes Statistics Report*, 2017).
- The CDC identifies diabetes as the leading cause of kidney failure, non-traumatic lower-limb amputations and new cases of blindness among adults (CDC, 2017).

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 2019 Report of Activities

The SGH Diabetes Education Program is recognized by the American Diabetes Association (ADA) for meeting national standards for excellence and quality in diabetes education covering blood sugar monitoring, medication and nutritional counseling as well as insulin pump and other device training. The program is led by certified diabetes educators, who provide individuals and their support systems with the skills needed to successfully self-manage various conditions, including prediabetes, gestational diabetes

(diabetes developed during pregnancy), and Type 1 and Type 2 diabetes. Small group and one-on-one education options are offered in English and Spanish.

In FY 2019, the Sharp Diabetes Education Program (Sharp's systemwide diabetes program) offered 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 the different types of diabetes; diabetes prevention; signs, symptoms and complications of diabetes; the connection between diabetes and CVD; nutrition and reading food labels; exercise; medication and diabetes self-management. Also during the conference, a Sharp diabetes expert presented on the prevention and management of Type 2 diabetes, including helpful diets, physical activity and the power of lifestyle change. In addition, the Sharp Diabetes Education Program provided fundraising and team participation for the San Diego Heart & Stroke Walk at Balboa Park in September.

The Sharp Diabetes Education Program provided education to various community groups throughout the year. In collaboration with the SGH Senior Resource Center in November, the program provided a lecture on diabetes and the power of lifestyle change to more than 10 senior community members at the GHD's James G. Stieringer Conference Center. The SGH Diabetes Education Program also provided a Heart Healthy Cooking event for approximately 15 community members at Temple Emanu-El in February. Lecture topics included food choices, reading food labels, snack ideas, sodium intake, and understanding and decreasing fat in one's diet. In addition, in June the SGH Diabetes Education Program provided a lecture on diabetes and nutrition to approximately 100 community members at the Grossmont Center Health Fair.

The Sharp Diabetes Education Program continued to collaborate with Family Health Centers of San Diego (FHCSO) to provide education to patients with diabetes at multiple FHCSO sites, including those in the east region, through the organization's Diabetes Management Care Coordination Project (DMCCP). Through DMCCP, Sharp's diabetes educators provide weekly group health and nutrition education, healthy cooking demonstrations, physical activity classes and one-on-one support from a nurse practitioner to the clinics' diabetes patients. In addition, project "graduates" offer peer support and education to current enrollees in both English and Spanish. The project monitors participants' physical activity as well as their A1C and blood glucose levels, which it has proven to successfully maintain and lower. At FHCSO's Lemon Grove, Grossmont Spring Valley and El Cajon sites, Sharp diabetes educators provided 14 lectures to more than 170 community members. Topics included creating an active lifestyle; nutrition, including the effect of food groups and serving sizes on blood sugar levels; healthy eating; and diabetes risk factors, symptoms, treatment, self-management and goal setting. In 2019, 32.5% of those enrolled in DMCCP saw a decrease in their overall A1C results.

The Sharp 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 Sharp Diabetes Education Program teaches underserved pregnant women and breastfeeding mothers with Type 1, Type 2 or gestational diabetes how to manage their blood sugar levels. In collaboration with community clinics, in FY 2019, the team provided these patients with a variety of education and resources to support a healthy pregnancy. Topics covered 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 Sharp Diabetes Education Program evaluated patients' management of their blood sugar levels and collaborated with community clinics' obstetrician-gynecologists to prevent complications. At SGH, the Sharp Diabetes Education Program provided services and education to more than 400 underserved pregnant and breastfeeding women with diabetes.

Throughout the year, the Sharp Diabetes Education Program continued to provide services and resources to meet the needs of culturally diverse populations within SDC. For the east region, this included particular attention to the needs of the newly immigrated Iraqi Chaldean population. 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. Resources were provided in Arabic, Somali, Tagalog, Vietnamese and Spanish, and food diaries and logbooks were distributed for community members to track their blood sugar levels. Live interpreter services were available in more than 200 languages via the Stratus Video Interpreting iPad application, and the program facilitated translation and other resources specifically addressing Chaldean cultural needs. Additionally, Sharp team members received education regarding the different cultural needs of diverse communities to improve the delivery of inclusive and culturally competent care.

In FY 2019, the Sharp Diabetes Education Program supported the professional health care community through participation in various conferences and meetings. . At the Liberty Station Conference Center in May, team members presented Obesity, Diabetes and Cardiovascular Disease to approximately 250 health professionals during Sharp's Obesity Crisis Conference. The Sharp Diabetes Education Program's presentation covered multiple topics, including: the history and prevalence of diabetes and prediabetes in the U.S.; testing for diabetes; the link between diabetes, CVD and obesity; decreasing risks and weight management. In June, the Sharp Diabetes Education Program attended the ADA's 79th Scientific Sessions conference in San Francisco, California. The conference shared research advances to improve the lives of people with and affected by diabetes with more than 15,000 international attendees. In addition, in August, the Sharp Diabetes Education Program presented on the Use of Outcomes Data and Marketing Strategies to Sustain Diabetes Programs to

approximately 200 health professionals at the American Association of Diabetes Educators' 2019 Annual Conference in Houston, Texas.

In November, the Sharp Diabetes Education Program hosted a diabetes conference for physicians, nurses, pharmacists, laboratorians, clinical and managerial leaders and other community health professionals interested in optimizing inpatient diabetes care. The conference provided 150 participants with specific tools and strategies for creating a culture that supports and encourages emerging therapeutic trends in glycemic management in a hospital setting. Topics included treating patients with Type 2 diabetes; cardiovascular risk for patients with Type 1 or Type 2 diabetes; new insulin products and their potential benefits; metabolism and weight loss in those using insulin; automated insulin infusion algorithms; and insulin pumps and continuous glucose monitoring. In addition, in FY 2019 the Sharp Diabetes Education Program provided diabetes education — including the different types of diabetes, diagnoses, current technology and medication, and careers in diabetes education — to more than 20 nurse practitioner students at SDSU, as well as mentored two dietetic interns from the San Diego Women, Infants, and Children (WIC) program. Lastly, the Sharp Diabetes Education Program presented on diabetes and exercise to approximately 10 students at PLNU School of Nursing's Health Promotion Center at the Church of the Nazarene in Mid-City, as well as provided diabetes education to approximately 10 APU nursing students.

FY 2020 Plan

The SGH and Sharp Diabetes Education Programs will do the following:

- Provide community members with prediabetes and diabetes information at various community venues in SDC's east region
- Explore 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 residents in the city's nine districts
- Explore collaboration with community organizations to provide diabetes education for community members, including seniors and caregivers
- Continue to collaborate with FHCSO to provide education and resources to their patients with diabetes
- Continue to provide gestational diabetes services and resources to underserved pregnant and breastfeeding 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 — as well as the San Diego Heart & Stroke Walk
- 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 to share best practices in diabetes treatment and control with the broader health care community

- Conduct educational symposiums for health care professionals focused on improving outpatient and inpatient diabetes care
- Continue to host a diabetes conference for health care professionals
- Explore collaborations with community service organizations that focus on diabetes prevention and care
- Partner with community physicians to help them improve patient outcomes using technology, including insulin pumps and blood glucose monitors

Identified Community Need: Health Education, Screening and Support for Aging Concerns

Rationale references the findings of the SGH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SGH 2019 CHNAs identified aging concerns as one of the priority health needs affecting members of the communities served by SGH. Aging concerns are defined as those conditions that predominantly affect seniors — people who are 65 and older — such as Alzheimer’s disease, Parkinson’s disease, dementia, falls and limited mobility.
- According to data presented in the HASD&IC 2019 CHNA, rates of inpatient discharge in SDC increased for Alzheimer’s disease (35.1%) and dementia (16.3%) from 2014 to 2016.
- According to data presented in the SGH 2019 CHNA, in 2017, seniors represented 59.4% of inpatient discharges for unintentional injury at SGH, with fall-related injuries occurring in 81.5% of those discharges.
- Data analyzed as part of the SGH 2019 CHNA indicated that seniors admitted to SGH with a behavioral health diagnosis were more likely to have dementia (42.5%) when compared to all behavioral health inpatient discharges (18.5%).
- Focus groups conducted as part of the HASD&IC and SGH 2019 CHNAs identified the following health conditions that impact older adults: Alzheimer’s and Parkinson’s diseases, dementia, arthritis, loss of mobility, opioid misuse, diabetes, heart disease, anxiety, depression, lung disease, obesity, and poor oral health.
- In addition, the focus groups identified the following social determinants of health (SDOH) that impact seniors: lack of accessible or reliable transportation options; difficulty accessing fresh food; social isolation and inadequate family support; economic insecurity and environmental pollutants.
- According to the Sharp Insight Community survey conducted during Sharp’s 2019 CHNAs, 83% of respondents ages 65 and older ranked aging concerns among the top five conditions with the greatest impact on overall community health in SDC.
- As part of the SGH 2019 CHNA, focus groups comprised of Sharp Senior Health Center staff and patients, as well as community members identified the following SDOH that impact seniors: few transportation options; lack of access to fresh food; social isolation and inadequate family support; economic insecurity; housing issues; and environmental pollutants, including sound. Participants indicated that these

issues contribute to a loss of independence, leading to increased stress, isolation, loneliness and poor mental health.

- Sharp senior health focus group participants suggested the following strategies for increasing health care access for seniors: establishing a centralized communication database so that patient information can be shared across health care systems; creating and promoting programs to assist seniors with transportation to medical appointments and grocery stores; expanding meal delivery services; expanding behavioral health care options for Medi-Cal and Medicare patients; and increasing the availability of translators.
- In 2017, Alzheimer's disease was the fourth leading cause of death in SDC's east region for all age groups.
- In 2017, the top 10 leading causes of death among adults ages 65 and older in SDC's east region were (in rank order): diseases of the heart, cancer, Alzheimer's disease, cerebrovascular diseases (including stroke), chronic lower respiratory diseases, diabetes, essential hypertension and hypertensive renal disease, accidents/unintentional injuries, Parkinson's disease, and flu/pneumonia.
- In 2017, hospitalization rates among seniors in SDC's east region were higher than the east region's general population for all major causes, including cancer, hypertensive diseases, diseases of the heart, asthma, osteoarthritis, unintentional injuries, falls, stroke, diabetes and flu/pneumonia.
- The top three causes of ED utilization among SDC's east region residents ages 65 and older in 2017 were unintentional injuries, falls and Chronic Obstructive Pulmonary Disease/Chronic Lower Respiratory Diseases.
- 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, and each fall doubles the chance of falling again. 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, 2018).
- In 2015, more than 84,400 San Diegans ages 55 and over were living with Alzheimer's disease and related dementias (ADRD), one quarter of whom lived in the east region. Between 2015 and 2030, the number of east region residents living with ADRD is projected to increase by 27.4% (*Alzheimer's Disease and Related Dementias in San Diego County*, County of San Diego HHSA, 2018).
- In 2017, 67.7% of the influenza hospitalizations and nine of the 14 influenza deaths in the east region occurred among residents ages 65 and older. The age-adjusted rate of influenza death among this group was 12.2 per 100,000, lower than the rate for seniors in SDC overall (16.2 per 100,000).
- According to the California Department of Aging (CDA), in 2019, 11.1% of SDC residents ages 60 and older were considered low-income, and 17.1% were eligible for Medi-Cal coverage. In addition, 17.5% of SDC seniors were identified as living alone (CDA, 2019).
- According to research published in *Health Affairs*, an estimated 15 million family caregivers in the U.S. provide unpaid care for a loved one with dementia. Caregiver burden and fatigue can result in increased use of hospital and emergency services for dementia patients (Slaboda et al, 2018).

- The same study identified the following as the biggest challenges facing family caregivers of individuals with dementia: dealing with memory loss and the disease's impact; handling the stress and emotional toll; having patience with their loved one; handling mood swings or behavior changes; and managing daily activities, including bathing, bathroom, dressing and meals (Slaboda et al, 2018).
- According to the American Association of Retired Persons (AARP), more than 40 million people in the U.S. act as unpaid caregivers to people ages 65 and older. More than 10 million of these caregivers are Millennials with separate full- or part-time jobs, and 1 in 3 employed Millennial caregivers earns less than \$30,000 per year (AARP, 2018).

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 vulnerable 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 seniors and caregivers with updated information on available services and resources

FY 2019 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 2019, the SGH Senior Resource Center developed and mailed quarterly calendars of its programs and services to more than 6,700 households in SDC's east region. In addition, the SGH Senior Resource Center distributed more than 3,500 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 people with disabilities.

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 computerized phone calls to participants daily 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 individual's safety. In FY 2019, staff

placed more than 4,900 phone calls to 22 seniors and community members with disabilities, as well as approximately 15 follow-up phone calls to family and friends.

In FY 2019, the SGH Senior Resource Center reached more than 600 community members through 30 free health education programs provided at locations in SDC's east region including the SGH campus, La Mesa Community Center, GHD's James G. Stieringer Conference Center, and San Diego Oasis — an organization that promotes healthy aging through lifelong learning, active lifestyles and volunteer engagement. Programs were presented by experts from community organizations as well as Sharp professionals with expertise in physical therapy, rehabilitation, diabetes, bereavement, finance, health insurance, nutrition, nursing and advance care planning (ACP). Educational topics included: the latest in Alzheimer's research; ACP; respite care services; audiology; tools and resources for caregivers; caregiving at home; diabetes; Medicare; safety at home; memory care; transportation options; brain health; bereavement and coping with grief; heart health and fitness; the benefits of exercise for Parkinson's disease; bone health and preventing fractures; traditional diets; healthy eating in the new year; wills and trusts; estate planning and gift annuities; maintaining a healthy voice; senior programs and finding reliable health information.

Also in FY 2019, nearly 130 seniors and their caregivers were reached through clinical lectures provided by an audiologist, psychologist and dermatologist. Topics included audiology, mental health and finding joy in aging. Lectures were held at the GHD's James G. Stieringer Conference Center and San Diego Oasis. Further, the SGH Senior Resource Center presented to more than 530 community members on senior services, Vials of Life, fall prevention, resources and tools for caregivers, introduction to smart phones and talking to a health care provider. Presentations were held at various locations throughout SDC, including but not limited to El Cajon, La Mesa and Santee. Through Sharp's partnership with the City of San Diego, the SGH Senior Resource Center delivered three lectures on Senior Resources in San Diego to approximately 50 community members at College-Rolando Library, Point Loma/Hervey Branch Library and Rancho Bernardo Branch Library.

Throughout the year, the SGH Senior Resource Center provided eight health screening events at various sites in SDC's east region, reaching more than 130 members of the senior community. Screenings included balance and fall prevention, hand (checking for increased swelling, redness or deformity in elbows, wrists or fingers, as well as decreased grip strength), and depression. In addition, in FY 2019, the SGH Senior Resource Center provided free blood pressure screenings to more than 670 individuals at approximately 50 community events. Screenings were provided at the SGH campus, Dr. William C. Herrick Community Health Care Library, La Mesa Adult Enrichment Center, Jewish Family Service of San Diego (JFS) College Avenue Center and McGrath Family YMCA, as well as at community health fairs and special events, and to the Grossmont Mall Walkers. As a result of these blood pressure screenings, five seniors were referred to physicians for follow-up care.

The SGH Senior Resource Center continued to sponsor the Grossmont Mall Walkers, a free fitness program to increase physical activity, improve balance and strength, and encourage a healthy lifestyle 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. On average, more than 130 community members participated in the Grossmont Mall Walkers program each month in FY 2019.

At *The San Diego Union-Tribune's* CaregiverSD community expo at Liberty Station in April, the SGH Senior Resource Center provided Vials of Life, senior resources and information about its services to approximately 500 community members. The SGH Senior Resource Center also offered Vials of Life, caregiver and community resources, and information about its services to more than 1,700 seniors at the County of San Diego's AIS Vital Aging 2019: Live Well to Age Well conference held at the San Diego Convention Center. The event covered a variety of subjects including brain health, caregiver well-being, nutrition, physical activity, health and independence, and other topics to help empower older adults to live healthy, safe and thriving lives.

In April, Sharp Senior Resource Centers' collaborated with Sharp HospiceCare to host the Health and Wellness in Aging: Know Your Options conference. Held at the La Mesa Community Center, the free conference provided more than 110 attendees with educational presentations on staying healthy, improving emotional wellness, end-of-life options and estate planning tips, as well as provided valuable resources to help manage and promote healthy aging.

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 nearly 1,500 community seniors and caregivers at the El Cajon Heartland Fire Open House at an El Cajon fire station, Oasis San Diego's Technology Fair, Taste of Oasis Annual Open House at San Diego Oasis, ECSSP's Senior Health Fair at the La Mesa Community Center, Senior Transportation and Housing Expo at the La Mesa Community Center, JFS College Avenue Center's annual health fair, Parkway Plaza Health Fair at Parkway Plaza Mall in El Cajon, Spring Into Healthy Living event at the McGrath Family YMCA in Rancho San Diego and In-Home Supportive Services' Provider Appreciation Day (for caregivers) at Balboa Park.

The SGH Senior Resource Center continued to provide seasonal flu vaccines in selected community settings. In FY 2019, 390 vaccinations were provided at nine community sites, including the Lemon Grove Senior Center, JFS College Avenue Center, La Mesa Community Center, Lakeside Community Center, Santee Public Library, George L. Stevens Senior Center, Salvation Army of El Cajon, Journey Community Church 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. Further,

seniors, caregivers, individuals who are homeless or at risk of homelessness, individuals with chronic illnesses, and vulnerable adults with limited access to care, including those without transportation, were notified about flu vaccine events through activity calendars, collaborative outreach conducted by the flu clinic site, sharp.com, and paper and electronic newspaper notices.

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's Caregiver Education Committee, ECSSP, ECAN, AIS Health Promotion Committee, East County Elder Abuse Council, St. Paul's PACE, and Meals on Wheels San Diego County East County Advisory Board.

Further, in order to avoid unnecessary visits to the emergency room and the potential risks of hospitalization, SGH works alongside the GHD, Alzheimer's San Diego and Live Well San Diego (LWSD) as part of the Alzheimer's Response Team (ART) in the east region. Launched in July by the County of San Diego, ART links medical first-responders, social workers, Sheriff's deputies and other professionals to individuals living with dementia to ensure they receive the most appropriate services during an emergency. The team also provides ongoing support to families to help prevent future crises. The ART is an outgrowth of The Alzheimer's Project, the county-led initiative to find a cure for Alzheimer's and help families struggling with the disease.

FY 2020 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 health screening events
- Collaborate with Sharp experts and community partners to provide approximately 30 seminars focused on issues of concern to seniors
- Participate in community health fairs and events targeting seniors
- Collaborate with an east region YMCA, AIS and ECAN to provide a healthy living conference for seniors
- In collaboration with the Caregiver Coalition, 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 seasonal flu vaccinations to community members facing barriers to accessing care, including individuals who are homeless or at risk of homelessness
- 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.)
- Continue to participate in ART in SDC's east region

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

Rationale references the findings of the SGH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SGH 2019 CHNAs identified cancer as one of the priority health needs affecting members of the communities served by SGH.
- According to data presented in the HASD&IC 2019 CHNA, cancer was the leading cause of death in SDC in 2016.
- Focus groups conducted as part of the HASD&IC 2019 CHNA identified cancer as a condition that many members of the community fear, particularly brain, colon and breast cancers. Participants also described barriers to receiving cancer screenings and treatment, including: stigma surrounding a cancer diagnosis; fear about immigration status, particularly for asylum seekers; financial burdens, even for those with health insurance; and practical issues such as transportation to medical appointments.
- According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 67% of respondents ranked cancer among the top five health conditions with the greatest impact on overall community health in SDC.
- As part of the SGH 2019 CHNA, focus groups comprised of Sharp cancer patient navigators and clinical social workers identified the following health conditions and SDOH related to cancer: chronic diseases such as asthma or heart disease, which are often connected to stress; care challenges associated with behavioral health and substance use; barriers to care (cost, delays in receiving care and fear related to diagnosis or immigration status; frustration navigating health insurance; screening avoidance; logistics such as transportation or childcare; and language barriers); and fear of stigma due to cancer diagnosis.
- Sharp cancer patient navigator and clinical social worker focus group participants also described the following hospital discharge barriers and support needs: lack of patient or family support and education (particularly for caregivers); homelessness; insurance issues; lack of follow-up care or access to medication; and a need for a "one-stop shop" incorporating financial navigators and legal support, as well as other resources like pain management or wigs.

- The most frequently observed cancers at SGH in 2018 were (in rank order): breast, lung, brain, colorectal and prostate. In total, there were 1,286 new cases of cancer at SGH in 2018.
- According to 2018 Sharp oncology data, 46% of the 518 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.
- In 2017, cancer was the leading cause of death in SDC's east region.
- There were 922 deaths due to cancer (all types) in SDC's east region in 2017. The region's age-adjusted rate of death due to cancer was 157.4 deaths per 100,000 population, which is higher than the overall SDC age-adjusted rate of 136.7 per 100,000 population and the HP2020 target of 161.4 deaths per 100,000 population.⁶⁹
- In 2017, the east region's age-adjusted death rates were higher than the rates for SDC for the following cancers: bladder, brain, colorectal, female breast and reproductive, kidney, leukemia, lung, non-Hodgkin's lymphoma, pancreatic, prostate and skin.
- In 2017, 21.0% of all cancer deaths in SDC's east region were due to lung cancer, 7.4% to female reproductive cancer, 7.4% to female breast cancer, 7.3% to colorectal cancer, 6.7% to pancreatic cancer, and 6.2% to prostate cancer.
- According to the American Cancer Society (ACS) 2017 *California Cancer Facts & Figures* report, 72.4% of breast cancer cases among non-Hispanic white women in SDC were diagnosed at an early stage, compared to 69.3% of African American cases, 68.1% of Hispanic cases and 70.4% of Asian/Pacific Islander cases. Data suggests that early breast cancer detection resources are needed in minority communities.
- According to findings from the ACS *Cancer Facts & Figures 2019* report, the 40% decrease in the female breast cancer death rate between 1989 and 2016 is attributed to improvements in early detection, namely screening and increased awareness. The rates of new cancer cases and cancer deaths vary significantly among racial and ethnic groups, with rates generally highest among African Americans and lowest for Asian Americans (ACS, 2019).
- A recent study by the ACS found that 42% of newly diagnosed cancer cases in the U.S. are potentially avoidable. Many of the known causes of cancer — and other noncommunicable diseases — are attributable to behavioral factors including tobacco use as well as excess body weight due to poor dietary habits and lack of physical activity (ACS, 2018).
- The *Journal of Oncology Navigation & Sponsorship* (JONS) emphasizes the importance of patient navigators as part of a multidisciplinary oncology team with the goal of reducing mortality among underserved patients. The navigator works with the patient across the care continuum, and often makes suggestions to help manage a patient from a holistic perspective (JONS, 2019).
- According to the National Institutes of Health (NIH), clinical trials, a part of clinical research, are at the heart of all medical advances. Greater clinical trial enrollment benefits medical research and increases the health of future generations as well as

improves disease outcomes, quality of life and health of trial participants (NIH, 2017).

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
- Provide genetic testing and counseling
- Participate in cancer clinical trials, including screening and enrolling patients

FY 2019 Report of Activities

SGH is accredited by the National Accreditation Program for Breast Centers, indicating the highest standard of care for patients with diseases of the breast. The Cancer Centers of Sharp HealthCare (Cancer Centers of Sharp), which includes SGH, Sharp Memorial Hospital (SMH) and Sharp Chula Vista Medical Center, are 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 2019, the David and Donna Long Center for Cancer Treatment at SGH (David and Donna Long Cancer Center) provided education on cancer, breast self-examination demonstrations, breast cancer awareness, and resources from the ACS and National Cancer Institute to more than 400 individuals at community events, including the Spring into Healthy Living event at the McGrath Family YMCA and Health Fair Saturday at Grossmont Center. At Sharp's annual Women's Health Conference in May, the David and Donna Long Cancer Center offered approximately 1,000 community members cancer education; health screening recommendations for various age groups; breast self-exam demonstrations and breast-self exam waterproof reference cards; information about skin checks and melanoma; information about the David and Donna Long Cancer Center programs; and literature on cancer care and prevention including risk reduction through lifestyle changes. Additionally, David and Donna Long Cancer Center staff walked alongside cancer patients and families in the ACS Making Strides Against Breast Cancer Walk in October.

In honor of Breast Cancer Awareness Month, SGH provided cancer resources to nearly 40 individuals at an event titled Mind, Body and Spirit: A Holistic Approach to Patient Care. The October event was held at the Sharp Memorial Outpatient Pavilion and educated community members on how taking a holistic approach to caring for oneself or a loved one can help with healing. Community members also learned about breast health, spiritual care, and strategies to lower the risk of breast cancer including integrative therapies, coaching, diet and exercise, and breast self-exam techniques. Attendees also had the opportunity to speak with Sharp-affiliated physicians and support staff who specialize in breast cancer.

In FY 2019, the David and Donna Long Cancer Center provided a variety of free support groups for approximately 125 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. A general cancer support group was offered monthly to meet the educational and emotional needs of people living with any kind of cancer. This group provided encouragement and hope in a safe environment as well as an opportunity to share experiences and coping strategies during 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 David and Donna Long 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 David and Donna Long 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. In addition, in FY 2019, SGH Cancer patients participated in the Swallows project in which more than 35 patients and loved ones painted unique aluminum birds that represent what healing looks like to them. The birds were assembled into a flight of swallows over the entrance to the oncology areas as a symbol of hope and a successful journey.

New in July 2019, the David and Donna Long Cancer Center offered a special healing arts program open to any person living with cancer entitled Finding Your Silver Lining. Fourteen participants created a collage reflecting on their cancer journey and the silver linings they may have found. Participants also had opportunities to share and connect with other cancer patients and survivors. In August, the David and Donna Long Cancer Center held a six-week Women's Writing Circle: Expressive Writing Program where nearly 10 women, who were either still in treatment or had recently finished treatment, came together to write and share about health and their journey.

The David and Donna Long Cancer Center continued to host educational classes at no cost for patients and community members facing cancer. Through the monthly Lunch and Learn Cancer Education series, community members, patients and families were invited to hear local experts speak about a unique cancer-related topic each month, such as managing anxiety, leaving a legacy, making healthy habits stick, mindful eating, the importance of exercise, cancer prevention lifestyle habits and strategies for successful survivorship. Attendees were also invited to participate in a question-and-answer session while enjoying a complimentary lunch. The series was held at the GHD's Dr. William C. Herrick Community Health Library and reached approximately 20 individuals per session in FY 2019.

Throughout the year, the David and Donna Long 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 nearly 20 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 David and Donna Long Cancer Center also offered three rotating monthly workshops including: a Relaxation and Quieting the Mind workshop to help cancer patients and their loved ones manage the stress, anxiety and difficult emotions that may accompany a cancer diagnosis; a Chemo Brain Workshop: Improving Memory and Concentration for patients experiencing memory problems related to chemotherapy and other cancer treatments; and a Scanxiety: Managing the Fear of Cancer Recurrence workshop to assist patients in understanding and managing anxiety related to tests and scans. The workshops assisted more than 50 community members in FY 2019.

To help guide and support patients and their families before, during and after the course of treatment, the David and Donna Long Cancer Center team offered a licensed clinical social worker (LCSW), a dietitian, genetics counselors and cancer patient navigators, including a certified breast health navigator.

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 2019, 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' Breast Cancer Case Management program and food pantry, as well as other food and financial assistance programs. The LCSW served more than 370 patients and family members in FY 2019, while approximately 110 community members contacted the LCSW for consultation regarding support groups and other David and Donna Long Cancer Center services and community resources.

The breast health navigator is a registered nurse (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 for 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 referrals to the Medi-Cal office for assessment of eligibility or the Breast and Cervical Cancer Treatment Program (BCCTP). Offered through the California Department of Health Care Services, the BCCTP provides urgently needed cancer treatment coverage for unfunded or underfunded low-income patients who do not qualify for Medi-Cal, but whose income may meet its eligibility guidelines. Patients with psychosocial support needs are referred to the David and Donna Long Cancer Center's LCSW or various local or national resources including JFS' Breast Cancer Case

Management program. The breast health navigator also plays an active role in providing community education at health fairs, including literature about early detection of breast cancer and mammography guidelines, at no charge to the community. In FY 2019, the breast health navigator provided navigation assistance to more than 180 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, 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 600 patients and their families.

Three genetic counselors assist patients and family members at the Cancer Centers of Sharp through risk assessment, counseling, genetic testing for personal and family history of cancer, and referrals for vulnerable patients. The David and Donna Long Cancer Center's 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 350 patients in FY 2019.

Throughout FY 2019, SGH helped raise community awareness of cancer through television interviews on KUSI News as well as through printed articles in *El Latino San Diego* and *The East County Californian*. Hospital physicians from a variety of specialties, including oncology, dermatology, hematology and urology, shared cancer information through these outlets. Topics included breast cancer insights and screening, curing small breast cancer tumors without chemotherapy, skin cancer prevention, lung cancer prevention, shedding light on bladder cancer, and a new breast cancer gene that puts younger women at risk.

The Cancer Centers of Sharp conduct 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 2019, the Cancer Centers of Sharp approached and evaluated 480 patients for participation in oncology clinical trials. As a result, 111 patients were enrolled in cancer research studies. In FY 2019, clinical trials focused on multiple types of cancer, including but not limited to brain, breast, colon, head and neck, lung, lymphoma, melanoma, ovarian, prostate and spinal cord.

FY 2020 Plan

The David and Donna Long Cancer Center will do the following:

- Provide cancer education, resources and breast self-exam demonstrations at community health fairs and events, as well as through social media
- Continue to provide a free biweekly breast cancer support group
- Provide free community support groups, including an art-themed group as well as groups for men with cancer and those with advanced cancer and their caregivers
- Provide monthly workshops on managing scanxiety, relaxation and chemotherapy brain as well as a multi-session couples communication workshop for newly diagnosed cancer patients
- Continue to host a free monthly Lunch and Learn educational series for cancer patients, survivors and their loved ones
- Continue to provide ongoing personalized education, information, support and guidance to cancer patients and their loved ones
- Provide education and resources to the community by patient navigators for brain, breast, colorectal, lung, and head and neck cancers, as well as cancer patients with complex care needs
- Connect individuals to community resources to help them manage their illness
- In collaboration with the Sharp ACP program, continue to provide an ACP workshop for patients and community members with cancer and their loved ones
- 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
- Provide education on cancer and available treatments through community residents and physician lectures
- Provide internships to NU radiation therapy students
- 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

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

Rationale references the findings of the SGH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SGH 2019 CHNA identified maternal and prenatal care, including high-risk pregnancy, as one of the priority health needs affecting members of the communities served by SGH.
- According to data presented in the SGH 2019 CHNA, among women admitted to SGH in 2017 with a high-risk pregnancy, the top three diagnoses were classified as pregnancy in a mother over the age of 35 (40.9%), pregnancy with insufficient prenatal care (26.0%) and pregnancy with a history of preterm labor (12.3%).

- This data analysis also indicated that, while babies identified as black or African American represented 8.1% of all inpatient discharges for infants (under one year) at SGH in 2017, they accounted for 19.6% of low birth weight (LBW)⁷¹ discharges.
- In addition, in 2017, 39.0% of inpatient discharges at SGH related to a premature birth were financially covered by Medi-Cal.
- As part of Sharp's 2019 CHNAs, facilitated discussions with Sharp Mary Birch Hospital for Women & Newborns case managers, social workers and a nurse educator identified the following health conditions that impact Sharp's maternal and prenatal patients: diabetes; preterm pregnancies; short interval pregnancies; substance use; and mood disorders, including postpartum depression and anxiety. Discussions also identified the following SDOH affecting their patients: limited access to behavioral health services, even for the insured; lack of access to transportation; and economic stress related to childcare and maternity leave.
- Participants also identified the following strategies to improve women's health: build awareness of the importance of preconception and prenatal care; establish more options for home health care for postpartum women; increase lactation consulting and services; increase availability of translation services; create an interdisciplinary care team; provide inpatient and outpatient behavioral health services; and improve communication between physicians and pharmacists.
- In 2017, SDC's east region had 396 LBW births, which accounted for 6.1% of total births for the region. When compared to all other racial groups, the proportion of LBW births in the east region was highest among Asian/Pacific Islander (10.7%) and African American/black infants (10.5%).
- There were 4,629 hospitalizations due to maternal complications in SDC's east region in 2017, a 2.7% increase from 2016. The region's age-adjusted rate was 2,125.7 per 100,000 population, higher than the rate for SDC overall (1,843.0 per 100,000 population).⁷²
- In 2017, 5,321 live births received early prenatal care in SDC's east region, which translates to 82.4% of all live births in the region. This was lower than the percentage of live births receiving early prenatal care in SDC overall (85.6%), and the second lowest among all SDC regions.
- Proven strategies to increase the use of prenatal care include affordable health coverage, expedited health coverage for pregnant women, insurance coverage that includes health education and risk counseling, outreach and assistance with health coverage enrollment 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, 2017).
- In 2017, SDC ranked 18th out of 50 California counties for in-hospital exclusive breastfeeding at 78.9% (California WIC Association and UC Davis Human Lactation

⁷¹LBW refers to birth weight less than 2,500 grams (approximately 5 pounds, 8 ounces).

⁷²The definition of maternal complications is based on analysis of ICD-10 codes conducted by the County of San Diego HHS Community Health Statistics Unit. In 2018, the definition of maternal complications included 666 ICD-10 codes, however it was expanded in 2019 to include 1,827 ICD-10 codes. Notable conditions now included in this definition include: supervision of high-risk pregnancy, gestational or preexisting diabetes, preterm labor and/or delivery, complications related to sexually transmitted infections, maternal alcohol or drug use, and sexual, physical or psychological abuse of the mother.

Center, *A Policy Update on California Breastfeeding and Hospital Performance, San Diego County: 2017 Data*, 2019).

- According to the 2017 *San Diego County Report Card on Children and Families*, breastfeeding enhances immunity to disease, decreases the rate and severity of infections in children, is associated with improved development and decreased risk of childhood obesity, and reduces lifelong risks for chronic health problems. 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, 2017).
- According to 2018 CHIS data, 32.8% of women ages 18 to 65 years in SDC's east region were obese (Body Mass Index (BMI) > 30), higher than SDC overall (24.7%).
- According to the CDC, being overweight increases the risk of complications during pregnancy, including preeclampsia, gestational diabetes, stillbirth and cesarean delivery. (CDC, 2018).
- Factors associated with preterm birth include maternal age, race, socioeconomic status, tobacco use, substance abuse, stress, prior preterm births, carrying more than one baby, and infection (CDC, 2019).
- Findings from the California Department of Public Health's (CDPH's) 2018 *Maternal and Infant Health Assessment* indicated that in 2015, 20.5% of California mothers experienced depressive symptoms during pregnancy or postpartum. Black and Latina women, women with low socioeconomic status, and Medi-Cal insured women are all at higher risk for depressive symptoms during pregnancy and the postpartum period (CDPH, 2018).
- Maternal depression is the most common pregnancy complication, occurring more frequently than gestational diabetes and preeclampsia combined (California Task Force on Status of Maternal Mental Health Care, 2017).
- According to the National Center on Substance Abuse and Child Welfare, an estimated 15% 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 help new mothers meet their personal breastfeeding goals
- Collaborate with community organizations to help raise awareness of women's health issues and services, as well as provide critical prenatal services to low-income and underserved women in SDC's east region
- Participate in professional associations and disseminate research related to women's services and prenatal health

FY 2019 Report of Activities

In FY 2019, the SGH Women's Health Center provided education, outreach and support to help meet the unique needs of women, mothers and newborns throughout SDC's east region. The SGH Women's Health Center includes the SGH Prenatal Clinic, which provides services and resources specifically to SGH's underinsured patients. The SGH Prenatal Clinic offers comprehensive obstetric services, postpartum assessments, and individualized care plans to determine and address patients' strengths, risks, needs and goals.

Free support groups helped women and families adapt to caring for their newborn. Offered twice per week, the breastfeeding support group provided a comfortable environment to assist mothers experiencing breastfeeding challenges, as well as an opportunity to weigh their babies to assess weight gain after feeding. Facilitated by RN lactation consultants, the group served nearly 20 attendees per session in FY 2019, including fathers who were welcome to attend. The weekly postpartum support group, led by social workers, supported nearly 30 mothers per session in FY 2019. Through the support group, mothers with babies up to 12 months of age who are experiencing symptoms of the "baby blues," depression and/or anxiety can share their experiences, learn coping strategies and receive professional referrals.

A variety of educational classes were provided to prepare mothers and families for their baby's arrival. Through the breastfeeding class, mothers-to-be learned about the advantages of breastfeeding and basic breastfeeding tips, such as 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, signs and symptoms of illness, infant nutrition and bathing, as well as provided hands-on practice with diapering, dressing and swaddling. Other offerings by the SGH Women's Health Center in FY 2019 included classes on caesarean delivery preparation, labor comfort measures and relaxation skills, childbirth preparation, infant and child CPR, and preparing new siblings and grandparents.

The SGH Women's Health Center continued to host its annual neonatal intensive care unit (NICU) reunion for patients and families whose babies have spent time in the NICU to celebrate their care long after they leave the hospital. The event reached more than 200 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. During World Breastfeeding Week in August, SGH's breastfeeding support group hosted an annual celebratory event for more than 20 families that included raffles and prizes, massages for mothers and refreshments. The event also recognized mothers who provided a year's worth of breastmilk to the Mother's Milk Bank.

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. Following the implementation of the 10 Steps to Successful

Breastfeeding initiative in 2012, the SGH Women's Health Center has pursued various quality strategies to promote exclusive breastfeeding and exclusive breastmilk 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 breastmilk volumes. In addition, staff worked with mothers of NICU babies to incorporate early intervention strategies that promote the establishment of a sufficient breastmilk supply in the weeks following a premature birth. The SGH Women's Health Center also continued to track mothers of premature infants (28 to 34 weeks gestation) who had established breastmilk supply at two weeks. As a result of these comprehensive efforts, the SGH Women's Health Center increased the exclusive newborn breastfeeding rate at discharge (for all newborns) from 49% in 2011 to 57% in 2019.

In addition, in 2015, the SGH Prenatal Clinic joined the Breastfeeding-Friendly Community Health Centers project (BFCHC) — an initiative of 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 location to help establish Baby-Friendly USA guidelines around breastfeeding education and support during the prenatal period and after discharge, and to support other prenatal clinics in achieving Baby-Friendly USA standards. The pilot program ended in 2016, however SGH maintains its collaboration in the BFCHC to ensure sustainability of the model.

The SGH Prenatal Clinic offers a variety of prenatal support for underserved and vulnerable women in SDC. Throughout FY 2019, SGH Prenatal Clinic midwives provided in-kind help at Neighborhood Healthcare in El Cajon to support the underserved population in SDC's east region. This included approximately 1,050 hours of care for pregnant women, with midwife coverage five days per week. The SGH Prenatal Clinic also continued to participate in the CDPH 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 language translation services. Nutrition classes were offered to help reduce the number of women who meet the criteria for gestational diabetes and improve the quality of food choices to support healthy weight management. Women with a current diabetes diagnosis were referred to the SGH Diabetes Education Program, while those with nutrition issues were either referred to an SGH registered dietitian (RD) or the SGH Diabetes Education Program as appropriate. Women with elevated BMIs received education and glucometers in order to measure their blood sugar and prevent the development of gestational diabetes. Further, in FY 2019, the SGH Prenatal Clinic provided education on gestational diabetes to expecting patients at Neighborhood Healthcare in El Cajon.

The SGH Women's Health Center continued its partnership with Vista Hill ParentCare to assist women with substance use, psychological or social issues during pregnancy. The

SGH Prenatal Clinic screened women for high-risk concerns including mood disorders, domestic violence, homelessness, trauma, legal problems, substance use, sexual abuse and the acculturation process for refugees and immigrants. If concerns are identified, a treatment plan is developed with follow-up from an SGH Prenatal Clinic social worker throughout the remainder of the pregnancy and up to 10 weeks postpartum. These approaches have been shown to reduce both LBW rates and health care costs for 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 2019, the SGH Women's Health Center participated in and partnered with several community organizations and advisory boards for maternal and child health, including San Diego Adolescent Pregnancy and Parenting Program; California School-Age Families Education; 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 the County of San Diego Public Health Nursing Advisory Board.

FY 2020 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 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SGH 2019 CHNAs identified access to health care, aging concerns, behavioral health, cancer, chronic conditions, community and social support, economic security, education, homelessness and housing instability, and

unintentional injury and violence as the priority health issues affecting members of the communities served by SGH. In addition, maternal and prenatal care, including high-risk pregnancy was identified in the SGH 2019 CHNA as a priority health need.

- HASD&IC focus group participants also identified health literacy as a barrier to care, and recommended several strategies to address this issue, including: culturally sensitive education about preventive care, including immunizations and health screenings; education about lifestyle choices that promote health, such as smoking cessation, nutrition and exercise; and assistance understanding and navigating the health care and insurance systems, particularly for those who have received a serious health diagnosis.
- As part of the SGH 2019 CHNA, a focus group comprised of members of Sharp's Patient Family Advisory Council described lack of health education and health literacy, particularly surrounding preventive care (including immunizations), illness and disease as barriers to health care. Participants also noted that many patients and community members do not understand how to navigate the health care system, especially identifying the appropriate sites of care to meet their needs.
- Participants in the Sharp Insight Community survey conducted as part of Sharp's 2019 CHNAs identified the following as being in the top five most important health conditions for east region residents: aging concerns (73%); obesity (69%); cancer (67%); behavioral/mental health issues (63%); and heart disease (59%). In addition, the SDOH most frequently identified as having the greatest impact on east region residents were: health insurance issues (80%); access to care (70%); economic security (60%); health behaviors (58%); and homelessness (44%).
- Data analysis in Sharp's 2019 CHNAs revealed a higher volume of hospital discharges due to CVD and Type 2 diabetes communities facing greater socioeconomic challenges within SDC's east region, such as El Cajon and Spring Valley.⁷⁰
- In 2017, heart disease was the second leading cause of death for SDC's east region.
- According to 2018 CHIS data, the self-reported obesity rate for adults ages 18 and older in SDC's east region was 30.4%, higher than the self-reported obesity rate for SDC overall (26.3%).
- In 2018, between 25% and 30% of California adults self-reported being obese. Obesity levels decreased as education levels increased, highlighting the need for health education as a tool for reducing obesity rates (CDC, 2019).
- 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 2016, 39.8% of Americans were obese (CDC, 2018).
- According to an article titled *Social and Environmental Factors Influencing Obesity*, obesity prevalence is significantly associated with sex, racial or ethnic identity, and socioeconomic status. Higher odds of obesity are attributed to multiple factors, including: environments experiencing deprivation, disorder, or high crime; proliferation of high calorie, energy dense food options that are perceived as more affordable; and reductions in occupational and transportation-related physical activity. Both objective and subjective measures of social status and inequality are associated with increased energy intake and decreased energy expenditure, which

could place individuals of low social status at greater risk of developing obesity (Lee, Cardel & Donahoo, 2019).

- In 2018, 20.0% of adults in SDC's east region reported that fresh fruits and vegetables were only sometimes affordable in their neighborhood (CHIS, 2018).

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 2019 Report of Activities

Throughout FY 2019, 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 May, staff from a range of hospital departments participated in Sharp's annual Women's Health Conference held at the Sheraton San Diego Hotel & Marina, where they offered wellness education and services to approximately 1,000 attendees. This included the provision of nutrition education, handouts, recipes and healthy food samples as well as answering nutrition-related questions from the SGH Clinical Nutrition Department. Also at the conference, the Sharp Ortho-Neuro Service Line, including staff from SGH, provided osteoporosis heel scans — a quick and painless method to measure the risk of low bone mass; orthopedic education and materials on calcium and vitamin D requirements; and exercise tips for osteoporosis treatment and prevention to approximately 100 attendees. Furthermore, SGH conducted six blood drives throughout FY 2019 where approximately 200 SGH team members donated nearly 190 pints of blood.

SGH provided education and resources at multiple community events in FY 2019. In February, team members provided a nutrition booth for more than 50 attendees of GHD's Kid's Care Fest, an event that offered free health screenings as well as medical and wellness resources for children and families. In April, SGH offered behavioral health resources to approximately 500 community members at the National Alliance on Mental Illness' (NAMI's) annual NAMI Walks/Runs San Diego County event to raise awareness and reduce stigma around behavioral health. Also in April, SGH provided various health resources at Crisis House's Project Homeless Connect – East County, a resource fair that provides individuals and families experiencing homelessness with immediate access to necessary services in one location. The event seeks to end chronic homelessness, and provides attendees with connections to housing, employment, haircuts, hygiene kits, State of California Department of Motor Vehicles services including identification cards, legal aid, clothing, a mobile medical clinic, behavioral health counseling, pastoral care, substance use treatment, access to showers, pet sitting and more. At Parkway Plaza's Health Fair Saturday — hosted by the San Diego East County Chamber of Commerce, GHD, SGH and Grossmont Center in September

— SGH provided a nutrition booth, newborn screenings to identify genetic disorders, and resources on diabetes, hospice, palliative care, behavioral health, pharmacy, pulmonary care, senior resources, and cardiac care to nearly 80 community members.

In January, an SGH RD presented on eating well in the new year to more than 20 seniors at GHD's Dr. William C. Herrick Community Health Care Library. In September, SGH provided education on suicide prevention, including identifying the warning signs of suicide, how to talk with an individual believed to be at risk, and how to seek help through appropriate resources to approximately 20 community members at Rancho Peñasquitos Branch Library.

SGH helped increase awareness about current news and trends impacting the health and safety of community members through television, printed news, digital news and various radio outlets. Television interviews were given to KUSI News, KPBS, FOX 5 San Diego, ABC 10 News San Diego, and NBC 7 San Diego. Printed articles appeared in *The San Diego Union-Tribune*, *The Coronado Times*, *The East County Californian*, *Times of San Diego* and *El Latino San Diego*. Digital content included websites such as Good Housekeeping, Bustle digital magazine, Mic — a millennial-focused news website, *Reader's Digest*, and Better digital magazine. Information was shared through these outlets by physical therapists, a recreational therapist, an RD and a nurse, as well as hospital physicians from a variety of specialties, including dermatology, sleep medicine, neurology, cardiology, gastroenterology and oncology. Topics included, but were not limited to: breast cancer insights and encouragement for screening; curing small breast cancer tumors without chemotherapy; heart rhythm problems; shedding light on bladder cancer; coping with the loss of a loved one during the holidays; best shampoos for dry scalp; elevated risk of heart attack on Christmas Eve; sleep teas for relaxation; sleep medicine physician insights on over-the-counter sleep aids; heart attacks occurring in younger individuals and individuals who are obese; foods to avoid eating at buffets; stroke risk factors; new breast cancer gene that puts younger women at risk; exercise-based treatment for osteoporosis; easing the mental shift into retirement; living longer with Sharp's Care Transitions Program (provides care, support and resources for vulnerable patients to transition home safely); facts and myths about sunscreen; coffee and arterial heart health; encouragement to enroll local children in swim lessons; choosing sunscreen that is safe for both skin and sea life and helping older dog owners avoid injury.

Throughout FY 2019, staff at SGH regularly led or attended various health boards, committees, and advisory or work groups. Community and professional groups included AHA, Angels Foster Family Network, Association of Fundraising Professionals – San Diego Chapter, CAHHS, California Academy of Nutrition and Dietetics – San Diego District, California Hospital Association (CHA) Workforce Committee, CHA San Diego Association of Directors of Volunteer Services, California Society for Clinical Social Work Professionals, Cameron Family YMCA, Committee on Volunteer Services and Directors' Coordinating Council, County of San Diego EMCC, County Service Area – 69 Advisory Board, Emergency Nurses Association – San Diego Chapter, Grossmont College Occupational Therapy Assistant Advisory Board, GHD's Community Grants and

Sponsorships Committee and Independent Citizens' Bond Oversight Committee, Health Sciences High and Middle College (HSHMC) Board, HASD&IC, La Mesa Parks and Recreation, Lantern Crest Senior Living Advisory Board, National Association of Orthopedic Nurses, San Diego East County Chamber of Commerce, San Diego Freedom Ranch, San Diego-Imperial County Council of Hospital Volunteers, and Santee-Lakeside Rotary Club,.

FY 2020 Plan

SGH will do the following:

- Continue to provide health and wellness education and services to community members at a variety of community events and sites
- Continue to provide health and wellness education through local news sources

Identified Community Need: Prevention of Unintentional Injuries

Rationale references the findings of the SGH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SGH 2019 CHNAs identified unintentional injury and violence as one of the priority health needs affecting members of the communities served by SGH.
- According to data presented in the HASD&IC 2019 CHNA, rates of ED visits for motor vehicle injuries in SDC increased 9.3% from 2014 to 2016, while deaths due to motor vehicle injuries increased 1.1%.
- According to data presented in the SGH 2019 CHNA, in 2017, 66.2% of inpatient injury discharges at SGH were due to a fall, 21.2% were due to natural or environmental causes and 5.4% were due to motor vehicle traffic.
- Focus groups conducted as part of the HASD&IC 2019 CHNA emphasized the importance of a safe environment as a contributor to good health. Lack of a safe environment may encourage physical inactivity, which contributes to chronic health conditions. In addition, focus group participants described homeless individuals and refugees as two groups at increased risk of exposure to violence.
- In 2017, accidents (unintentional injuries) were the fifth leading cause of death for SDC's east region. Unintentional injuries (i.e., motor vehicle accidents, falls, pedestrian-related, 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 2017, there were 210 deaths due to unintentional injury in SDC's east region. The region's age-adjusted death rate due to unintentional injury was 39.9 deaths per 100,000 population, the highest of all regions in SDC.⁶⁹

- In 2017, there were 7,052 hospitalizations related to unintentional injury in SDC's east region. The age-adjusted rate of hospitalizations was 1,299.4 per 100,000 population, which was the highest of all SDC regions and above the county age-adjusted rate of 1,003.7 per 100,000 population.
- In 2017, there were 32,358 ED visits related to unintentional injury in SDC's east region, an 11.6% increase over 2016. The age-adjusted rate for the east region was 6,683.3 per 100,000 population, which was the second highest of all regions and above the SDC age-adjusted rate of 5,606.3 ED visits per 100,000 population.
- According to a report from the County of San Diego Department of the Medical Examiner, in 2018, 49% of sudden and unexpected deaths in SDC were attributed to accidental causes, including poisoning, falls, traffic or train related injuries, drowning, asphyxiation or environmental exposure.
- CDPH and Office of Statewide Health Planning and Development (OSHPD) injury data indicates that, in 2017, unintentional injuries caused more than 13,600 deaths, 2.5 million ED visits, and 260,000 hospitalizations in California (CDPH, Safe and Active Communities Branch, 2017; SpeedTrack, Inc., 2017).
- In 2016, the CDC recorded approximately 29.2 million ED visits in the U.S. for unintentional injuries (CDC, 2016).
- In 2017, unintentional injury was the third leading cause of death across all age groups in the U.S., accounting for nearly 170,000 deaths. Unintentional injury was the leading cause of death in the U.S. for people ages one to 44, the third leading cause of death for ages 45 to 64, and the seventh leading cause of death for those over the age of 65 (CDC, 2018-2019).
- According to data from National Center for Health Statistics, in 2017, nearly 140,000 deaths in the U.S. were attributed to three causes: poisoning (46.3%), motor vehicle traffic accidents (22.7%), and falls (21.4%).
- According to LWSD's 2017 *Report Card on Children, Families, and Community*, SDC has focused its injury prevention efforts on the most vulnerable populations, including children of all ages (especially older children) as well as Native American and rural children. Successful interventions include safety campaigns, educational strategies and changes in parenting practices (LWSD, 2017).
- 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; physical environment both at home and in the community; access to health services and systems for injury-related care; and social environment, including individual social experiences (e.g., social norms, education and victimization history), social relationships (e.g., parental monitoring and supervision of youth, peer group associations and family interactions), community environment (e.g., cohesion in schools, neighborhoods and communities) and societal factors (e.g., cultural beliefs, attitudes, incentives and disincentives, laws and regulations).
- Traumatic injury is the leading cause of death among children, with many survivors enduring the consequences of brain and spinal cord injuries (SCIs). 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 SCI, injury prevention measures, and the use of safety habits at an early age (www.thinkfirst.org/kids, 2019).

Objectives

- Offer an injury and violence prevention program for children, adolescents and young adults in SDC's east region
- Provide presentations and opportunities to Health and Science Pipeline Initiative (HASPI) high school students around injury and violence prevention and health care career readiness

FY 2019 Report of Activities

Sharp's ThinkFirst/Sharp on Survival program is a chapter of the ThinkFirst National Injury Prevention Foundation, a nonprofit organization dedicated to preventing brain, spinal cord and other traumatic injuries through education, research and advocacy. In FY 2019, ThinkFirst/Sharp on Survival provided injury prevention education to approximately 1,900 east region residents in a variety of settings.

More than 1,300 of these community members were students in grades nine through 12 who are part of the HASPI program. HASPI is a network of educators, community organizations and health care industry representatives who collaborate to increase awareness of health and medical career opportunities, improve science proficiency in schools and prepare students for future health care careers. Through the partnership and financial support from HASPI, in FY 2019, the ThinkFirst/Sharp on Survival program offered a variety of services to schools in the east region, including classroom presentations, assemblies and off-site learning expos. HASPI school-site programs consisted of one- to two-hour classes on topics such as the modes of injury (i.e., automobile accidents, violence and sports/recreation), 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 SCI, known as Voices for Injury Prevention (VIPs).

Also through the HASPI program, in FY 2019, 24 students from El Capitan High School and Granite Hills High School with an interest in pursuing careers in physical rehabilitation participated in a half-day, interactive tour of the SMH Rehabilitation Center. Students rotated through three stations that provided hands-on practice in adaptive dressing techniques, wheelchair mobility, and various memory and problem-solving activities used in therapy. The experience provided students with a better understanding of physical rehabilitation and the challenges that patients might face following an injury.

ThinkFirst/Sharp on Survival provided additional outreach to east region schools through presentations to approximately 100 students at Avocado Elementary School. Offered during two school assemblies, these presentations focused on TBI, SCI,

disability awareness, and the permanence of certain injuries. In addition, a group of fourth grade students received education on booster seat safety. Following the presentations, students engaged in hands-on learning and disability education through the exploration of wheelchair accessible vans. The goal of this activity was to show students that individuals are more alike than different, regardless of physical ability.

In October, ThinkFirst/Sharp on Survival provided injury prevention education to approximately 300 youth and their parents at the GHD's annual Kids Care Fest at the Lemon Grove Recreation Center. Education included proper helmet fitting, booster seat use, TBI, SCI, and state safety laws.

In April, ThinkFirst/Sharp on Survival provided planning support and guest speakers for the 2019 ThinkFirst Conference on Injury Prevention at the Wyndham San Diego Bayside hotel. Attended by ThinkFirst professionals from across the nation, the annual conference aims to reduce injury among all age groups by: improving knowledge of the impact of injury and the need for prevention education; increasing awareness of injury prevention programs; and disseminating information to injury prevention specialists through presentations, networking and the sharing of program methodologies. Sharp Rehabilitation Services provided presentations during the conference, including Mindfulness in Rehabilitation and Vestibular Therapy for Improving Balance.

On the day preceding the conference, ThinkFirst/Sharp on Survival assisted in the fitting and dissemination of one hundred bicycle helmets for community children, teens and adults at the San Diego Waterfront Park. The event concluded a day of training for eight new ThinkFirst Chapter Directors, extending their education to include how to fit a helmet and how to conduct an impromptu helmet fitting event in their own communities.

FY 2020 Plan

ThinkFirst/Sharp on Survival will do the following:

- With grant funding, provide and expand educational program offerings to schools and organizations, including but not limited to SDC's east region and Imperial County
- With grant funding, increase community awareness of ThinkFirst/Sharp on Survival through attendance and participation in community health fairs and events
- As part of the HASPI partnership, continue to evolve program curricula to meet the needs of health career pathway classes
- Expand HASPI education within the east region through presentations for students at Mountain Empire High School
- With grant funding from GHD, collaborate with the San Diego Brain Injury Foundation to recruit and train a VIP speaker with a TBI to speak at east region schools
- 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
- Explore further opportunities to provide education to health care professionals and college students interested in health care careers
- With grant funding, continue to link injury prevention with career readiness and career paths

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 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SGH 2019 CHNAs identified education as one of 10 priority health conditions and SDOH affecting members of the communities served by SGH.
- According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 31% of respondents ranked education, including access, health literacy, workforce development and economic mobility, among the top five SDOH with the greatest impact on their community.
- According to participants in a focus group conducted during the HASD&IC 2019 CHNA, when residents are unable to attain higher levels of educational achievement, individual and community health are impacted in the following ways: limited or low wage employment opportunities for those with low educational attainment; constant stress related to housing or food among families who are not economically secure, which contributes to poor health; and limited career mobility in low-wage jobs, creating little potential for promotions or higher wages.
- The San Diego Workforce Partnership (SDWP) reported that, in 2018, there were 157,756 people employed in the health care sector in SDC, accounting for 9% of all jobs countywide (SDWP, 2019).
- According to a 2017 report from the SDWP titled *San Diego's Priority Sectors: An Update on Labor Force and Training Needs*, the health care industry in SDC experienced net employment growth of 40.4% between 2006 and 2016 — considerably higher than the growth rate in the state of California (27%) and the nation (21%) (SDWP, 2017).
- The report also found that health care employers identified RNs, physicians and surgeons, and health technologists and technicians as the most difficult positions to fill. The most frequently cited reasons for hiring difficulties were lack of experience, small applicant pools and insufficient non-technical skills (SDWP, 2017).
- According to SDWP, a major challenge faced by education and training programs in the health care sector is accommodating the number of clinical training hours required for students in California to become certified. In addition, the health care industry is facing significant changes due to uncertainty related to legislation and

technology, as well as the growing demand for services to support California's aging population (SDWP, 2017).

- Total employment in California is projected to grow 10.7% between 2016 and 2026, reflecting an increase of 1.9 million jobs statewide over the decade. The health care and social assistance sector is expected to be the fastest growing industry in California, with 24.9% growth anticipated (California Employment Development Department (EDD), 2018).
- In its *Employment Projections – 2018-2028* report, the U.S. Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/technical occupations will contribute about 30% of all new jobs and account for 18 of the 30 fastest growing occupations. Increased demand for health care services for an aging population and people with chronic conditions will drive much of the expected employment growth (BLS, 2019).
- As of 2018, SDC was one of 28 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (OSHPD *Registered Nurse Shortage Areas Update*, 2019).
- The U.S. Department of Health and Human Services Bureau of Health Workforce (BHW) projects that the demand for RNs in California will increase 71% by 2030 if current levels of health care are maintained. The report projects that California will need to hire an additional 26,270 nurses to meet the demand (BHW, 2018).
- According to forecasting 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% by 2030. These forecasts predict that the southern border region will experience some of the highest levels of clinician shortages in the state. UCSF recommends a comprehensive and holistic targeted strategy to enhance the education pipeline, improve recruitment and retention, maximize the existing workforce and leverage workforce data (UCSF, 2017-2018).
- According to a report from the California Health Care Foundation (CHCF) titled *California Physician Supply: Headed for a Drought?*, the total supply of active patient care physicians in California declined slightly between 2013 and 2015, a trend that appears to be driven by the aging of the physician workforce. In SDC, nearly a quarter of practicing physicians were ages 60 and older in 2015 (CHCF, 2018).
- The same report found that 32% of California's active patient care physicians were primary care physicians. In SDC, there were 112.3 specialty physicians practicing per 100,000 residents in 2015, compared to 49.8 primary care physicians per 100,000 residents (CHCF, 2018).
- According to a report from PolicyLink, a national research institute dedicated to advancing economic and social equity, building a diverse health care workforce in California — one that reflects the state's racial, ethnic and linguistic diversity — is a critical strategy for increasing access to culturally and linguistically appropriate services, eliminating racial and ethnic health inequities, improving the quality of care and reducing preventable costs (*Building an Inclusive Health Workforce in California: A Statewide Policy Agenda*, 2018).
- A report by the California Future Health Workforce Commission (CFHWC) titled *Meeting the Demand for Health* identified several strategies to recruit and maintain California's health care workforce, including but not limited to: offer health career

pipeline programs for students from low-income backgrounds; provide academic, advising and health career development support to underrepresented college students; expand educational programs that train students to provide health care in underserved communities; and provide scholarships for low-income students (CFHWC, 2019).

Objectives

- Collaborate with local middle and high schools to provide opportunities for students to explore health care professions
- Collaborate with colleges and universities to provide internships and other professional development opportunities to students
- Offer professional development opportunities for community health professionals

FY 2019 Report of Activities

Throughout the academic year, SGH provided more than 800 students from colleges and universities throughout San Diego with various placement and professional development opportunities. Approximately 580 nursing students spent nearly 63,000 hours at SGH, including time spent both in clinical rotations and individual preceptor training, while more than 220 ancillary students spent more than 63,500 hours on the SGH campus. Academic partners included APU; A.T. Still University; California State University (CSU) Chico; California State University San Marcos; Capella University; Chapman University; Concorde Career College; CSU Fresno; CSU Long Beach; CSU Northridge; EMSTA College; Frontier Nursing University; Grand Canyon University; Grossmont College; Grossmont Health Occupations Center; Keck Graduate Institute; Loma Linda University; Mount Saint Mary College; NU; Northern Arizona University; Palomar College; Pamlico Community College; Pima Medical Institute; PLNU; San Diego City College; San Diego Fire Department; San Diego Mesa College; San Jose State University; SDSU; South University; Southwestern College; Texas Woman's University; Touro University; UC San Diego; University of Puget Sound; University of Redlands; University of San Diego (USD); University of Southern California; University of St. Augustine; University of the Pacific; University of Utah; University of Wisconsin – Eau Claire; West Coast University – Los Angeles campus; Western Governors University; and Western University. Further, the SGH Cancer Center provided internships to two NU radiation therapy students.

SGH continued to collaborate with the Grossmont Union High School District (GUHSD) in the Healthcare Exploration Summer Institute (HESI), providing high school students with opportunities for classroom instruction, job shadowing, observations and select hands-on experiences. In FY 2019, 19 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 and diagnostic imaging, 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.

SGH also continued its participation in the HSHMC program in FY 2019, providing early professional development for approximately 96 students in ninth through 12th grades. Students spent more than 26,350 hours shadowing staff in various areas throughout the hospital, including but not limited to progressive care units, ED, food and nutritional services, behavioral health, acute care medical-surgical nursing, sterile processing, engineering, occupational and physical rehabilitation, endoscopy, women's health, cardiology, pharmacy, medical intensive care unit, surgical intensive care unit, and the hand clinic. In addition, SGH staff provided students with instruction on educational requirements, career ladder development and job requirements. At the end of the academic year, SGH staff provided the students, their family members, community leaders and hospital mentors with a symposium that showcased the lessons learned throughout the program.

SGH continued to provide HealthCare Towne in FY 2019, an early outreach program for middle and junior high school students designed to build the health care workforce of tomorrow through a field trip to the SGH campus. This unique 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 to solve three different scenarios. In the Puzzle Room, students collaborated to diagnose a hypothetical patient before the patient 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, In-the-Round Activity, students applied clues, lab results and what they learned throughout the day to help fully diagnose the patient with several conditions. From April to August 2019, more than 100 middle school students from three local schools participated in HealthCare Towne.

In FY 2019, 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 through curriculum and case studies focusing on good ethical behavior. The program is the result of a cooperative effort by a group of business, education and community leaders. SGH staff were on-site to assist during the event, which was attended by approximately 120 high school students.

To help address projected shortages in the health care workforce, SGH continued to offer I Inspire, a weeklong program that encourages high school students from underrepresented backgrounds to consider careers in health care. The program

provides students the opportunity to learn about nursing directly from those in the field. To qualify for the program, students must be in good academic standing and enter their senior year within SDC's east region. Applicants must also have permanent resident status or U.S. citizenship, and speak fluent English in addition to either Arabic, Farsi, Kurdish, Turkish or Dari. SGH partnered with License to Freedom, a local nonprofit that advocates for and empowers immigrants and refugees in SDC, to recruit participants. Students shadowed nurses in outpatient, acute and critical care; women's health and surgical services; and administrative settings. In addition, daily meet-and-greet luncheons with representatives from local colleges and universities including PLNU, NU, USD and others exposed students to a wide variety of nursing programs and degrees, as well as the processes for pursuing each educational track. Lastly, students created community-based education projects on topics chosen from the most recent SGH CHNA. In small groups, the students performed research and created poster presentations and handouts on obesity, behavioral health, diabetes and heart health and shared these projects at both SGH and a community health fair in El Cajon. In FY 2019, 21 students participated in the I Inspire program.

FY 2020 Plan

SGH will do the following:

- In collaboration with GUHSD, participate in HESI
- Continue to participate in the HSHMC program
- Continue to provide internship and professional development opportunities to college and university students throughout SDC
- Continue to collaborate with local universities to provide professional development lectures for students
- Continue to offer HealthCare Towne to middle and junior high school students
- Continue to offer the I Inspire program

Identified Community Need: Access to Health Care and Community and Social Support

Rationale references the findings of the SGH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SGH 2019 CHNAs identified community and social support, economic security, and homelessness and housing instability among the priority health needs affecting members of the communities served by SGH, particularly underserved and underfunded patients who face inequities.
- Focus groups and key informant interviews conducted as part of the HASD&IC 2019 CHNA identified five primary barriers to accessing health care in San Diego: (1) lack of insurance; (2) economic insecurity; (3) transportation; (4) fear related to

immigration status and (5) lack of culturally competent/linguistically appropriate care options.

- According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 72% of respondents identified access to care, 60% identified economic security, and 35% identified care management, including disease management and community social service linkage, among the top five SDOH with the greatest impact on their community.
- Participants in the Sharp Case Management Leadership focus group conducted as part of the SGH 2019 CHNA identified a lack of: family support; caregiver upon discharge; and childcare assistance as priority SDOH related to community and social support that influence the health and well-being of their patients.
- Sharp Case Management Leadership focus group participants also identified economic security as a significant barrier to care. In particular, the cost of housing, taking time off work for medical appointments, the cost of medication and food insecurity were highlighted.
- Further, Sharp Case Management Leadership focus group participants identified the following hospital discharge challenges and barriers for patients: transportation support; a shortage of recuperative or respite care options; a lack of short-term caregivers and in-home support services; and a need for a streamlined process from the hospital to the County of San Diego HHSA for those who qualify for wraparound support.
- Participants in Sharp's 2019 CHNA community engagement activities identified the following strategies to address economic security in patients: prioritizing the hiring and training of social workers; offering free post-surgery visits; providing follow-up phone calls to patients following discharge; making in-home care more accessible; ensuring access to 2-1-1 Community Information Exchange (CIE) and other community resources at all Sharp facilities; establishing more patient-centered initiatives; and creating on-site resources to assist patients in finding and applying for affordable housing.
- According to the San Diego Hunger Coalition, 1 in 7 San Diegans experienced food insecurity in 2017. Half of adults experiencing food insecurity are living with a disability (San Diego Hunger Coalition, 2019).
- As of October 2019, the average unemployment rate in the east region cities of El Cajon, La Mesa, Lakeside, Lemon Grove, Santee and Spring Valley was 3.2%. This is slightly higher than the rate for SDC overall (2.8%), but lower than the state average (3.9%) (Labor Market Information, California EDD, 2019).
- The Regional Taskforce on the Homeless' January 2019 *WeAllCount* campaign estimated that there were 8,102 homeless individuals in SDC, roughly 55% of whom were unsheltered.
- In 2019, 13% of SDC's homeless population resided in the east region.
- A 2016 report by the County of San Diego HHSA 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.

- According to a report from the CHCF titled *Mental Health in California: For Too Many, Care Not There*, the prevalence of serious mental illness varies by income level, with lower-income individuals experiencing higher rates of mental illness. Although the number of adults with mental health coverage in California increased nearly 50% between 2012 and 2015 because of Medi-Cal expansion, in 2015, approximately two-thirds of Californian adults with mental illness and adolescents who experienced major depressive episodes did not receive treatment (CHCF, 2018).
- According to the same report, ED visits resulting in inpatient psychiatric admissions increased 30% from 2010 to 2015. More robust community behavioral health services for low-income and uninsured patients may decrease unnecessary ED use (CHCF, 2018).

Objectives

- Connect vulnerable, 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 people experiencing chronic homelessness
- Through the CTI program, provide vulnerable, under- and unfunded patients with health coaching, support and resources to address SDOH and ensure a safe transition home and continued health and safety

FY 2019 Report of Activities

In FY 2019, SGH continued to provide post-acute care facilitation for vulnerable patients, including individuals who experience homelessness or lack 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 home, housing, etc.), medical equipment, medications, outpatient dialysis and nursing home stays. SGH referred vulnerable patients, families and community members to churches, shelters and other community resources for food, safe shelter and other resources.

SGH is committed to providing medically necessary DME to vulnerable patients upon discharge. This included standard or bariatric wheelchairs, front wheel walkers or canes; cardiac life vests; a car key replacement; and car towing services for under- and uninsured patients, or for those who simply cannot afford the expense of DME due to a fixed income. SGH RN case managers and social workers actively seek DME donations from the community and SGH Volunteer Services, providing more than 200 DME items in FY 2019 at a cost of more than \$25,000. In addition, SGH covered the costs for more

than 15 patients to receive continued short-term rehabilitative care in a skilled nursing facility (SNF) to improve patient mobility and stability.

To assist economically disadvantaged individuals, SGH provided more than \$214,000 in free medication, transportation, lodging and financial assistance through its Project HELP funds. These funds assisted more than 9,100 individuals in FY 2019. Further, Sharp's Patient Access Services team provides robust services to assist with access to care and health insurance coverage for patients at all Sharp hospitals, including SGH. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for more information on these programs and services.

SGH continued to collaborate with community organizations to provide services to patients experiencing chronic homelessness. Through its collaboration with the San Diego Rescue Mission (SDRM), SGH discharged these patients or patients who have exhausted other community housing resources to the SDRM's Recuperative Care Unit (RCU). This program allowed these patients to convalesce and receive home health care services through SGH in a safe and secure space. The RCU provided behavioral health care, including psychiatric services and substance use counseling, and guidance from SDRM's programs to help patients recuperate and get back on their feet. The SDRM assists patients with FSD and CalFresh applications; connects patients to community resources, including St. Paul's PACE and JFS; assists with permanent housing; provides programs that support continued sobriety and residential treatment; 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. In January 2019, SDRM closed their RCU, thus ending this partnership.

Further, in collaboration with Sharp Global Patient Services, SGH transferred four homeless patients, with their consent, to their native countries to continue medical treatment and reunite them with family and friends. Two of the patients were in hospice and were able to pass away surrounded by loved ones.

Beginning in 2014, SGH piloted the CTI program for its vulnerable populations, including Medi-Cal, Medi-Cal pending/presumptive, self-pay, no-pay, refugee populations, homeless and Medicare A or B only patients. The CTI program is modeled after the countywide Community-based Care Transitions Program (CCTP) established by CMS to serve the Medicare fee-for-service patient population at risk for readmission. CCTP concluded several years ago, but its success inspired the development of SGH's CTI program. The CTI program uses a comprehensive risk assessment tool to identify vulnerable patients, who are offered 30 days of coaching by an RN or medical social worker at no cost. 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 CTI program utilizes a collaborative team of SGH and other Sharp professionals, including nurses, case managers, social workers and disease specialists, as well as team members from community benefit, Patient Financial Services (PFS), the SGH Senior Resource Center and others. CTI

health coaches include an RN and a medical social worker who devote hundreds of hours directly to CTI patients. The team ensures that vulnerable patients are connected with the community resources and support they need to safely transition home and remain 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, FHCSD, various churches, and refugee and other social support organizations. This outreach is critical for sustaining the health and well-being of vulnerable patients and empowering them to manage their care outside the hospital.

Food insecurity is a key factor in the health status of CTI patients. Since its inception, hundreds of CTI patients were identified as food insecure and provided a direct referral to 2-1-1. 2-1-1 then conducted proactive phone calls to CTI patients in order to connect them to resources such as federal assistance food commodity 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, which dramatically increased the likelihood that patients completed CalFresh applications and received benefits. Since 2016, more than 720 Sharp patients have been granted CalFresh benefits.

Further, the CTI program provides medically tailored emergency food bags for CTI patients without sufficient 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. Since inception, the CTI program has provided hundreds of food bags to CTI patients in SDC's east region.

In addition, a significant number of CTI patients have diabetes and are challenged with adherence to their care plan because they cannot afford diabetes equipment. To address this barrier, the CTI program works with Sharp Diabetes Educators who assemble and provide "diabetes kits" — including a three-month supply of strips, lancets, glucose monitors, etc. These kits help to keep CTI patients safe and managed until their insurance is activated. In addition, CTI patients were provided with other supplies, including blood pressure cuffs and batteries, pill boxes and can openers.

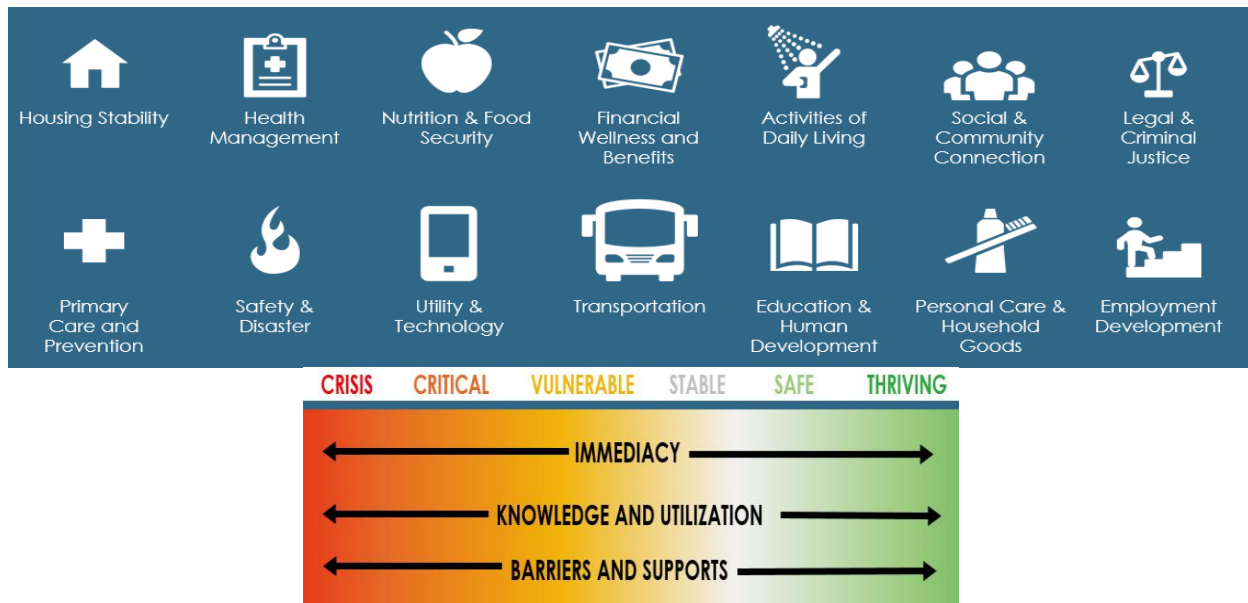
The CTI pilot has demonstrated a powerful impact over the past several years. To date, the CTI team has approached more than 3,300 patients and succeeded in enrolling more than 2,500 individuals in the program. Since its inception in May 2014, the average readmission rate for CTI-enrolled patients is less than 11%, compared to an average readmission rate of 27% among individuals who refused CTI coaching services. In FY 2019, the average readmission rate for CTI patients was 10%. It is the

focus on both coordinated care management and SDOH that contributes to the success of the CTI program.

The CTI program's partnership with 2-1-1's Health Navigation Program has proven to be one of its most innovative and impactful collaborations, and a best practice in delivering care to vulnerable community members. 2-1-1's 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 community members experiencing issues in accessing care, managing chronic conditions, and those who are under- or uninsured. The navigators assess specific needs, which are unique to the individual's health condition and situation; refer and educate them about options and community resources; and advocate on their behalf when needed. Further, the navigators ensure access and utilization of the services that community members are referred to and then conduct follow-up communication with them over time.

Through the partnership between SGH and 2-1-1, select 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. SGH health coaches determine the need for referral to the 2-1-1 Health Navigation Program during the course of their assessment and discussion with CTI patients. At intake and again at completion of care coordination for CTI patients referred to the 2-1-1 Health Navigation Program, 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; and patient satisfaction and self-efficacy to both demonstrate program impact and identify areas for improvement. Based on the rating scale, CTI patients fall into one of six categories as shown in **Figure 21** that allow the 2-1-1 Health Navigators to tailor the services to the individual and connect patients with the appropriate community resources.

Figure 21: 2-1-1 SDOH and Risk Rating Scale⁷³

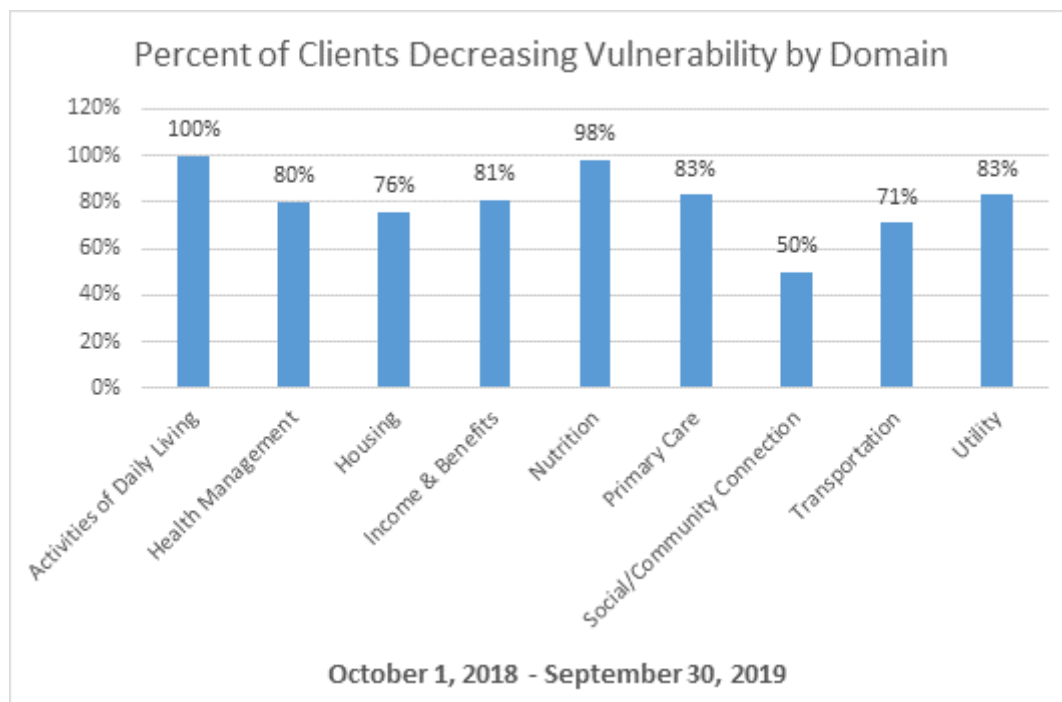


CTI patients who are referred to 2-1-1 are assessed on a variety of measures such as housing, nutrition, primary care, health management, social support, activities of daily living, ambulance use, transportation, income and employment. The risk assessment tool has identified the top needs as housing, 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 vulnerable patients post hospital discharge. In FY 2019, 90 patients were referred to 2-1-1. In the fourth year of this partnership, 98.9% of CTI patients that completed the 2-1-1 Health Navigation Program reduced their vulnerability in at least one SDOH domain (e.g., housing, nutrition, etc.). See **Figure 22** for a description of this impact on SDOH:

⁷³ 2-1-1, 2017.

Figure 22: Decrease in SDOH Vulnerability for CTI Patients Completing 2-1-1's Health Navigation Program — Year 4⁷³



In its fourth full year of implementation, the partnership with 2-1-1 continued to demonstrate significant decreases in vulnerability in the domains of nutrition and housing.

In addition, the partnership has had a significant impact on readmission rates among participants. Since the inception of the partnership with 2-1-1 Health Navigation, the overall readmission rate for CTI patients decreased to below 9%, a dramatic decrease from the readmission rate of nearly 30% associated with patients who qualify for CTI, but do not enroll in the program. In addition, survey outcomes from the partnership revealed that 100% 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.

New in FY 2019, SGH joined Sharp's systemwide pilot partnership with 2-1-1's CIE to better understand and address the SDOH that influence the health and well-being of their patients. Research continues to underscore that SDOH — the conditions where people live, learn, work and play — have a significant impact on the ability for community members to access care and maintain their health. SGH joined the CIE pilot partnership in order to provide more informed, holistic care to patients with SDOH needs, and to connect them directly to community resources specifically for those needs.

More than 70 CIE community partners — including health care, food banks, housing and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared community member records enable CIE partners to evaluate an individual's SDOH needs and current use of community programs and services, and to make direct referrals to critical, community-based resources. Beginning in summer 2019, SGH case managers and social workers received training on CIE as a tool to serve vulnerable patients in the acute care setting, including those patients experiencing food insecurity and homelessness. Metrics of this partnership, including demographic and utilization data, as well as volume and successful community referrals, are currently being collected and will help to assess the impact and value of the partnership at the end of its pilot year in early summer 2020.

FY 2020 Plan

SGH will do the following:

- Continue to provide post-acute care facilitation to vulnerable patients
- Continue to provide and expand the DME donations project to improve access to necessary medical equipment for vulnerable 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 vulnerable, Medi-Cal and unfunded patients with care transitions support, including connection to health care services and resources that address 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
- Continue to work with 2-1-1 to expand and implement 2-1-1's CIE
- Evaluate the impact of the pilot year of the Sharp-CIE partnership to inform next steps in collaboration with community organizations to address SDOH
- Explore opportunities to improve communication with community clinics
- Continue to work with SGH Volunteer Services to provide weather-appropriate clothing and shoes to homeless patients upon discharge

SGH Program and Service Highlights

- 24-hour emergency room and critical care center, with heliport and paramedic base station — designated STEMI Center
- Acute care
- Breast Imaging Center, including mammography
- Cardiac Training Center
- Care Clinic for minor medical needs
- Classes, events and physician referral through 1-800-82-SHARP
- CTI program
- David and Donna Long Cancer Center, including clinical trials, genetic counseling, radiation therapy and medical oncology
- Electrocardiogram
- Electroencephalography
- Endoscopy
- FollowMyHealth®, a secure on-line patient website that gives patients convenient, 24-hour access to their personal health information
- Grossmont Medical Plaza Outpatient Surgery Center
- Group and art therapies
- Heart and vascular care — recognized by the AHA
- Home health⁷⁴
- Home infusion services
- Hospice⁷⁵, including BonitaView, LakeView and ParkView hospice homes
- Intensive Care Unit
- Interventional Neuroradiology Services
- Level III NICU
- Mental Health Inpatient and Outpatient Services
- Neurosurgical Services
- Orthopedics, including total joint replacement surgery and minimally invasive procedures with Mako robotic-arm assisted surgery
- Outpatient Infusion Center
- Outpatient nutrition and diabetes services, recognized by the ADA
- Palliative care services
- Pathology services
- Pediatric services⁷⁶
- Pharmacy services
- Pre-Anesthesia Evaluation Services
- Pulmonary services
- Radiology and diagnostic imaging, including computed tomography (CT) scan, positron emission tomography (PET) scan, digital mammography and DEXA bone density scan
- Rehabilitation services (inpatient and outpatient)
- Senior Resource Center

⁷⁴ Provided through SMH Home Health Agency.

⁷⁵ Provided through Sharp HospiceCare.

⁷⁶ Inpatient services are provided through an affiliation with Rady Children's Hospital.

- Sleep Disorders Center
- SNF/Transitional Care Unit
- Spiritual care services
- Stroke Center — nationally recognized by the AHA/ASA
- Surgical Intensive Care Unit
- Surgical services, including robotic surgery
- Therapy Pet program
- Van transportation services
- Women's Health Center, offering a full range of pregnancy, delivery, gynecologic and women's reproductive services, including midwife deliveries
- Wound Healing Center, including hyperbaric medicine



End-of-Life Care Education for First Responders

Sharp HospiceCare

Sharp HospiceCare is committed to educating community professionals about the unique needs of end-of-life patients.

This includes first responders, such as firefighters and paramedics, who are often called to assist these patients, but may not have the necessary expertise to respond properly. As a result, many end-of-life patients are taken to the hospital where they receive care that conflicts with the treatment plan they established with their hospice team.

In collaboration with local fire stations, Sharp HospiceCare teaches first responders when medical attention is most appropriate for end-of-life patients and, conversely, when it is more suitable for the hospice team to intervene. Through this education, community first responders are equipped with the knowledge and skills they need to effectively assist an end-of-life patient in distress.

Section

7 Sharp HospiceCare

Communities are made healthier when we come together to find solutions to everyday problems. We solve problems through collaborative partnerships and ongoing dialogue, and by providing education, resources and tools that support one another. — Suzi Johnson, Vice President of Hospice, Sharp HospiceCare

Fiscal Year (FY) 2019 Community Benefit Program Highlights

Sharp HospiceCare provides programs and services to all of Sharp HealthCare's (Sharp'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 FY 2019 in the following Senate Bill 697 community benefit categories:

- **Other Benefits for Vulnerable Populations** included contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank.
- **Other Benefits for the Broader Community** included a variety of end-of-life and advanced illness management (AIM) support for seniors, families, caregivers and veterans throughout SDC, such as education, support groups and outreach at community health fairs and 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 (Caregiver Coalition), San Diego County Hospice Veteran Partnership (San Diego County HVP), California Hospice and Palliative Care Association (CHAPCA), National Hospice and Palliative Care Organization (NHPCO), San Diego Regional Home Care Council, East County Senior Service Providers (ECSSP), San Diego Chapter of the Hospice and Palliative Nurses Association, San Diego Coalition for Compassionate Care (SDCCC)/San Diego Physician Orders for Life-Sustaining Treatment (POLST) Coalition, California Health Care Foundation's (CHCF's) California POLST eRegistry Evaluation Team, San Diego Health Connect POLST e-registry workgroup, and San Diego County Medical Society Bioethics Commission. See **Appendix A** for a listing of Sharp's involvement in community organizations in FY 2019. 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

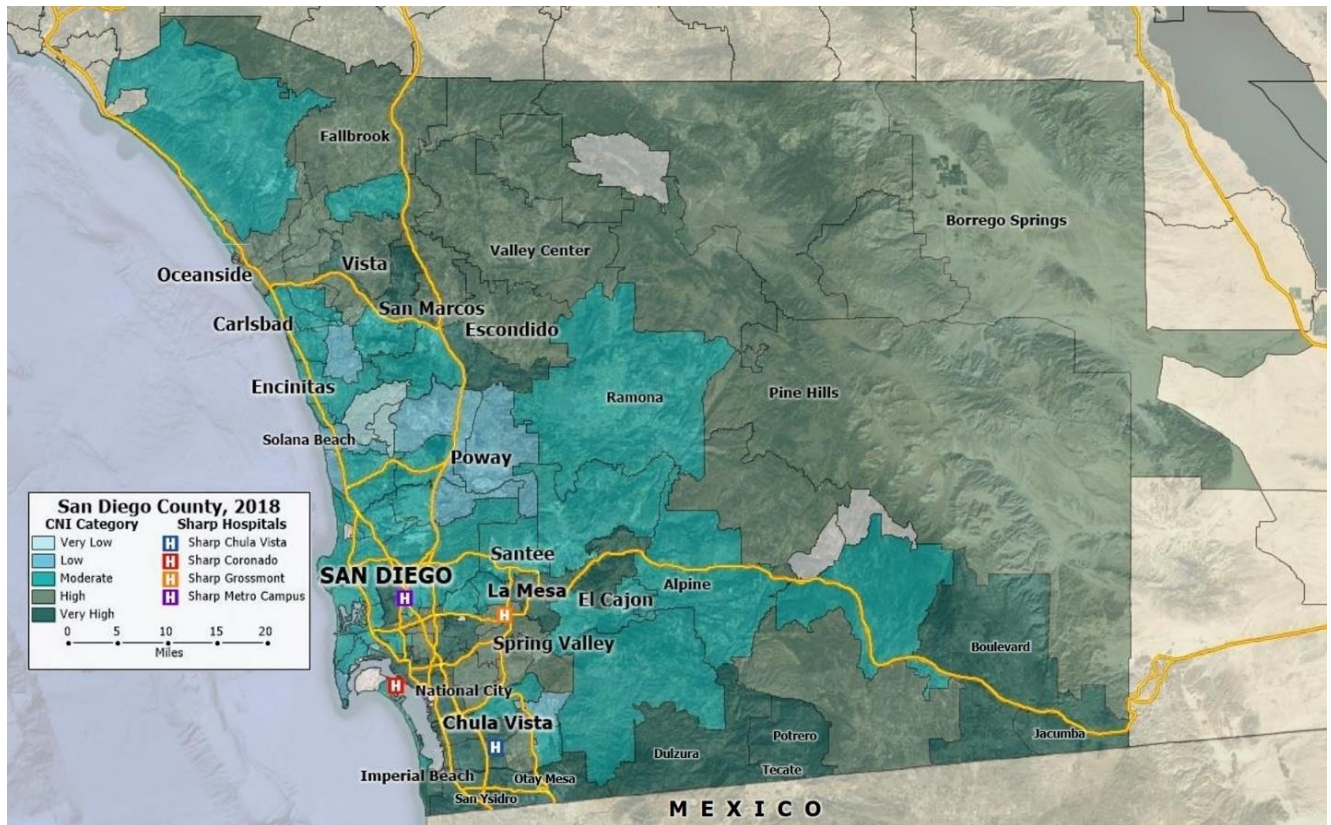
Sharp HospiceCare is located at 8881 Fletcher Parkway in La Mesa, ZIP code 91942.

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 Sharp's 2019 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify communities with greater health disparity within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States (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, Linda Vista, the College Area and Downtown San Diego. **Figure 23** presents a map of the CNI scores across SDC.

Figure 23: CNI Map — SDC⁷⁷



Description of Community Health

In 2019, there were 504,267 residents ages 65 and older in SDC, representing 15.1% of the population. Between 2019 and 2024, it is anticipated that SDC's senior population will grow by 22.4%.⁷⁸

In 2017, 13.3% of the SDC population reported living below 100% of the federal poverty level (FPL). The county's unemployment rate was 6.8% and 5.0% of households received Supplemental Security Income.⁷⁹

According to data from the San Diego Hunger Coalition, 1 in 7, or 14% of the SDC population experienced food insecurity⁸⁰ in 2017. An additional 1 in 5 San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget.⁸¹ In 2017, 7.2% of households in SDC participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 19.9% of the population lived at or below

⁷⁷ Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018.

⁷⁸ SpeedTrack Inc.; U.S. Census Bureau.

⁷⁹ County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit (2019), 2017 *Demographic Profiles: San Diego County*; U.S. Census Bureau, American Community Survey 5-year estimates 2013-2017.

⁸⁰ Food security means access by all people at all times to enough food for an active, healthy life.

⁸¹ <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/>.

⁸¹ San Diego Hunger Coalition (2019), *Hunger Free San Diego Issue Brief: 2017 San Diego County Food Insecurity*.

138% FPL and were eligible for the program.⁷⁹ Please refer to **Table 31** for SNAP participation and eligibility in SDC.

Table 31: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2017⁷⁹

Food Stamps/SNAP Benefits	
Households	7.2%
Families with Children	6.9%
Eligibility by FPL	
Population ≤130% FPL	18.5%
Population ≤138% FPL	19.9%
Population 139% - 350% FPL	32.2%

In SDC in 2017, 94.6% of children ages 18 and under, 82.7% of young adults ages 19 to 25, 84.0% of adults ages 26 to 44, 89.1% of adults ages 45 to 64, and 98.5% of seniors ages 65 and older had health insurance.⁷⁹ Health insurance coverage for each age group was lower than the Healthy People 2020 (HP2020) national target of 100% health insurance coverage for all individuals under age 65.⁸² See **Table 32** for health insurance coverage in SDC in 2017.

Table 32: Health Insurance Coverage in SDC, 2017⁷⁹

Description	Rate	HP2020 Target
Current Health Insurance Coverage		
Children 0 to 18 years	94.6%	100%
Young adults 19 to 25 years	82.7%	100%
Adults 26 to 44 years	84.0%	100%
Adults 45 to 64 years	89.1%	100%
Seniors 65+ years	98.5%	100%

According to the California Health Interview Survey (CHIS), in 2018, 28.9% of SDC's population was covered by Medi-Cal.⁸³ See **Table 33** for details.

Table 33: Medi-Cal (Medicaid) Coverage in SDC, 2018⁸³

Description	Rate
Covered by Medi-Cal	28.9%
Not covered by Medi-Cal	71.1%

⁸² 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.

⁸³ 2018 CHIS.

CHIS data also revealed that 10.3% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 34**)⁸³

Table 34: Regular Source of Medical Care in SDC, 2018⁸³

Regular Source of Medical Care	Rate	HP2020 Target
Has a usual source of care	89.7%	100%
Has no usual source of care	10.3%	100%

Cancer and diseases of the heart were the top two leading causes of death in SDC in 2017.⁸⁴ See **Table 35** 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) 2019 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 35: Leading Causes of Death in SDC, 2017⁸⁴

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	5,033	23.2%
Diseases of the Heart	4,764	21.9%
Alzheimer's Disease	1,450	6.7%
Cerebrovascular Diseases	1,376	6.3%
Accidents/Unintentional Injuries	1,188	5.5%
Chronic Lower Respiratory Diseases	1,025	4.7%
Diabetes Mellitus	799	3.7%
Essential Hypertension and Hypertensive Renal Disease	469	2.2%
Intentional Self-Harm (Suicide)	428	2.0%
Influenza and Pneumonia	393	1.8%
All Other Causes	4,807	22.1%
Total Deaths	21,732	100.0%

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

⁸⁴ County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit (2019), *Leading Causes of Death Workbook 2011-2017*.

- 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

Sharp HospiceCare provides hospice and palliative care services across the Sharp care continuum. Each Sharp acute care hospital, including Sharp Chula Vista Medical Center (SCVMC), Sharp Coronado Hospital and Healthcare Center, SGH and SMH, completed their most recent CHNA in September 2019. Sharp's 2019 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2019 CHNA process and findings. Please refer to **Section 3: Community Benefit Planning Process** for a detailed description of Sharp's 2019 CHNA process and findings.

In addition, this year, each hospital completed its most current implementation strategy — a description of programs designed to address the priority health needs identified in the 2019 CHNAs. The most recent CHNA and implementation strategies are available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

Through the Sharp 2019 CHNA process, the following priority health needs were identified for the communities served by Sharp HospiceCare (listed in alphabetical order):

- Access to Health Care
- Aging Concerns
- Behavioral Health (including Substance Use)
- Cancer
- Chronic Health Conditions (e.g., Cardiovascular Disease, Diabetes and Obesity)
- Community and Social Support
- Economic Security
- Education
- Homelessness and Housing Instability
- Maternal and Prenatal Care, including High-Risk Pregnancy
- Unintentional Injury and Violence

The following pages detail Sharp HospiceCare programs, activities and services that specifically address aging concerns, chronic health conditions, community and social support (these programs also help address access to health care, economic security and homelessness and housing instability) and education. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for additional entity and systemwide programs designed to address access to health care.

Sharp HospiceCare's community programs and services feature a special focus on aging concerns, including provision of:

- End-of-life and AIM 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 students and health care professionals
- 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 2019 Report of Activities conducted in support of the objective(s) and FY 2020 Plan.

Identified Community Need: End-of-Life and AIM Education for Community Members

Rationale references the findings of Sharp's 2019 CHNAs, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and Sharp 2019 CHNAs identified aging concerns as one of the priority health needs affecting members of the communities served by Sharp. Aging concerns are defined as those conditions that predominantly affect seniors — people who are 65 and older — such as Alzheimer's disease, Parkinson's disease, dementia, falls and limited mobility.
- Focus groups conducted as part of the HASD&IC and Sharp 2019 CHNAs identified the following health conditions that impact older adults: Alzheimer's and Parkinson's diseases, dementia, arthritis, loss of mobility, opioid abuse, diabetes, heart disease, anxiety, depression, lung disease, obesity, and poor oral health.
- According to the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 83% of respondents ages 65 and older ranked aging concerns among the top five conditions with the greatest impact on overall community health in SDC.
- In 2017, the top 10 leading causes of death among adults ages 65 and older in SDC were (in rank order): diseases of the heart, cancer, Alzheimer's disease, cerebrovascular diseases, including stroke, chronic lower respiratory diseases, diabetes, accidents or unintentional injuries, essential hypertension and hypertensive renal disease, Parkinson's disease and influenza or pneumonia.
- In 2017, hospitalization rates among seniors were higher than the general population due to coronary heart disease, stroke, chronic obstructive pulmonary disease, nonfatal unintentional injuries (including falls), overall cancer and arthritis.

- According to the San Diego Hunger Coalition, 1 in 7 San Diegans experienced food insecurity in 2017. Half of adults experiencing food insecurity are living with a disability (San Diego Hunger Coalition, 2019).
- While chronic diseases place significant burdens on individuals and health care systems, community-taught self-management of symptoms is possible. Managing symptoms of chronic diseases can improve quality of life and reduce health care costs (National Council on Aging, 2018).
- According to a 2018 report from the California Task Force on Family Caregiving, there are 4.5 million Californians providing unpaid care to individuals ages 18 and older. Informal caregivers face many challenges in this role, including balancing employment with caregiving; accessing culturally relevant and competent services; paying for supportive services; and attending to their own health and well-being (California Task Force on Family Caregiving, 2018).
- According to AARP, more than 40 million people in the U.S. currently act as unpaid caregivers to people ages 65 and older. More than 10 million of these caregivers are millennials with separate part- or full-time jobs, and one in three employed millennial caregivers earns less than \$30,000 per year (AARP, 2018).
- According to AARP's report titled *Home Alone Revisited*, nearly one-third of caregivers (30.9%) take their family member home from the hospital without home health support, and almost half of family caregivers provide intense and complex care, including performing medical/nursing tasks and managing multiple health conditions often accompanied by pain. In addition, nearly half of caregivers who perform medical/nursing tasks reported feeling down, depressed or hopeless, compared to a third of caregivers who do not perform those tasks (AARP, 2019).
- According to research published in *Health Affairs*, an estimated 15 million family caregivers in the U.S. provide unpaid care for a loved one with dementia. Caregiver burden and fatigue can result in increased use of hospital and emergency services for dementia patients (Slaboda et al, 2018).
- The same study identified the following as the biggest challenges facing family caregivers of individuals with dementia: dealing with memory loss and the disease's impact; handling the stress and emotional toll; having patience with their loved one; handling mood swings or behavior changes; and managing daily activities, including bathing, bathroom, dressing and meals (Slaboda et al, 2018).
- According to the Let's Get Healthy California Task Force — an initiative developed to advance a 10-year plan to make California the healthiest state in the nation — hospice patients receive better symptom control, are less likely to receive aggressive care at the end of life, and their families are more likely to be satisfied with the care they receive (Let's Get Healthy California Task Force, 2018).
- Data presented by the Let's Get Healthy California Task Force indicated that 48.5% of SDC decedents utilized hospice services in 2014. This was higher than the rate for the state of California overall (43.3%) but fell short of the group's 2022 target (54%). Among all demographic groups in SDC, the Asian population had the lowest rate of hospice utilization (27.6%) (Let's Get Healthy California Task Force, 2018).
- Research from the CHCF shows that in 2014, just 25% to 50% of palliative care needs were being met statewide. By 2017, capacity across the state had increased

for both inpatient palliative care (43% to 66% of needs met) and community-based care (33% to 51%) (CHCF, 2018).

- In January 2018, California became the first state to provide community-based palliative care services as part of Medicaid coverage, expanding the availability of palliative care into every county in the state. Despite this expansion, barriers to use of this new Medi-Cal benefit exist, including: lack of education for patients and referring physicians; the absence of standardization in billing practices, care delivery models and quality assessment methods; and a need to understand and accommodate the variation in needs seen across geographic areas and patient populations (CHCF, 2018).
- According to an article published in *Palliative Care: Research and Treatment*, many people living with a chronic life-threatening illness either do not receive any palliative care service or receive services only in the last phase of their illness. Research has shown that palliative care programs can improve outcomes for both patients and caregivers, and demonstrate cost effectiveness by transferring care from acute settings to patients' preferred locations. Current barriers to effective end-of-life care include lack of professionals with specialized training; clinician ignorance and lack of awareness of resources; physician reluctance to refer patients; patient and family reluctance to accept referrals; and restrictive program eligibility requirements (Hawley, 2017).

Objectives

- Provide education and outreach to the San Diego community concerning 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
- Provide resources to improve access to care and support for AIM and end-of-life patients and community members

FY 2019 Report of Activities

Sharp HospiceCare supports the San Diego community in the areas of end-of-life care, aging and caregiving through collaboration with a variety of local organizations, including the San Diego Community Action Network (SanDi-CAN); Southern Caregiver Resource Center (SCRC); San Diego County HVP, Caregiver Coalition and ECSSP. In partnership with these and other community organizations, in FY 2019, Sharp HospiceCare provided education and outreach on a variety of end-of-life and AIM topics — including hospice, palliative care and caregiving — to more than 1,600 San Diegans at community health fairs, conferences and other events. Locations included churches, libraries, senior living centers, and community health agencies and organizations throughout SDC.

Sharp HospiceCare partnered with the Sharp Senior Resource Centers to provide three aging conferences for community seniors, family members and caregivers in FY 2019. Titled Health and Wellness in Aging: Know Your Options, the free conferences were held at the Point Loma Community Presbyterian Church and the La Mesa Community Center in April, and at the Elks Lodge in Chula Vista in August. The conferences provided approximately 300 community members with education and resources to promote healthy aging, including staying healthy in an aging world, improving emotional wellness through aging, the End of Life Options Act (EOLOA) and estate planning.

In FY 2019, Sharp HospiceCare shared resources on palliative care, end-of-life care and ACP with approximately 225 caregivers and families at several free community conferences. This included SanDi-CAN's annual conference titled Planning for Your Future held at the Balboa Park Club in October, which focused on helping seniors and families cope with life changes and navigate their end-of-life options; the SCRC's The Economics of Caregiving Conference held at First United Methodist Church of San Diego in November, which addressed a variety of financial planning topics to support community caregivers; and the Caregiver Coalition's The Pathway to Mindful Caregiving conference held at the Chinese Community Church in Tierrasanta in May to help answer questions and provide resources to help ease the stress of caregiving.

Sharp HospiceCare provided planning support as well as end-of-life and AIM education and resources to more than 1,100 community members at a variety of health fairs and events throughout the year. Senior and caregiver audiences included members of the San Diego Oasis older adult wellness program at Grossmont Center and community members at St. Paul's Programs of All-Inclusive Care for the Elderly (PACE) in El Cajon, as well as attendees of Spring Into Healthy Living at the McGrath Family YMCA; ECSSP's East County Senior Health and Information Fair; SGH and the San Diego Association of Government's Senior Transportation and Housing Expo at the La Mesa Community Center; Jewish Family Service of San Diego College Avenue Center's annual health fair; Sharp Senior Resource Centers' Senior Health & Information Fair at the Point Loma Community Presbyterian Church and St. Paul's Senior Services Spring Open House at St. Paul's Villa. Outreach at additional community events took place at the annual Sharp Women's Health Conference, the Grossmont Healthcare District (GHD) Dr. William C. Herrick Community Health Care Library's Wellness Wednesday monthly educational series, and San Diego Gas & Electric's bi-annual employee health fairs.

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. As a partner in We Honor Veterans (WHV) — a national program developed by the NHPCO 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 — hospice organizations can achieve up to five levels of commitment. Sharp HospiceCare has achieved WHV Partner Levels I, II and III. Through Level I, Sharp HospiceCare is equipped to provide veteran-centric education to staff, volunteers and

community professionals, including training them to identify patients with military experience. Level II indicates that Sharp HospiceCare has built the organizational capacity needed to provide quality care for veterans and their families. With Level III, Sharp HospiceCare has developed and strengthened relationships with VA medical centers and other veteran organizations. Sharp HospiceCare is currently working towards becoming a WHV Level IV Partner, which focuses on improving access to and quality of care for community veterans.

As part of its WHV commitment, Sharp HospiceCare conducted a variety of veteran recognition activities in FY 2019. Team members held special pinning ceremonies throughout the year during which Sharp HospiceCare volunteers presented veterans with a WHV pin and a certificate of appreciation for their service. More than 90 Sharp HospiceCare veteran patients were recognized through these pinning ceremonies in FY 2019, in addition to 40 veteran community members at various community events, including the Caregiver Coalition's Navigating Caregiving for Veterans and Military Families conference in October and the City of San Diego's Veterans Appreciation Dance in November. In addition, in December, Sharp HospiceCare honored veterans through the annual Wreaths Across America wreath-laying ceremonies at Fort Rosecrans National Cemetery, Greenwood Memorial Park and Miramar National Cemetery.

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.

Sharp HospiceCare continued to provide a wig donation program in FY 2019. Through the program, Sharp HospiceCare receives new, unused wigs from manufacturers, which are cleaned and styled for donation to individuals experiencing hair loss as a result of cancer treatment or other illnesses. During private appointments, team members help community members select their wig and provide personalized fitting, styling and maintenance instructions. In FY 2019, Sharp HospiceCare donated 44 wigs to community members, as well as approximately 75 surplus wigs to cancer patients at the Douglas & Nancy Barnhart Cancer Center at SCVMC (Barnhart Cancer Center).

New in FY 2019, Sharp HospiceCare joined Sharp's systemwide pilot partnership with 2-1-1 San Diego's Community Information Exchange (CIE) to better understand and address the social determinants of health (SDOH) that influence the health and well-being of their patients. Research continues to underscore that SDOH — the conditions where people live, learn, work and play — have a significant impact on the ability for community members to access care and maintain their health. Sharp HospiceCare joined the CIE pilot partnership in order to provide more informed, holistic care to patients with SDOH needs, and to connect them directly to community resources specifically for those needs.

More than 70 CIE community partners — including health care, food banks, housing and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared community member records enable CIE partners to evaluate an individual's SDOH needs and current use of community programs and services, and to make direct referrals to critical, community-based resources. Beginning in summer 2019, Sharp HospiceCare's case managers and social workers received training on CIE as a tool to serve vulnerable patients, including those patients experiencing food insecurity and homelessness. Metrics of this partnership, including demographic and utilization data, as well as volume and successful community referrals, are currently being collected and will help to assess the impact and value of the partnership at the end of its pilot year in early summer 2020.

FY 2020 Plan

Sharp HospiceCare will do the following:

- Continue to collaborate with a variety of local community organizations to provide end-of-life and AIM education and resources to community members
- Collaborate with the Sharp Senior Resource Centers and SCVMC to host a free aging conference in La Mesa, Point Loma and Chula Vista, 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 community veterans
- Continue to provide a wig donation program
- Evaluate the impact of the pilot year of the Sharp-CIE partnership to inform next steps in collaboration with community organizations to address SDOH

Identified Community Need: ACP Education and Outreach to Community Members and Health Care Professionals

Rationale references the findings of Sharp's 2019 CHNAs, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and Sharp 2019 CHNAs identified aging concerns as one of the priority health needs affecting members of the communities served by Sharp. Aging concerns are defined as those conditions that predominantly affect seniors — people who are 65 and older — such as Alzheimer's disease, Parkinson's disease, dementia, falls, limited mobility, isolation and other challenges.

- The Sharp 2016 CHNA process identified care at the end of life as a critical issue for the senior population. End-of-life conversations with oncology patients were specifically identified as a significant challenge to quality care.
- According to the Centers for Disease Control and Prevention (CDC), Americans now experience mortality at a much later age and largely due to chronic disease. Planning for end-of-life care increases individual autonomy, ensures individuals feel their voices are heard and relieves stress for those surrounding elderly individuals. In 2017, only 30% of Americans had advance care plans. With the largest generation of Americans now aging, education on end-of-life care is a public health issue (CDC, 2017).
- A 2017 systematic review published in *Health Affairs* found that 36.7% of Americans had completed an advance health care directive (advance directive), and 29.3% had living wills. Factors contributing to low ACP completion include tedious legal formalities in executing an advance directive; lack of clinician support for advance directives; and the lack of depth and tailoring of documents to fully represent patients' preferences (Kuldeep et al., 2017).
- Research suggests that barriers to engaging patients in ACP exist at the patient, provider and system levels. Barriers identified by physicians included: insufficient time; inability to electronically transfer documentation across care settings; decreased interaction with patients near the end of life resulting from transfer of care; and patients' difficulty understanding limitations and complications of treatment options. Other health professionals additionally identified their own lack of knowledge and difficulty accessing the physician as barriers. Themes identified as enablers of ACP included greater public engagement, clinician attitudes, creating capacity for clinicians, integrating ACP into practice, and system and policy supports (Howard et al, 2018).
- Despite evidence that ACP can improve the quality of the end of life, it is most likely to be completed by white, socially integrated, higher income adults compared to other demographic groups. Advance directive completion rates are two to three times higher among whites when compared to blacks and Latinos, underscoring a need to expand public awareness and access to ACP (Gerontological Society of America, 2017).
- While 92% of Americans say it is important to discuss their wishes for end-of-life care, only 32% have had this conversation. In addition, 95% of Americans say they would be willing to talk about their wishes, and 53% even say they would be relieved to discuss it (*The Conversation Project National Survey*, 2018).
- According to a study published in the *Journal of Palliative Medicine*, 1 in 8 bereaved family members reported that care in the last month of life was not consistent with the decedent's wishes. Decedents whose care was described as inconsistent with their preferences were more likely to have died in a hospital setting, while those who received care consistent with their wishes were more likely to have died at home (Khandelwal et al, 2017).
- 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).

- As the end of life approaches for people with serious, chronic or progressive illnesses, it is important for health systems and health care workers to provide support and guidance to patients and families on the role of ACP, palliative care and hospice. Open communication between patient and provider, as well as between the patient and loved ones, can help ensure that all parties are aware of the patient's preferences (*The Five Trajectories: Supporting Patients During Serious Illness*, California State University (CSU) Institute for Palliative Care, 2018).
- According to *Health Affairs*, creating and utilizing a conversation guide for health care providers and community leaders can raise awareness and educate patients and their loved ones about the importance of ACP (Peters, Kim & Udow-Phillips, 2016).
- The Aspen Institute Health Strategy Group suggests five changes to improve the quality of end-of-life care: build the development and updating of an advance care plan into the fabric of life; redefine Medicare coverage in a way that meets the complex needs of people with serious illness; develop a set of quality metrics related to end-of-life care that can be used for accountability, transparency improvement and payment; increase the number and types of health professionals who can meet the growing needs of an aging population; and support model communities that embrace fundamental change in the design and delivery of care for people with advanced illness (*Improving Care at the End of Life*, 2016).

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 2019 Report of Activities

Sharp 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, individuals must make specific or urgent decisions, and these decisions require conversion to 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. Such measures include 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 describes preferences for care and treatment when important health care decisions must be made.

Since 2014, Sharp has offered its own Advance Health Care Directive to guide the public in outlining their health care decisions. The document is publicly available on sharp.com 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 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 the year, the Sharp ACP team provided more than 140 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 FY 2019, the team engaged more than 770 community members in education on ACP, POLST and the EOLOA. In honor of National Healthcare Decisions Day (NHDD) — a nationwide initiative celebrated every April to educate adults of all ages about the importance of ACP — Sharp HospiceCare provided presentations to seniors at Fredericka Manor Retirement Community and Country Hills Health Care Center, as well as during Sharp Senior Resource Centers' and Sharp HospiceCare's Health and Wellness in Aging: Know Your Options conferences at the La Mesa Community Center and the Point Loma Community Presbyterian Church. Education provided throughout the year to seniors and caregivers took place at Silvercrest Senior Residence, Casa de Mañana La Jolla retirement community, La Costa Glen retirement community, and the San Diego Lesbian, Gay, Bisexual and Transgender (LGBT) Community Center. Education for the general community occurred at the Descanso Branch Library, the Live and Let Live Alano Club (LGBT sober clubhouse), the North Park Lions Club, Salvation Army offices in Downtown San Diego and Escondido, the Sharp Women's Health Conference, and during a community presentation at Balboa Park through Sharp's wellness partnership with the City of San Diego.

Sharp's ACP team reached an additional 65 community members through free, monthly ACP workshops held in collaboration with the David and Donna Long Center for Cancer Treatment at SGH, the Barnhart Cancer Center at SCVMC, and the Laurel Amtower Cancer Institute at SMH. During the workshops, individuals impacted by cancer received guidance on identifying their personal health care choices, communicating their wishes to loved ones and developing their advance directive. In addition, in

August, the ACP team participated in SCVMC's free Advance Health Care Directive Seminar, which educated approximately 40 community members about the importance of completing an advance directive and available community resources to support the ACP process.

Sharp HospiceCare provided resources, presentations and trainings on the EOLOA, POLST and ACP to approximately 175 local community health professionals throughout the year. Audiences included members of the Caregiver Coalition, social workers at St. Paul's PACE El Cajon, staff at Stanford Court Skilled Nursing & Rehab Center, the County of San Diego Aging and Independence Services (AIS) Long-Term Care Ombudsman Program, and long-term care professionals at the Cultural and Ethical Challenges in Long-Term Care Advance Care Planning seminar.

In FY 2019, Sharp's ACP team continued to partner with San Diego Health Connect, County of San Diego AIS, Health Services Advisory Group (HSAG), 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 CHCF and supported by the Coalition for Compassionate Care of California (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. Sharp demonstrates community leadership in the effort to establish quick and safe provider access to patient medical orders. In March 2018, Sharp became the first health care system in SDC to begin electronic uploads of patient POLST forms to the POLST eRegistry. As of December 2019, more than 40,800 POLST forms faxed by Sharp hospitals, Sharp Rees-Stealy Medical Group, Sharp HospiceCare and other patient care departments have been uploaded to the POLST eRegistry.

FY 2020 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
- Both independently and 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
- Serve as a community resource regarding the EOLOA

- In collaboration with the CSU Institute for Palliative Care at California State University San Marcos (CSUSM), explore strategies to bring advance directives to the county's homeless community
- 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
- As participants in Sharp's ACP Work Group, update Sharp's Advance Health Care Directive to include simplified language and new interactive and video-based components

Identified Community Need: Health Professions and Student Education and Training

Rationale references the findings of Sharp's 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and Sharp 2019 CHNAs identified education as one of 10 priority health conditions and SDOH affecting members of the communities served by Sharp.
- According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 31% of respondents ranked education, including access, health literacy, workforce development and mobility, among the top five SDOH with the greatest impact on their community.
- According to participants in a focus group conducted during the HASD&IC 2019 CHNA, when residents are unable to achieve higher levels of education, individual and community health are impacted in the following ways: limited or low-wage employment opportunities for those with low educational attainment; constant stress related to housing or food among families who are not economically secure, which contributes to poor health; and limited career mobility in low-wage jobs, creating little potential for promotions or higher wages.
- According to a 2017 report from the San Diego Workforce Partnership (SDWP) titled *San Diego's Priority Sectors: An Update on Labor Force and Training Needs*, the health care industry in SDC experienced net employment growth of 40.4% between 2006 and 2016 — considerably higher than the growth rate in the state of California (27%) and the nation (21%) (SDWP, 2017).
- Total employment in California is projected to grow 10.7% between 2016 and 2026, reflecting an increase of 1.9 million jobs statewide over the decade. The health care and social assistance sector is expected to be the fastest growing industry in California, with 24.9% growth anticipated (California Employment Development Department, 2018).
- In its *Employment Projections – 2018-2028* report, the U.S. Bureau of Labor Statistics (BLS) projects that health care support occupations and health care

practitioners/ technical occupations will contribute about 30% of all new jobs and account for 18 of the 30 fastest growing occupations. Increased demand for health care services from an aging population and people with chronic conditions will drive much of the expected employment growth (BLS, 2019).

- As of 2018, SDC was one of 28 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (California Office of Statewide Health Planning and Development (OSHPD) *Registered Nurse Shortage Areas Update*, 2019).
- According to a report from PolicyLink, a national research institute dedicated to advancing economic and social equity, building a diverse health care workforce in California — one that reflects the state’s racial, ethnic and linguistic diversity — is a critical strategy for increasing access to culturally and linguistically appropriate services, eliminating racial and ethnic health inequities, improving the quality of care and reducing preventable costs (Building an Inclusive Health Workforce in California: A Statewide Policy Agenda, 2018).
- According to a report from the Elder Workforce Alliance (EWA) titled *Building a State Eldercare Workforce Coalition*, the number of Americans reaching retirement will double by 2030, representing an 8% increase in the population requiring a wide range of professional health, home care and social services. By 2030, an estimated 3.5 million additional health care professionals and direct-care workers will be needed to care for older adults (EWA, 2018).
- According to research published in the *Journal of American Geriatrics Society*, the demand for geriatricians is projected to increase 45% by 2025 with a projected national shortage of almost 27,000 geriatricians (Flaherty & Bartels, 2019).
- In addition, almost half of U.S. physicians experience burnout, which has been connected to lower patient satisfaction, overuse of resources, higher costs of care, increased chance of prescribing the wrong medications, lower levels of empathy, and reduced patient outcome and safety (Flaherty & Bartels, 2019).
- The American Academy of Hospice and Palliative Medicine (AAHPM) states that high-quality palliative and hospice care improve quality of life as well as patient and family satisfaction, and may prolong survival at a lower cost than typical medical care (AAHPM, 2018).
- AAHPM notes that lack of provider training and knowledge of palliative care results in many patients with serious illness receiving painful or ineffective treatments that do not prolong or enhance their lives. Expanding hospice and palliative care training opportunities can help ensure clinicians across disciplines and specialties who care for people with serious illness are competent in “basic palliative care,” including communication skills, interprofessional collaboration and symptom management (AAHPM, 2018).
- According to AAHPM, in 2015, just 44% of hospital palliative care programs met national staffing standards set by the Joint Commission. Current training capacity for hospice and palliative medicine physicians is insufficient to provide hospital-based care and keep pace with growth in the population of adults over 65 years old. If the rate of physicians entering and leaving hospice and palliative medicine maintains, there will be no more than 1% absolute growth in this physician workforce in 20

years, by which time the number of persons eligible for palliative care will grow by over 20% (AAHPM, 2018).

- Analysis published in *Health Affairs* estimates that there is currently one palliative care physician for every 808 eligible patients. To meet current demand for patient evaluation, each physician would need to perform 10 patient visits per day over 48 weeks per year. Assuming no policy changes, by 2038 it is estimated that each physician would need to perform 23 patient visits per day to meet demand, highlighting the need to increase the use of interdisciplinary palliative care team members in the assessment and management of patient and caregiver distress (Kamal et al, 2019).

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

FY 2019 Report of Activities

In FY 2019, Sharp HospiceCare provided training opportunities for five students studying nursing and ancillary disciplines. Academic institution partners included CSUSM, San Diego State University (SDSU), and University of California San Diego. Students dedicated more than 530 hours to shadowing nurses and providers during their workday, including at Sharp HospiceCare's three hospice homes.

Sharp HospiceCare supports San Diego's future health care workforce through classroom-based lectures designed to enhance students' understanding of hospice and palliative care. In FY 2019, education was provided to more than 300 nursing students from Azusa Pacific University, SDSU and CSUSM, as well as to more than 30 social work students from SDSU. Topics included ACP, goals of care, hospice, bioethics and bereavement.

In February, Sharp HospiceCare hosted its 2019 Resource and Education Expo at the San Diego Performing Arts Center. Themed #Compassion: Being Human in a High Tech World, the event provided approximately 100 community health care professionals — including nurses, social workers, physicians and spiritual care providers — with tools to balance modern-day technology and the provision of compassionate patient care. The expo aimed to help attendees achieve the following educational objectives: understand therapeutic communication strategies to support difficult end-of-life conversations; discuss how technological advances have changed palliative and end-of-life care; and analyze the role of technology in changing provider-patient interactions in health care.

Sharp HospiceCare provided education and training on end-of-life topics, including bioethics at the end of life, spiritual care in hospice, palliative care and WHV, to approximately 425 local community health professionals throughout the year. Audiences included attendees of the SGH Heart and Vascular Conference, members of the Caregiver Coalition and members of the Professional Chaplains Education group. In addition, team members provided planning support for the CSU Institute for Palliative Care at CSUSM and SDCCC's Fourth Annual Professional Palliative Care Conference, as well as continued to participate in the HSAG/Sharp Grossmont Care Coordination Collaborative — a group of community nursing homes, skilled nursing facilities and home health agencies that convene to develop strategies to reduce hospital readmissions and improve patient care coordination.

In addition, Sharp HospiceCare partnered with fire departments in SDC's south and east regions to train approximately 70 community first responders how to more effectively respond to emergency calls involving end-of-life patients. Oftentimes, end-of-life patients are taken to the hospital where they receive care that might conflict with the treatment plan established with their hospice team. Sharp HospiceCare teaches first responders to determine whether an end-of-life care patient should receive medical attention, or if it is more appropriate for the patient's hospice team to intervene.

Sharp HospiceCare leadership provided education, training and outreach to nearly 3,700 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 19th annual Population Health Colloquium; The Doris A. Howell Foundation for Women's Health Research; Center to Advance Palliative Care (CAPC) National Seminar; CPAC members; NHPCO; Coalition to Transform Advanced Care National Summit; Geriatrics and Pain Management for Primary Care Conference; AAHPM; Los Robles Regional Medical Center; American Hospital Association; and Baylor Scott & White Health. Presentation topics included palliative care, prognostication and innovative approaches in advanced illness care. Sharp HospiceCare leadership also continued to serve on the board of directors for NHPCO and CHAPCA in FY 2019.

FY 2020 Plan

Sharp HospiceCare will do the following:

- Continue to provide education and training opportunities for nursing and ancillary students
- Provide students with an end-of-life learning environment in community-based hospice homes
- Continue to partner with fire departments in SDC to educate first responders about appropriate responses to emergency calls involving end-of-life patients

- 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

Identified Community Need: Bereavement Counseling and Support

Rationale references the findings of Sharp's 2019 CHNAs, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- A study on the end-of-life priorities of terminally ill older adults and their caregivers identified seven major themes: quality of life as a priority; maintaining a sense of control; how to manage putting life on hold during a loved one's life-limiting illness; challenges in navigating the health system; preference for remaining at home as long as possible; a need for open and honest discussions about death; and the importance of a consultative, patient-centered care approach by health professionals (*Health Expectations*, 2019).
- Bereavement care is one of the core services provided by hospice. Under Centers for Medicare and Medicaid Services regulations, hospices must provide support to family members for 13 months following the death of a loved one. These services can take a variety of forms, including telephone calls, visits, written materials about grieving and support groups (NHPCO, 2018).
- 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 (NHPCO, 2018).
- According to research presented by the National Cancer Institute (NCI), the following variables were associated with complicated grief — a state of persistent and pervasive grief causing distress and disability: age younger than 60 years; lack of perceived available social support; history of depression and current depression; lower income; pessimistic thinking and severity of stressful life events (NCI, 2019).
- According to the *Journal of Psychosocial Oncology Research & Practice*, care and death at home contribute to family members' perceptions of a "good death," leading to less bereavement-related distress. However, some features of a palliative care death may be uniquely traumatizing for vulnerable individuals, with the potential to impact bereavement. Family caregivers need access to flexible services to support care and death at home, together with ongoing assessment of their needs (Lobb et al, 2019).
- Unpaid caregivers contribute \$450 billion of health care labor each year, often in addition to full- or part-time employment. Over half (55%) of caregivers report feeling overwhelmed by the demands of caregiving, and many experience intense feelings of loneliness and social isolation. In the aftermath of a care recipient's death, many

caregivers report feeling guilt, depression, lack of purpose and loneliness (Crossroads Hospice Charitable Foundation, 2016).

- A 2016 study published in the *Biomedical Care Journal of Palliative Care* identified two core bereavement issues for family caregivers: the consequences of traumatic deathbed experiences on caregiver grief and feelings of guilt; and a 'void' effect caused by withdrawal of professional support immediately after death. These core issues have implications for clinical practice, emphasizing a need for improved communication between health care professionals and families, including education on broader aspects of the physical dying process as well as more effective engagement and discussion with families on end-of-life care planning and decisions. In addition, health providers must strengthen bereavement support resources for caregivers prior to death, and provide more effective follow-up approaches following the care recipient's death (Harrop et al, 2016).
- According to a study published in the *Journal of Pain and Symptom Management*, caregivers who receive support and resources from health professionals prior to the death of their loved one may report a more positive death experience for the care recipient, as well as greater satisfaction with the clinical care team. Pre-bereavement interventions may also affect caregivers' level of grief as well as physical and mental health following their loved one's death (Aoun et al, 2018).

Objective

- Provide bereavement education, resources, counseling, support and referrals for community members who have lost loved ones

FY 2019 Report of Activities

Sharp HospiceCare offers a variety of bereavement services to help grieving community members cope with the loss of a loved one. Services include professional bereavement counseling for individuals and families as well as free community education, support groups and monthly newsletter mailings.

In FY 2019, Sharp HospiceCare's licensed clinical therapists with specific training in grief and loss devoted nearly 2,400 hours to home-, office- and phone-based bereavement counseling with people who have lost loved ones. Referrals to community counselors, mental health services, bereavement support services and other community resources were also provided as needed.

Sharp HospiceCare continued to offer its eight-week Healing After Loss support group series, which addressed the concerns of adults who were grieving the loss of a loved one and reached approximately 220 attendees in FY 2019. This included Sharp HospiceCare's traditional quarterly support group held at Sharp's corporate office in Kearny Mesa, as well as a new group offered during the fall and winter quarters at the John D. Spreckels Center and Bowling Green in Coronado. Support groups focused on the following themes: Introduction to the Grief Process; Communicating with Family and Friends; Strategies for Coping with Grief; Mind-body Tools for Grief; Dealing with

Challenging Emotions in Grief; Guilt, Regret and Forgiveness; Use of Ceremony and Ritual to Promote Healing and Who Am I Now?/What Does Healing Look Like?. Sharp HospiceCare also continued to offer The Widow's and Widower's support group, which addressed the concerns of men and women who lost their spouse and served approximately 130 attendees in FY 2019. Participants had the opportunity to share their emotional challenges and learn coping skills from group members facing similar life situations.

In recognition of Mother's Day and Father's Day, Sharp HospiceCare hosted two Remembering Our Parents classes for adults who have lost a parent. Held at the Point Loma/Hervey Branch Library in April and the GHD in May, the classes focused on the unique aspects of parental loss, as well as strategies to cope with grief and discover a sense of hope during these holidays. Nearly 30 community members attended the Remembering Our Parents classes in FY 2019.

Sharp HospiceCare supported approximately 90 community members grieving the loss of a loved one during the 2018 holiday season. In November, Sharp HospiceCare held its annual Healing Through the Holidays event at Sharp's corporate office, which included presentations focused on helping community members cope with grief during the holiday season. That same month, two similar events titled Coping with Grief During the Holiday Season were offered at the Point Loma Community Presbyterian Church and the GHD. These events provided practical suggestions for community members to manage the painful feelings of loss that often arise during the holidays.

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. More than 1,300 newsletters were mailed each month during FY 2019.

FY 2020 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
- Continue to mail monthly bereavement support newsletters to loved ones of patients who have passed

Sharp HospiceCare Program and Service Highlights

- ACP
- Bereavement care services
- Caregiver and family support
- Classes, events and physician referral through 1-800-82-SHARP
- Homes for Hospice program, including BonitaView, LakeView and ParkView hospice homes
- 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
- WHV 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. The campus is comprised of 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.

Fiscal Year (FY) 2019 Community Benefit Program Highlights

SMMC provided a total of **\$202,492,501** in community benefit in fiscal year FY 2019. See **Table 36** 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 36: Economic Value of Community Benefit Provided
Sharp Metropolitan Medical Campus — FY 2019**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2019 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ⁸⁵	\$47,740,531
	Shortfall in Medicare ⁸⁵	123,080,208
	Shortfall in County Medical Services (CMS) ⁸⁵	7,565,768
	Shortfall in CHAMPVA/TRICARE ⁸⁵	5,668,478
	Shortfall in Workers' Compensation	19,140
	Charity Care ⁸⁶	9,706,327
	Bad Debt ⁸⁶	4,088,478
Other Benefits for Vulnerable Populations ⁸⁷	Patient transportation and other assistance for the vulnerable ⁸⁸	1,609,550
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 ⁸⁸	918,971
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ⁸⁸	2,095,050
TOTAL		\$202,492,501

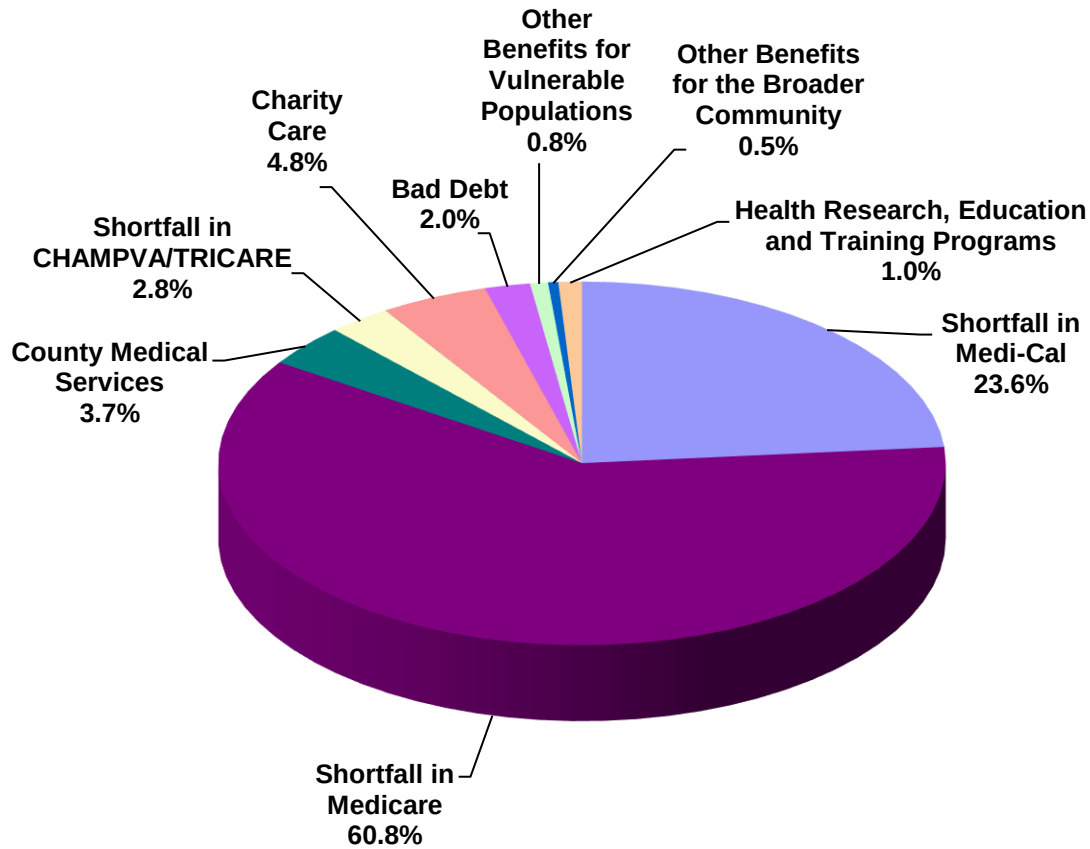
⁸⁵ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

⁸⁶ 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.

⁸⁷ "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs. <https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Data-And-Reports/Documents/Submit/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Legislature-Community-Benefit.pdf>.

⁸⁸ 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 2019**





Delivering Diapers to Families in Need

Sharp Mary Birch Hospital for Women & Newborns

Diapers are essential to parents with young children, yet they can be expensive for those struggling to make ends meet. Through the San Diego Food Bank's Diaper Bank Program, Sharp Mary Birch Hospital for Women & Newborns helps provide free diapers to families facing economic hardship.

Since joining the Diaper Bank Program in July 2019, Sharp Mary Birch has distributed nearly 1,000 diapers to patients in need. The impact is significant; not only does an adequate supply of diapers reduce a child's risk of health problems, but children also become eligible for day care, which enables their parents to return to work. As a Diaper Bank Program partner, Sharp Mary Birch is proud to help low-income San Diegans achieve financial security and care for their families.

Section

9 Sharp Mary Birch Hospital for Women & Newborns

We can change our community by being the change we wish to see and by treating people how we would want to be treated. Those simple kindergarten lessons are still essential, and will take us all pretty darn far. — Courtney Akel, Manager, Neonatal Intensive Care Unit, SMBHWN

Fiscal Year (FY) 2019 Community Benefit Program Highlights

Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) provided a total of **\$5,877,166** in community benefit in FY 2019. See **Table 37** 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 37: Economic Value of Community Benefit Provided
Sharp Mary Birch Hospital for Women & Newborns — FY 2019**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2019 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ⁸⁹	\$781,256
	Shortfall in Medicare ⁸⁹	1,393,185
	Shortfall in CHAMPVA/TRICARE ⁸⁹	1,785,506
	Charity Care ⁹⁰	743,073
	Bad Debt ⁹⁰	679,909
Other Benefits for Vulnerable ⁹¹ Populations	Patient transportation and other assistance for the vulnerable ⁹²	39,444
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 ⁹²	213,681
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ⁹²	241,112
TOTAL		\$5,877,166

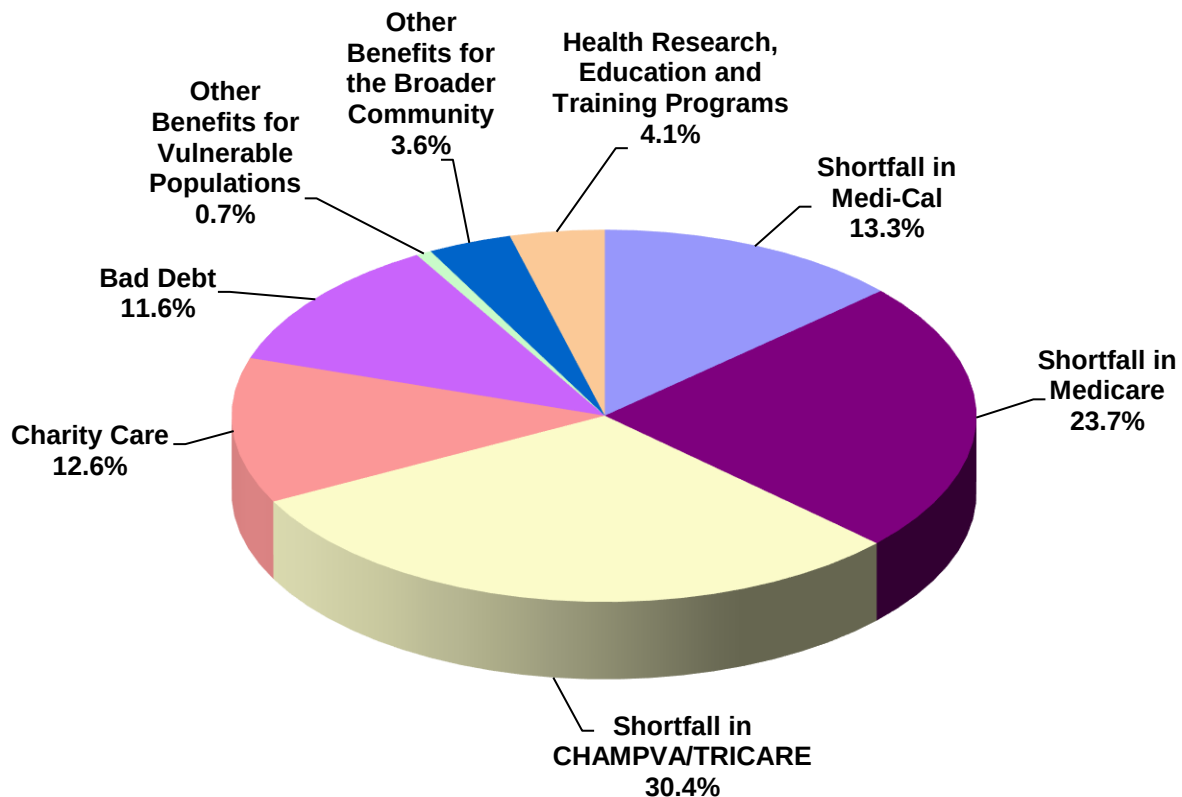
⁸⁹ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

⁹⁰ 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.

⁹¹ "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs. <https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Data-And-Reports/Documents/Submit/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Legislature-Community-Benefit.pdf>.

⁹² 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 2019**



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 2018, 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, 2017 through June 30, 2019. This resulted in recognition of net supplemental revenues for SMBHWN totaling \$18.2 million in FY 2019. These supplemental revenues were funded through SMBHWN's traditional Medi-Cal program, which was only in a shortfall position of \$10.2 million prior to the fee. As such, the net impact of the program was to reduce SMBHWN's shortfall in traditional Medi-Cal to \$0.00 (zero). This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2019 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 and the Sharp Humanitarian Service Program; and other assistance for vulnerable community members.

- **Other Benefits for the Broader Community** included health education and information on a variety of maternal and prenatal care topics, support groups, participation in community health fairs and events, and collaboration with local schools to promote interest in health care careers. 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), Perinatal Social Work Cluster, March of Dimes and the National Institute for Children's Health Quality (NICHQ) Best Fed Beginnings Learning Collaborative. See **Appendix A** for a listing of Sharp's involvement in community organizations in FY 2019. 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

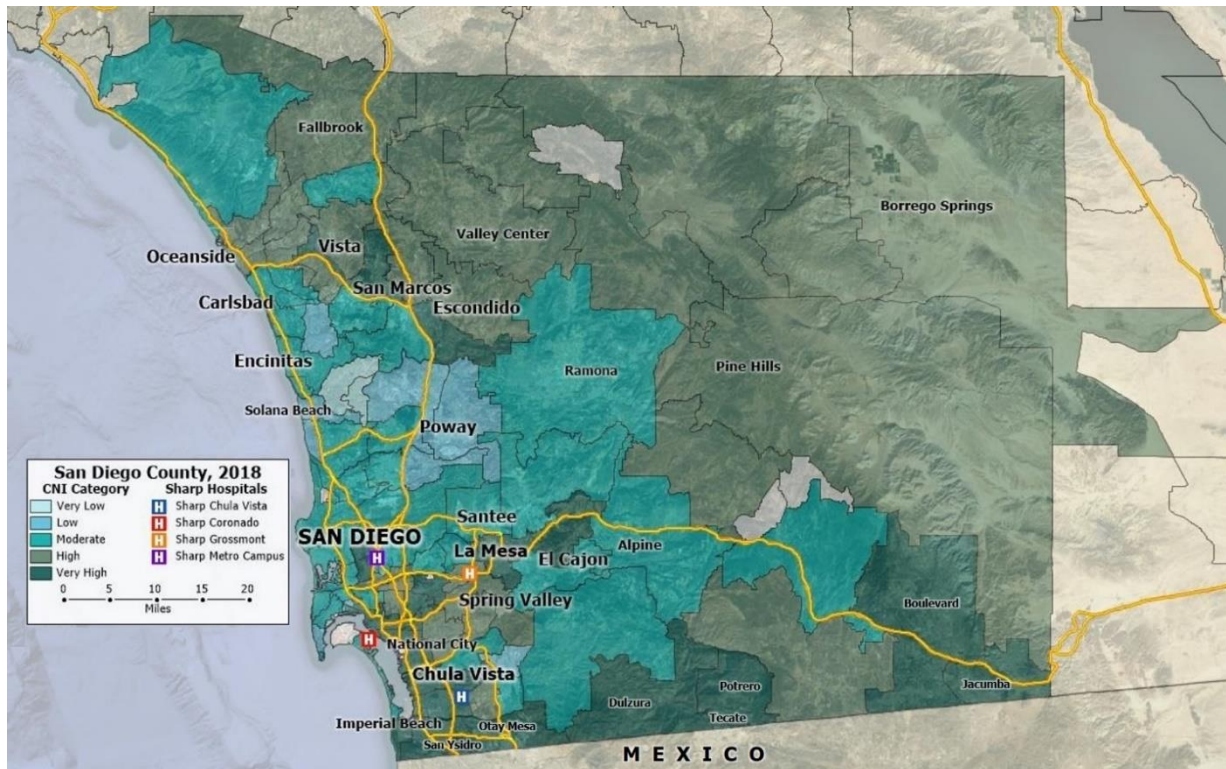
SMBHWN is located at 3003 Health Center Drive in San Diego, ZIP code 92123.

As a specialty hospital, SMBHWN serves all of San Diego County (SDC); 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) 2019 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 communities with greater health disparity within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States (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, Linda Vista and Downtown San Diego. **Figure 26** presents a map of the CNI scores across SDC.

Figure 26: CNI Map — SDC⁹³



Description of Community Health

In 2019, there were 585,707 women ages 18 to 44 residing in SDC, representing 17.5% of the population. Between 2019 and 2024, it is anticipated that the number of women of childbearing age in SDC will decline by 0.4%.⁹⁴

In 2017, 13.3% of the SDC population reported living below 100% of the federal poverty level (FPL). The county's unemployment rate was 6.8% and 5.0% of households received Supplemental Security Income (SSI).⁹⁵

According to data from the San Diego Hunger Coalition, 1 in 7, or 14% of SDC's population experienced food insecurity⁹⁶ in 2017. An additional 1 in 5 San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget.⁹⁷ In 2017, 7.2% of households in SDC participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 19.9% of the population lived at or below 138% FPL and were eligible for the program.⁹⁵ Please refer to **Table 38** for SNAP participation and eligibility in SDC.

⁹³ Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018.

⁹⁴ SpeedTrack, Inc; U.S. Census Bureau.

⁹⁵ County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit (2019), *2017 Demographic Profiles: San Diego County*; U.S. Census Bureau, American Community Survey 5-year estimates 2013-2017

⁹⁶ Food security means access by all people at all times to enough food for an active, healthy life.

⁹⁷ <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/>

⁹⁷ San Diego Hunger Coalition (2019), *Hunger Free San Diego Issue Brief: 2017 San Diego County Food Insecurity*.

Table 38: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2017⁹⁵

Food Stamps/SNAP Benefits	
Households	7.2%
Families with Children	6.9%
Eligibility by FPL	
Population ≤130% FPL	18.5%
Population ≤138% FPL	19.9%
Population 139% - 350% FPL	32.2%

In SDC in 2017, 94.6% of children ages 0 to 18, 82.7% of young adults ages 19 to 25, 84.0% of adults ages 26 to 44, and 89.1% of adults ages 45 to 64 had health insurance.⁹⁵ Health insurance coverage for each age group was lower than the Healthy People 2020 (HP2020) national target of 100% health insurance coverage for all individuals under age 65.⁹⁸ See **Table 39** for health insurance coverage in SDC in 2017.

Table 39: Health Insurance Coverage in SDC, 2017⁹⁵

Description	Rate	HP2020 Target
Current Health Insurance Coverage		
Children 0 to 18 years	94.6%	100%
Young adults 19 to 25 years	82.7%	100%
Adults 26 to 44 years	84.0%	100%
Adults 45 to 64 years	89.1%	100%
Seniors 65+ years	98.5%	100%

According to the California Health Interview Survey (CHIS), in 2018, 28.9% of SDC's population was covered by Medi-Cal.⁹⁹ See **Table 40** for details.

Table 40: Medi-Cal (Medicaid) Coverage in SDC, 2018⁹⁹

Description	Rate
Covered by Medi-Cal	28.9%
Not covered by Medi-Cal	71.1%

⁹⁸ 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.

⁹⁹ 2018 CHIS.

CHIS data also revealed that 11.7% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 41**).⁹⁹

Table 41: Regular Source of Medical Care in SDC, 2018⁹⁹

Regular Source of Medical Care	Rate	HP2020 Target
Has a usual source of care	89.7%	100%
Has no usual source of care	10.3%	100%

In 2017, there were 40,889 live births in SDC overall. The 2017 infant mortality rate was 2.3 infant deaths per 1,000 live births in the north inland region, 3.0 in the north coastal region, 3.3 in the east region, 3.6 in SDC overall, 4.0 in the central region, 4.3 in the north central region, and 4.7 in the south region.¹⁰⁰

In 2017, 149 infants in SDC died before their first birthday. Infant mortality was more common among male infants (84 deaths) than female infants (64 deaths). African American/black infants had the highest mortality rate (6.9 infant deaths per 1,000 live births) when compared to infants of all other races and ethnicities. Hispanic infants had the second highest mortality rate of 4.7 deaths per 1,000 live births.¹⁰⁰ In addition, 3,423 preterm births occurred in SDC during 2017.^{100,101} Compared to all other races and ethnicities, Hispanic mothers had the highest total number of births (16,593), of which 8.0% were preterm. Although black mothers had fewer total births (1,741), they experienced the highest rate of preterm births among all racial or ethnic groups (11.3%). Similarly, although women ages 25 to 39 had the highest total number of births among all age groups, mothers ages 40 and older were more likely to give birth preterm (15.2% preterm births among mothers ages 40 and older compared to 8.2% among mothers ages 25 to 39).¹⁰⁰

In 2017, 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.^{98,100} See **Table 42** for a summary of maternal and infant health indicators in SDC in 2017 and **Table 43** for a summary of maternal and infant health indicators by region.

¹⁰⁰ County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit (2019), *Maternal, Child, and Family Health Services Statistics, 2011-2017*.

¹⁰¹ Preterm birth refers to births prior to 37 completed weeks of gestation.

Table 42: Maternal and Infant Health Indicators in SDC, 2017^{98,100}

Maternal and Infant Health Indicator	Rate	HP2020 Target
Early Prenatal Care ¹⁰²	85.6%	77.9%
Preterm Births ¹⁰¹	8.4%	9.4%
VLBW Infants ¹⁰³	1.0%	1.4%
LBW Infants ¹⁰⁴	6.5%	7.8%
Infant Mortality ¹⁰⁵	3.6%	6.0%

Table 43: Maternal and Infant Health Indicators by Region in SDC, 2017¹⁰⁰

Indicator	Central	East	North Central	North Coastal	North Inland	South
Prenatal Care	81.2%	82.5%	89.9%	86.9%	87.2%	85.6%
Preterm Births	8.6%	8.6%	8.7%	7.4%	7.9%	9.0%
VLBW Infants	1.3%	1.1%	1.1%	0.8%	0.9%	1.1%
LBW Infants	6.9%	6.1%	6.8	5.9%	6.4%	6.8%
Infant Mortality	4.0%	3.3%	4.3%	3.0%	2.3%	4.7%

For additional demographic and health data for communities served by SMBHWN, please refer to the SMH 2019 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

¹⁰² Early prenatal care is defined as care initiated during the first trimester of pregnancy, not accounting for frequency of care.

¹⁰³ VLBW refers to birth weight less than 1,500 grams (approximately 3 pounds, 5 ounces).

¹⁰⁴ LBW refers to birth weight less than 2,500 grams (approximately 5 pounds, 8 ounces).

¹⁰⁵ Infant mortality refers to the number of deaths of infants under one year of age per 1,000 live births.

Priority Community Needs Addressed in Community Benefit Report — SMH 2019 Community Health Needs Assessment

SMH completed its most recent CHNA in September 2019. SMH's 2019 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2019 CHNA process and findings. Please refer to **Section 3: Community Benefit Planning Process** for a detailed description of Sharp's 2019 CHNA process and findings.

In accordance with federal regulations, the SMH 2019 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 programs designed to address the priority health needs identified in the 2019 CHNA. Again, in alignment with federal regulations, the SMH 2019 implementation strategy includes programs and services provided by SMBHWN. The SMH 2019 CHNA and implementation strategy are available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

Through the SMH 2019 CHNA, the following priority health needs were identified for the communities served by SMH and SMBHWN (listed in alphabetical order):

- Access to Health Care
- Aging Concerns
- Behavioral Health (including Substance Use)
- Cancer
- Chronic Health Conditions (e.g., Cardiovascular Disease, Diabetes and Obesity)
- Community and Social Support
- Economic Security
- Education
- Homelessness and Housing Instability
- Maternal and Prenatal Care, including High-Risk Pregnancy
- Unintentional Injury and Violence

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 maternal and prenatal care, including high-risk pregnancy. This section also describes programs that address access to health care, community and social support, economic security and education. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for additional entity and systemwide programs designed to address access to health care.

As a specialty hospital, SMBHWN lacks the resources to comprehensively address the elements of community education and support for the remaining identified needs.

Consequently, the programs and services that address these health issues are provided through SMH. Please refer to **Section 10** of this report for details on those programs.

The community education and support elements of behavioral health (including substance use) 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 substance use services in SDC. Please refer to **Section 11** of this report for details on those programs. For additional details on SMBHWN programs that specifically address the needs identified in the 2019 CHNA, please refer to SMH's implementation strategy available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2019 Report of Activities conducted in support of the objective(s) and FY 2020 Plan.

Identified Community Need: Maternal and Prenatal Care, Including High-Risk Pregnancy

Rationale references the findings of the SMH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SMH 2019 CHNA identified maternal and prenatal care, including high-risk pregnancy, as one of the priority health needs affecting members of the communities served by SMH.
- According to data presented in the SMH 2019 CHNA, among women admitted to SMBHWN in 2017 with a high-risk pregnancy, the top three diagnoses were classified as pregnancy in a mother over the age of 35 (80.0%), pregnancy resulting from assistive reproductive technology (8.4%) and pregnancy with insufficient prenatal care (4.8%).
- This data analysis also indicated that, while babies identified as Hispanic or Latino represented 33.5% of all inpatient discharges for infants (under one year) at SMBHWN in 2017, they accounted for 37.9% of LBW discharges.¹⁰⁶
- In addition, in 2017, 38.7% of inpatient discharges related to prematurity at SMBHWN were paid for by Medi-Cal.
- As part of Sharp's 2019 CHNAs, facilitated discussions with SMBHWN case managers, social workers and a nurse educator identified the following health conditions that impact Sharp's maternal and prenatal patients: diabetes; preterm pregnancies; short interval pregnancies; substance use; and mood disorders, including postpartum depression and anxiety. Discussions also identified the

¹⁰⁶ In OSHPD's inpatient hospital discharge and emergency department datasets, patient race and ethnicity are two distinct characteristics. Patients self-identify their race as one of the following: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; or Other Race. The ethnicity category is used to determine whether a patient is of Hispanic origin, and an individual identified as Hispanic may be of any race (OSHPD 2019; U.S. Census Bureau, 2018).

following social determinants of health (SDOH) affecting their patients: limited access to behavioral health services, even for the insured; lack of access to transportation; and economic stress related to childcare and maternity leave.

- Participants also identified the following strategies to improve women's health: build awareness of the importance of preconception and prenatal care; establish more options for home health care for postpartum women; increase lactation consulting and services; increase availability of translation services; create an interdisciplinary care team; provide inpatient and outpatient behavioral health services; and improve communication between physicians and pharmacists.
- In 2017, SDC had 2,658 LBW births, which accounted for 6.5% of all live births. When compared to all other racial groups, the proportion of LBW births in SDC was highest among black infants (10.1%).
- In 2017, 149 infants in SDC died before their first birthday. The infant mortality rate was 3.6 infant deaths per 1,000 live births.
- There were 28,147 hospitalizations due to maternal complications in SDC in 2017, a 2.1% decrease from 2016. The age-adjusted rate was 1,843.0 per 100,000 population.¹⁰⁷
- In 2017, 34,946 live births received early prenatal care in SDC, which translates to 85.6% of all live births in the region.
- According to the National Center for Health Statistics (NCHS), prenatal care has been shown to improve pregnancy outcomes, and is among the most frequently used health care services in the U.S. Experts recommend prenatal care with early and ongoing risk assessment for all women, with content and timing tied to the needs and risk status of the woman and her fetus (NCHS, 2018).
- A 2017 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 low cultural competence; and access issues, such as transportation, difficulty obtaining an appointment or inconvenient hours.
- In 2016, 77.1% of pregnant women in the U.S. initiated prenatal care in their first trimester (NCHS, 2018).
- According to the Centers for Disease Control and Prevention (CDC), health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, obesity and heart disease, smoking during pregnancy and high blood pressure (CDC, 2018).
- According to 2018 CHIS data, 24.7% of women ages 18 to 65 years in SDC were obese (Body Mass Index > 30), lower than the state of California overall (27.2%).
- According to the CDC, being overweight increases the risk of pregnancy complications, including preeclampsia, gestational diabetes, stillbirth and cesarean delivery (CDC, 2018).

¹⁰⁷ The definition of maternal complications is based on analysis of ICD-10 codes conducted by the County of San Diego Health and Human Services Agency Community Health Statistics Unit. In 2018, the definition of maternal complications included 666 ICD-10 codes, however it was expanded in 2019 to include 1,827 ICD-10 codes. Notable conditions now included in this definition include: supervision of high-risk pregnancy, gestational or preexisting diabetes, preterm labor and/or delivery, complications related to sexually transmitted infections, maternal alcohol or drug use, and sexual, physical or psychological abuse of the mother.

- Factors associated with preterm birth include maternal age, race, socioeconomic status, tobacco use, substance use, stress, prior preterm births, carrying more than one baby, and infection (CDC, 2019).
- According to March of Dimes data, the rate of preterm births — the largest contributor to infant death in the U.S. — increased for the fourth consecutive year in 2018 to 10.0%. Racial disparities related to early labor persist: 11.3% of American Indian/Alaska Native babies and 13.6% of black babies were born preterm. Black women are 49% more likely to deliver preterm compared to women of all other racial/ethnic groups (March of Dimes, 2019).
- In 2018, the average societal cost of a preterm birth in California was \$75,000, including medical care for premature children, maternal delivery costs, early intervention services, special education services and lost productivity (March of Dimes, 2019).
- Strategies for reducing preterm birth and maternal death include protecting comprehensive health care coverage for moms and children; providing women with affordable, quality public health insurance programs; extending Medicaid coverage to postpartum women; expanding group prenatal care; researching the causes of maternal death; addressing racial disparities in health outcomes for moms and babies; removing barriers to care in underserved communities; and investing in public health promotion programs that focus on moms and babies (March of Dimes, 2019).

Objectives

- Develop, coordinate and provide educational programs for the community on maternal and prenatal care topics, including preterm labor and births
- Provide education as needed to community members who are susceptible to high-risk pregnancy
- 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 2019 Report of Activities

In FY 2019, 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.

The hospital offered a free, monthly Preterm Birth Prevention class, which taught approximately 80 expecting parents about the warning signs of preterm labor and how to help prevent a premature birth. Through Sharp's health and wellness partnership with the City of San Diego, SMBHWN's perinatal educator led three sessions of the Preterm Birth Prevention class at community sites in SDC, including the Mission Valley Branch Library in April, the Valencia Park/Malcolm X Branch Library in June, and the Otay Mesa – Nestor Branch Library in September. In addition, in April, SMBHWN taught a

free, four-class Child Birth Preparation series for community members at the North Park Branch Library.

Additional prenatal education was offered throughout the year on the Sharp Metropolitan Medical Campus as well as at the Sharp Mary Birch Education Center in Carlsbad. New in FY 2019, this included six free Planning for Pregnancy events, which provided pre-pregnancy education to more than 100 community members. Topics included preparing for pregnancy, tips for conceiving, and becoming pregnant following a previous pregnancy loss, as well as when to see a specialist, natural fertility, and other reproductive options. Other educational classes provided at both locations in FY 2019 covered topics including, but not limited to: sibling preparation; preparing families with dogs for a baby; how the body prepares for birth and delivery; hospital procedures; medication choices; caesarean delivery; labor comfort and relaxation skills; basic infant care; breastfeeding; preparing for multiple births; and prenatal yoga.

In FY 2019, SMBHWN provided financial support to March of Dimes, a nonprofit organization dedicated to preventing birth defects, premature birth and infant mortality through community and global outreach programs and research. SMBHWN also provided fundraising support for the AHA 2019 San Diego Heart & Stroke Walk, while hospital leadership helped organize the annual AHA Go Red for Women Luncheon to support greater research and action to address women's heart health. In addition, in April, team members provided information about the hospital's community programs and services at the annual Sharp Women's Health Conference, held at the Sheraton San Diego Hotel & Marina.

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 participated in more than 40 clinical trials with over 2,000 newborns enrolled.

The NRI values the community's perspective in shaping the future of care provided in the neonatal intensive care unit (NICU). Through the NRI Parent Advisory Board (NRI-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 understand and feel comfortable participating in them. In addition, NRI-PAB members may participate on Sharp's Institutional Review Board when a new trial involving babies is presented and may be involved in the decision to either approve, change or disapprove of a trial.

The NRI shares its expertise and groundbreaking research developments throughout the greater health care and research communities. In February, the NRI presented on umbilical cord management for newborns who may need additional support at birth at the Society for Maternal-Fetal Medicine Annual Pregnancy Meeting in Las Vegas, Nevada. The NRI also presented at multiple international conferences throughout the year, including: International Neonatology Association Conference in Tijuana, Mexico;

Neonatal Cardiology & Hemodynamics Conference in Durham, England; and the Conference on Neonatology, Gynecology and Obstetrics in Panama City, Panama. In addition, the NRI continued to offer a Bedside Ultrasound Training for Neonatologists course — a multi-week 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.

The NRI's medical discoveries have been featured by multiple news networks and publications, including ABC, CBS, CNN, FOX 5 San Diego, KNSD, KPBS, KSWB, *The San Diego Union-Tribune*, *Del Mar Times*, American Association for Respiratory Care, and National Institutes of Health (NIH). In addition, its research findings have been shared in several distinguished medical journals. In FY 2019, this included the *Journal of the American Medical Association*, *American Journal of Perinatology*, *The Journal of Pediatrics* and *Frontiers in Pediatrics*.

The NRI has received funding support from personal donations as well as from various foundations and organizations, including Gerber Foundation, Thrasher Research Fund, Little Giraffe Foundation, Alexander and Eva Nemeth Foundation, Cushman Foundation, and Will Rogers Institute. In addition, the NRI has received four grants from the NIH, including most recently in July 2018 to support its leadership of an international, multi-hospital (including Sharp Grossmont Hospital) study on umbilical cord milking and its benefits to the long-term health of infants who need resuscitation at birth. This is the largest and most comprehensive study of its kind with the potential to improve how babies are cared for worldwide.

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 2020 Plan

SMBHWN will do the following:

- Continue to offer monthly Preterm Birth Prevention classes at the hospital
- Provide at least one Preterm Birth Prevention class at a community site in SDC
- Continue to provide fundraising support for March of Dimes
- Provide education and 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: Maternal Care – Meeting the Needs of New Mothers and their Families

Rationale references the findings of the SMH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The SMH 2019 CHNA identified maternal and prenatal care, including high-risk pregnancy, as one of the priority health needs affecting members of the communities served by SMH.
- As part of Sharp's 2019 CHNAs, facilitated discussions with SMBHWN case managers, social workers and a nurse educator identified the following health conditions that impact Sharp's maternal and prenatal patients: diabetes; preterm pregnancies; short interval pregnancies; substance use; and mood disorders, including postpartum depression and anxiety. Discussions also identified the following SDOH affecting their patients: limited access to behavioral health services, even for the insured; lack of access to transportation; and economic stress related to childcare and maternity leave.
- Participants also identified the following strategies to improve women's health: build awareness of the importance of preconception and prenatal care; establish more options for home health care for postpartum women; increase lactation consulting and services; increase availability of translation services; create an interdisciplinary care team; provide inpatient and outpatient behavioral health services; and improve communication between physicians and pharmacists.
- Further, participants in the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs provided the following suggestions specific to maternal and infant care to improve community health: offer fun preventative care opportunities, such as outdoor activities to promote healthy diets or mother/mother-to-be informational events with a socializing component; provide prenatal care and delivery for mothers who cannot afford it; and advocate for improved access for the underserved, such as insurance coverage, particularly for stigmatized services like behavioral or sexual health.
- In 2017, SDC ranked 18th out of 50 California counties for in-hospital exclusive breastfeeding at 78.9% (California Women, Infants, Children (WIC) Association and University of California (UC) Davis Human Lactation Center, *A Policy Update on California Breastfeeding and Hospital Performance, San Diego County: 2017 Data*, 2019).
- According to data presented by the California Department of Public Health (CDPH), in 2018, 95.9% of SDC mothers began breastfeeding in the hospital, higher than the state of California overall (93.8%). Mothers in SDC were also more likely to exclusively breastfeed in the hospital (79.3%) when compared to all California mothers (70.4%).
- According to the 2017 *San Diego County Report Card on Children and Families*, breastfeeding enhances immunity to disease, decreases the rate and severity of infections in children, is associated with improved development and decreased risk of childhood obesity, and reduces lifelong risks for chronic health problems. 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, 2017).

- 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, 2017).
- According to a report titled *Sustaining Change in Challenging Times*, while breastfeeding is a natural process, most mothers need support during their hospital stay to overcome common challenges. Mothers who experience supportive practices during their hospital stay are more likely to breastfeed exclusively than those who do not (California WIC Association and UC Davis Human Lactation Center, 2019).
- Findings from the CDPH's 2018 *Maternal and Infant Health Assessment* indicated that in 2015, 20.5% of California mothers experienced depressive symptoms during pregnancy or postpartum. Black and Latina women, women with low socioeconomic status, and Medi-Cal insured women are all at higher risk for depressive symptoms during pregnancy and the postpartum period (CDPH, 2018).
- Maternal depression is the most common pregnancy complication, occurring more frequently than gestational diabetes and preeclampsia combined (California Task Force on 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).
- According to research published in the *Zero to Three* journal, the "fourth trimester" refers to the transition period after childbirth when infants are adjusting to life outside the womb and mothers are adjusting to new parenthood. This critical period is marked by significant biological, psychological, and social changes, which are currently insufficiently supported. Issues may overlap and include maternal mood and emotional well-being; infant care and feeding; sexuality, contraception and birth spacing; sleep and fatigue; physical recovery from childbirth; and medications, substances and exposures. By addressing these needs, service providers can improve health across two generations (Verbiest, Tully & Stuebe, 2017).
- A 2018 committee opinion paper from the American College of Obstetricians and Gynecologists (ACOG) titled *Optimizing Postpartum Care* recommends that physicians treat postpartum care as an ongoing and tailored process between mother, provider and community resources, beginning within the first three weeks postpartum and concluding with a comprehensive postpartum visit no less than 12 weeks after birth (ACOG, 2018).

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 resources for vulnerable patients and families

FY 2019 Report of Activities

In November 2015, SMBHWN received Baby-Friendly USA Designation through the Baby-Friendly Hospital Initiative — a global program launched by the World Health Organization 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 hospital earned the five-year designation 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. The Baby-Friendly USA Designation requires specific competency training for registered nurses (RNs) who work with both mothers and babies. At the close of FY 2019, 97% of the RNs currently employed by SMBHWN had completed this training who were required to do so, while the remaining 3% were in progress with their training. In total, more than 430 SMBHWN RNs have completed Baby-Friendly USA competency training from the time the hospital was designated. Since SMBHWN started its Baby-Friendly journey in 2011, the rate of exclusive breastfeeding at discharge has increased from a baseline average of 47% to a current rate of 60%.

In FY 2019, SMBHWN served nearly 1,700 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 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 leaving the hospital. The group provides an opportunity to share the experiences and responsibilities of new parenthood as well as develop new 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 more than 180 new parents in FY 2019, this unique group has evolved into a community-centered place of support during an often-challenging time.

SMBHWN provided specialized education and support during the year through free postpartum support groups led by licensed clinical social workers. A weekly group provided emotional support to mothers in the community with babies of newborn age up to 12 months who were dealing with feelings of anxiety or depression related to the challenges associated with new motherhood. A range of topics were addressed during

the groups, including feelings of isolation, parenting struggles, postpartum mood disorders, how to seek support, professional referrals, and coping strategies. Understanding that postpartum depression and anxiety can also affect fathers, SMBHWN offered a monthly postpartum support group for couples. Together, the hospital's postpartum support groups engaged nearly 470 parents in FY 2019.

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, mom and baby yoga and Pilates, and the body's recovery process following pregnancy and birth. Additionally, SMBHWN staff devoted approximately 500 hours to daily Family Home Care classes that provided critical information and support to nearly 4,000 new mothers and family members. Topics included car seat safety, sudden infant death syndrome, shaken baby syndrome, breastfeeding, jaundice, and signs and symptoms of illness among mothers and babies. Free NICU cardiopulmonary resuscitation education was also provided to nearly 700 family and friends of the hospital's NICU babies.

In October, SMBHWN hosted its 23rd annual NICU Little Graduate Reunion at the Naval Training Center in Liberty Station. The hospital hosts the special event for families to reunite with the team members who cared for their child during their stay in the NICU, 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. In FY 2019, approximately 800 parents, grandparents, siblings and NICU graduates attended the reunion where they enjoyed food, games and activities while reuniting with SMBHWN team members.

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 Mother's Milk Bank in San Jose, CA, 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 increase the supply of breastmilk for the Mother's Milk Bank. During the FY 2019 milk drive in August, nearly 130 community members donated approximately 45 gallons of breastmilk, which is expected to provide more than 22,600 feedings to premature infants and others with specialized health needs. To date, the annual drive has collected approximately 330 gallons of breastmilk from nearly 180 donors.

SMBHWN expands its support for community mothers and families through the New Beginnings Boutique & Gift Shop. Located within the hospital, the boutique provides easy access to needed supplies, such as nursing bras and breastfeeding pumps. The boutique's lactation educators are available to answer questions and provide breastfeeding resources and support to anyone who calls or visits the shop.

New in FY 2019, SMBHWN collaborated with the San Diego Food Bank's (Food Bank's) Diaper Bank Program to help solve a critical challenge — namely, the expense of diapers, which are often required to enroll a child in daycare — for families facing economic hardship. Since becoming a Diaper Bank Program distributor in July, SMBHWN has provided nearly 1,000 free diapers for patients in need.

In summer 2015, SMBHWN launched a program to evaluate eligibility for SSI for newborns who have been diagnosed with a disabling medical condition or extremely low birth weight.¹⁰⁸ This benefit is offered to both unfunded patients as well as insured families to assist with the cost of care for their newborn within and outside of the hospital. Since the inception of the program, Sharp's Public Resource Specialists have assisted more than 280 families through the SSI application process. In addition, Sharp's Patient Access Services team provides robust services to assist with access to care and health insurance coverage for patients at all Sharp hospitals, including patients of SMBHWN. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for more information on these programs and services.

New in FY 2019, SMBHWN joined Sharp's systemwide pilot partnership with 2-1-1 San Diego's Community Information Exchange (CIE) to better understand and address the SDOH that influence the health and well-being of their patients. Research continues to underscore that SDOH — the conditions where people live, learn, work and play — have a significant impact on the ability for community members to access care and maintain their health. SMBHWN joined the CIE pilot partnership in order to provide more informed, holistic maternal, pre- and post-natal care to patients with SDOH needs, and to connect them directly to community resources specifically for those needs.

More than 70 CIE community partners — including health care, food banks, housing and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared community member records enable CIE partners to evaluate an individual's SDOH needs and current use of community programs and services, and to make direct referrals to critical, community-based resources. Beginning in summer 2019, SMBHWN case managers and social workers received training on CIE as a tool to serve vulnerable patients in the acute care setting, including those new mothers and families experiencing economic and food insecurity. Metrics of this partnership, including demographic and utilization data, as well as volume and successful community referrals, are currently being collected and will help to assess the impact and value of the partnership at the end of its pilot year in early summer 2020.

FY 2020 Plan

SMBHWN will do the following:

- Continue to offer free postpartum, breastfeeding and new-parent support groups
- Continue to offer educational classes covering a variety of postpartum care topics

¹⁰⁸ Extremely low birth weight is defined as birth weight less than 1,000 grams (approximately 2 pounds, 3 ounces).

- Host a donor milk drive to collect breast milk for the San Jose Mother's Milk Bank to support infants whose mothers have an insufficient supply
- Participate in the Food Bank's Diaper Bank program to provide diapers for families facing economic hardship
- Continue to evaluate eligibility of high-risk newborns for SSI benefits and provide referrals for application assistance
- Evaluate the impact of the pilot year of the Sharp-CIE partnership to inform next steps in collaboration with community organizations to address SDOH

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 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SMH 2019 CHNAs identified education as one of 10 priority health conditions and SDOH affecting members of the communities served by SMH.
- According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 31% of respondents ranked education, including access, health literacy, workforce development and economic mobility, among the top five SDOH with the greatest impact on their community.
- According to participants in a focus group conducted during the HASD&IC 2019 CHNA, when residents are unable to achieve higher levels of education, individual and community health are impacted in the following ways: limited or low-wage employment opportunities for those with low educational attainment; constant stress related to housing or food among families who are not economically secure, which contributes to poor health; and limited career mobility in low-wage jobs, creating little potential for promotions or higher wages.
- The San Diego Workforce Partnership (SDWP) reported that, in 2018, there were 157,756 people employed in the health care sector in SDC, accounting for 9% of all jobs countywide (SDWP, 2019).
- According to a 2017 report from the SDWP titled *San Diego's Priority Sectors: An Update on Labor Force and Training Needs*, the health care industry in SDC experienced net employment growth of 40.4% between 2006 and 2016 — considerably higher than the growth rate in the state of California (27%) and the nation (21%) (SDWP, 2017).
- The report also found that health care employers identified RNs, physicians and surgeons, and health technologists and technicians as the most difficult positions to fill. The most frequently cited reasons for hiring difficulties were lack of experience, small applicant pools and insufficient non-technical skills (SDWP, 2017).
- According to SDWP, a major challenge faced by education and training programs in the health care sector is accommodating the number of clinical training hours required for students in California to become certified. In addition, the health care

industry is facing significant changes due to uncertainty related to legislation and technology, as well as the growing demand for services to support California's aging population (SDWP, 2017).

- Total employment in California is projected to grow 10.7% between 2016 and 2026, reflecting an increase of 1.9 million jobs statewide over the decade. The health care and social assistance sector is expected to be the fastest growing industry in California, with 24.9% growth anticipated (California Employment Development Department, 2018).
- In its *Employment Projections – 2018-2028* report, the U.S. Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/ technical occupations will contribute about 30% of all new jobs and account for 18 of the 30 fastest growing occupations. Increased demand for health care services for an aging population and people with chronic conditions will drive much of the expected employment growth (BLS, 2019).
- As of 2018, SDC was one of 28 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (OSHPD *Registered Nurse Shortage Areas Update*, 2019).
- The U.S. Department of Health and Human Services Bureau of Health Workforce (BHW) projects that the demand for RNs in California will increase 71% by 2030 if current levels of health care are maintained. The report projects that California will need to hire an additional 26,270 nurses to meet the demand (BHW, 2018).
- According to forecasting 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% by 2030. These forecasts predict that the southern border region will experience some of the highest levels of clinician shortages in the state. UCSF recommends a comprehensive and holistic targeted strategy to enhance the education pipeline, improve recruitment and retention, maximize the existing workforce, and leverage workforce data (UCSF, 2017-2018).
- According to a report from the California Health Care Foundation (CHCF) titled *California Physician Supply: Headed for a Drought?*, the total supply of active patient care physicians in California declined slightly between 2013 and 2015, a trend that appears to be driven by the aging of the physician workforce. In SDC, nearly a quarter of practicing physicians were ages 60 and older in 2015 (CHCF, 2018).
- The same report found that 32% of California's active patient care physicians were primary care physicians. In SDC, there were 112.3 specialty physicians practicing per 100,000 residents in 2015, compared to 49.8 primary care physicians per 100,000 residents (CHCF, 2018).
- According to a report from PolicyLink, a national research institute dedicated to advancing economic and social equity, building a diverse health care workforce in California — one that reflects the state's racial, ethnic and linguistic diversity — is a critical strategy for increasing access to culturally and linguistically appropriate services, eliminating racial and ethnic health inequities, improving the quality of care and reducing preventable costs (*Building an Inclusive Health Workforce in California: A Statewide Policy Agenda*, 2018).
- A report by the California Future Health Workforce Commission (CFHWC) titled *Meeting the Demand for Health* identified several strategies to recruit and maintain

California's health care workforce, including offer health career pipeline programs for students from low-income backgrounds; provide academic, advising and health career development support to underrepresented college students; expand educational programs that train students to provide health care in underserved communities and provide scholarships for low-income students (CFHWC, 2019).

Objectives

- Collaborate with local schools, colleges and universities to provide opportunities for students to explore and train for a variety of health care professions
- 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 2019 Report of Activities

In FY 2019, SMBHWN served as a training site for more than 170 nursing students and seven ancillary students who spent approximately 19,300 hours on the SMBHWN campus. Academic institution partners included California College San Diego, Concorde Career College, Grand Canyon University, Grossmont College, Keck Graduate Institute, Pima Medical Institute, Point Loma Nazarene University, San Diego State University, University of San Diego, University of Victoria, U.S. Department of Veterans Affairs Dietetic Internship Program and Western Governors University.

In FY 2019, SMBHWN completed its 13th 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 the school year, 24 HSHMC students devoted nearly 5,200 hours to rotations with maternal infant services, the NICU and the transport team.

In September, SMBHWN collaborated with SMH to provide the annual 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 SMH Outpatient Pavilion, the fair provided approximately 100 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 California and State universities offered information about their nursing and allied health programs.

In FY 2019, SMBHWN continued to share its expertise in women's and newborn care with local and national health professionals. In September, a nurse from SMBHWN represented the hospital at the annual CWISH Conference in Denver, Colorado through participation on a panel discussion focused on best practices in leadership rounding. In addition, SMBHWN team members participated in organizations such as March of

Dimes, AWHONN, Perinatal Social Work Cluster and the NICHQ Best Fed Beginnings Learning Collaborative.

FY 2020 Plan

SMBHWN will do the following:

- Continue to collaborate with colleges and universities on internships, externships and other professional training opportunities for students
- Continue to participate in the HSHMC program
- Provide a career development fair for current and future nurses
- Continue to participate in local and national collaboratives and share specialty expertise at professional conferences

SMBHWN Program and Service Highlights

- Breastmilk donor program in collaboration with the Mother's Milk Bank
- Classes, events and physician referral through 1-800-82-SHARP
- Cord blood banking (private and public)
- Doula program
- FollowMyHealth®, a secure online patient website that gives patients convenient, 24-hour access to their personal health information
- Gynecologic oncology
- High-risk pregnancy care (Perinatal Special Care Unit)
- Hearing screening program (inpatient and outpatient)
- Lactation services (inpatient and outpatient)
- Labor and delivery
- Level III NICU
- Maternal Infant Services Unit
- Nemeth NICU Follow-Up Clinic
- NRI
- Newborn critical congenital heart disease screenings
- New Beginnings Boutique & Gift Shop
- Obstetrical and women's triage services
- Postpartum support groups
- Pregnancy, childbirth and parent education programs
- Prenatal/Antenatal Diagnostic Center
- Sharp Baby mobile pregnancy tracking app and education platform
- Spiritual care services, including Arts for Healing program
- Women's and infants' pathology services
- Women's surgery, including minimally invasive robotic gynecology surgery



Empowering Pregnant Women With Diabetes

Sharp Memorial Hospital

Living with diabetes can be challenging, especially during pregnancy. As a California Diabetes and Pregnancy Program Sweet Success affiliate, Sharp Memorial Hospital helps improve outcomes for underserved pregnant women with preexisting or gestational diabetes.

Through the Sweet Success program, the hospital's diabetes educators are trained to provide psychosocial and nutrition interventions for these high-risk women. The diabetes educators collaborate with community clinics to teach women how to manage their blood sugar through meal planning, exercise and self-care. Women also learn how to properly check their blood glucose levels and administer insulin. And through education about the risks associated with uncontrolled diabetes during pregnancy, women are empowered to make important lifestyle changes for the long-term health of themselves and their babies.

Section

10 Sharp Memorial Hospital

To me, being an exceptional community citizen means that no one is a stranger. Each patient receives equal care, respect, and consideration because our community thrives when we flourish together. — Tim Smith, Chief Executive Officer, Sharp Memorial Hospital

Fiscal Year (FY) 2019 Community Benefit Program Highlights

Sharp Memorial Hospital (SMH) provided a total of **\$173,689,097** in community benefit in FY 2019. See **Table 44** 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 44: Economic Value of Community Benefit Provided
Sharp Memorial Hospital — FY 2019**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2019 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibility forms ¹⁰⁹	\$44,673,377
	Shortfall in Medicare ¹⁰⁹	110,728,941
	Shortfall in County Medical Services (CMS) ¹⁰⁹	189,544
	Shortfall in CHAMPVA/TRICARE ¹⁰⁹	2,927,795
	Charity Care ¹¹⁰	8,293,817
	Bad Debt ¹¹⁰	3,496,283
Other Benefits for Vulnerable ¹¹¹ Populations	Patient transportation, Project HELP and other assistance for the vulnerable ¹¹²	1,119,056
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 ¹¹²	586,135
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ¹¹²	1,674,149
TOTAL		\$173,689,097

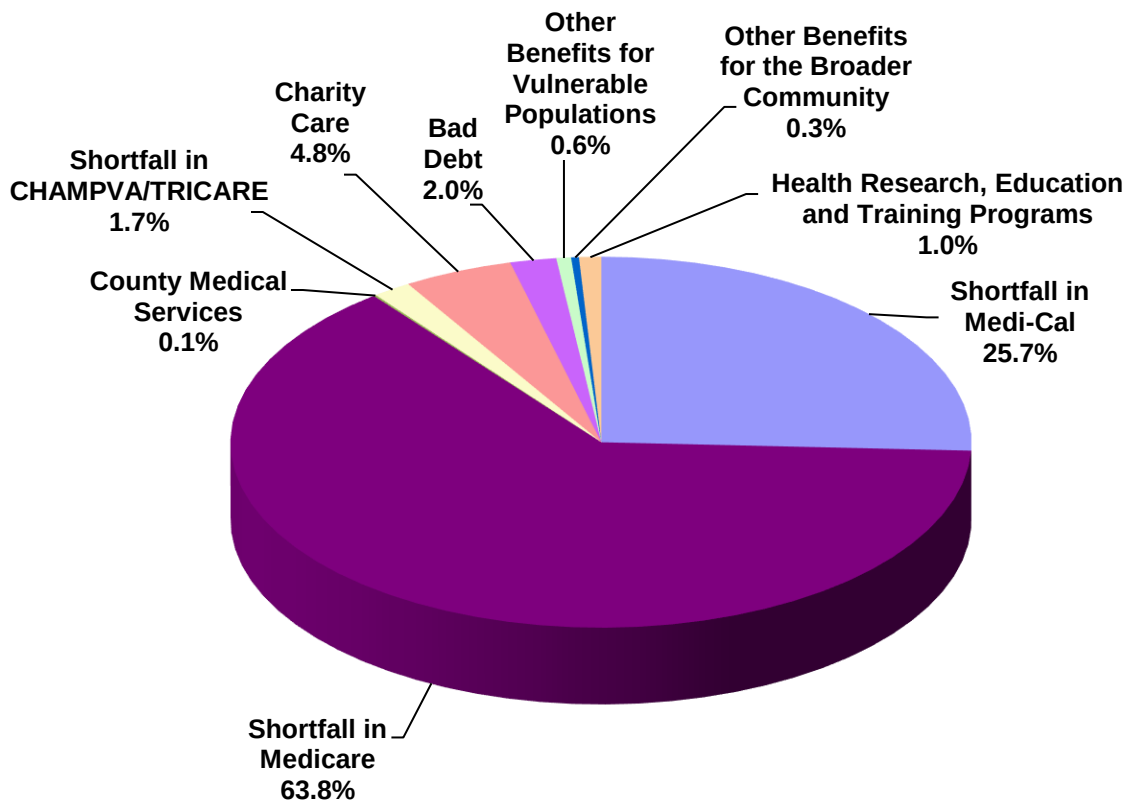
¹⁰⁹ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

¹¹⁰ 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.

¹¹¹ "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs. <https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Data-And-Reports/Documents/Submit/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Legislature-Community-Benefit.pdf>.

¹¹² 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 2019**



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, CMS and CHAMPVA/TRICARE. In FY 2018, 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, 2017, through June 30, 2019. This resulted in recognition of net supplemental revenues for SMH totaling \$13.9 million in FY 2019. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2019 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, which provides funding for specific needs (e.g., medications, etc.) to assist lower-income patients; contribution of time to Stand Down for Homeless Veterans, Feeding San Diego and the San Diego Food Bank (Food Bank); the Sharp Humanitarian Service Program and other assistance for vulnerable 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 stroke, osteoporosis, blood pressure, mental health, body composition, hearing, hand health and musculoskeletal health; and community education and resources provided by the SMH Laurel Amtower Cancer Institute 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 Serra Mesa Planning Group Board, San Diego Blood Bank Board of Directors, American College of Healthcare Executives, San Diego Organization of Healthcare Leaders, Association of California Nurse Leaders, San Diego Chapter of the American Association of Critical-Care Nurses, Emergency Nurses Association – San Diego Chapter, County of San Diego Emergency Medical Care Committee, Trauma Center Association of America Board of Directors, Association for Clinical Pastoral Education, National Association of Catholic Chaplains, San Diego County Stroke Consortium, Adult Protective Services, San Diego County Regional Human Trafficking And Commercial Sexual Exploitation of Children Advisory Council, Serving Seniors, Community Center for the Blind and Visually Impaired, San Diego Brain Injury Foundation (SDBIF) Board of Directors, Caregiver Coalition of San Diego (Caregiver Coalition) and San Diego County Council on Aging (SDCCOA). See **Appendix A** for a listing of Sharp HealthCare's (Sharp's) involvement in community organizations in FY 2019. 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

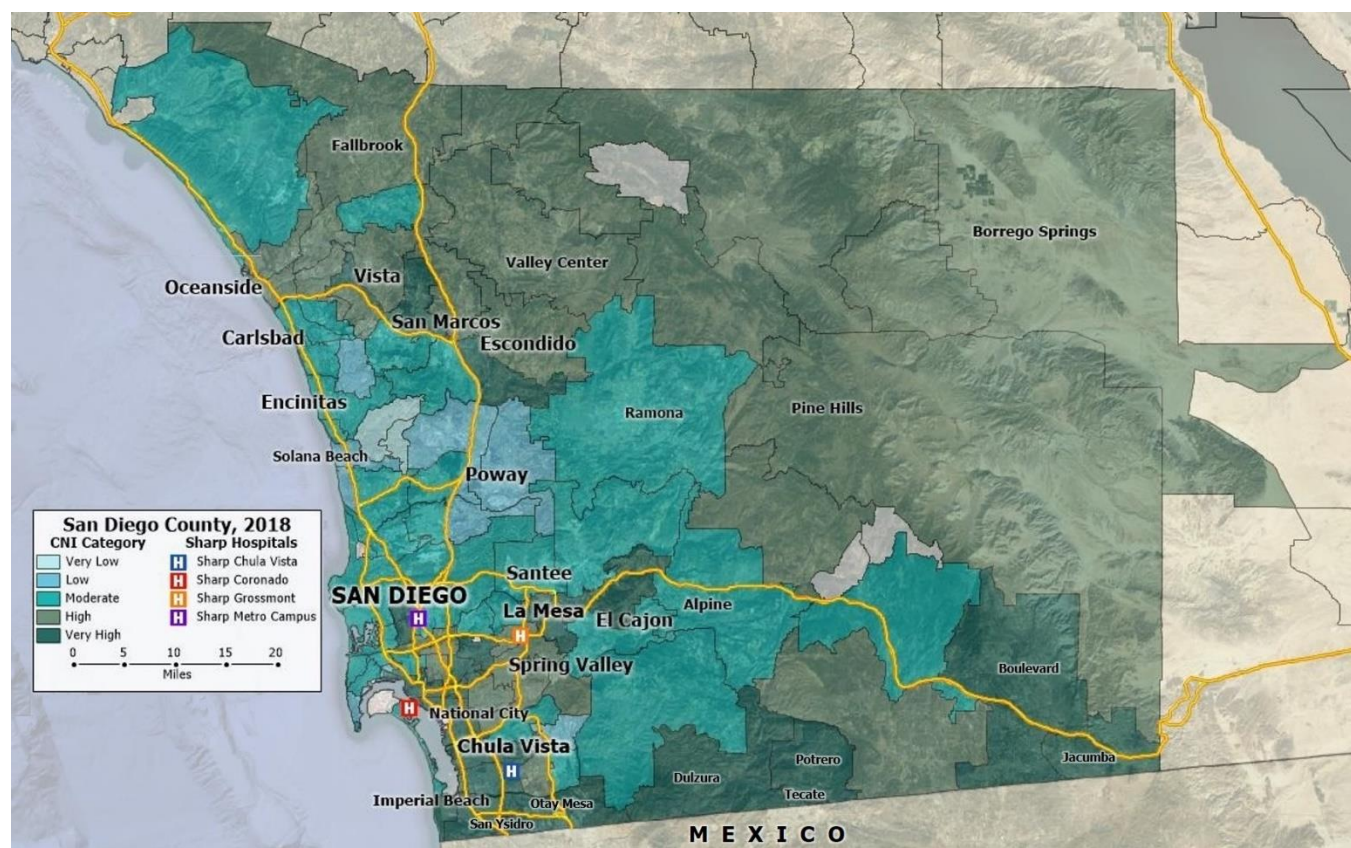
- *SMH is located at 7901 Frost Street in San Diego, ZIP code 92123.*
- *Sharp Memorial Outpatient Pavilion (OPP) is located at 3075 Health Center Drive in San Diego, ZIP code 92123.*
- *Clairemont Senior Health Center is located at 4320 Genesee Ave., Suite 104 in San Diego, ZIP code 92117*
- *Downtown Senior Health Center is located at 956 10th Ave. in San Diego, ZIP code 92101*

SMH serves all of San Diego County (SDC); however, the primary communities served by the hospital include the City of San Diego, Chula Vista, SDC's east region and the North Inland communities surrounding Rancho Bernardo. See **Appendix B** for a map of community and region boundaries in SDC.

For SMH's 2019 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify communities with greater health disparity within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States (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, Linda Vista, the College Area and Downtown San Diego. **Figure 28** presents a map of the CNI scores across SDC.

Figure 28: CNI Map — SDC¹¹³



¹¹³ Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018.

Description of Community Health

In 2019, there were 504,267 residents ages 65 and older in SDC, representing 15.1% of the population. Between 2019 and 2024, it is anticipated that SDC's senior population will grow by 22.4%.¹¹⁴

In 2017, 13.3% of the SDC population reported living below 100% of the federal poverty level (FPL). The county's unemployment rate was 6.8% and 5.0% of households received Supplemental Security Income.¹¹⁵

According to data from the San Diego Hunger Coalition, 1 in 7, or 14% of SDC's population experienced food insecurity¹¹⁶ in 2017. An additional 1 in 5 San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget.¹¹⁷ In 2017, 7.2% of households in SDC participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 19.9% of the population lived at or below 138% FPL and were eligible for the program.¹¹⁵ Please refer to **Table 45** for SNAP participation and eligibility in SDC.

Table 45: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2017¹¹⁵

Food Stamps/SNAP Benefits	
Households	7.2%
Families with Children	6.9%
Eligibility by FPL	
Population ≤130% FPL	18.5%
Population ≤138% FPL	19.9%
Population 139% - 350% FPL	32.2%

In SDC in 2017, 94.6% of children ages 0 to 18, 82.7% of young adults ages 19 to 25, 84.0% of adults ages 26 to 44, 89.1% of adults ages 45 to 64, and 98.5% of seniors ages 65 and older had health insurance.¹¹⁵ Health insurance coverage for each age group was lower than the Healthy People 2020 (HP2020) national target of 100% health insurance coverage for all individuals under age 65.¹¹⁸ See **Table 46** for health insurance coverage in SDC in 2017.

¹¹⁴ SpeedTrack Inc.; U.S. Census Bureau.

¹¹⁵ County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit (2019), *2017 Demographic Profiles: San Diego County*; U.S. Census Bureau, American Community Survey 5-year estimates 2013-2017.

¹¹⁶ Food security means access by all people at all times to enough food for an active, healthy life.

<https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/>.

¹¹⁷ San Diego Hunger Coalition (2019), *Hunger Free San Diego Issue Brief: 2017 San Diego County Food Insecurity*.

¹¹⁸ 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 46: Health Insurance Coverage in SDC, 2017¹¹⁵

Description	Rate	HP2020 Target
Current Health Insurance Coverage		
Children 0 to 18 years	94.6%	100%
Young adults 19 to 25 years	82.7%	100%
Adults 26 to 44 years	84.0%	100%
Adults 45 to 64 years	89.1%	100%
Seniors 65+ years	98.5%	100%

According to the California Health Interview Survey (CHIS), in 2018, 28.9% of SDC's population was covered by Medi-Cal.¹¹⁹ See **Table 47** for details.

Table 47: Medi-Cal (Medicaid) Coverage in SDC, 2018¹¹⁹

Description	Rate
Covered by Medi-Cal	28.9%
Not covered by Medi-Cal	71.1%

CHIS data also revealed that 10.3% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 48**).¹¹⁹

Table 48: Regular Source of Medical Care in SDC, 2018¹¹⁹

Regular Source of Medical Care	Rate	HP2020 Target
Has a usual source of care	89.7%	100%
Has no usual source of care	10.3%	100%

Cancer and diseases of the heart were the top two leading causes of death in SDC in 2017.¹²⁰ See **Table 49** 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 2019 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

¹¹⁹ 2018 CHIS.

¹²⁰ County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit (2019), *Leading Causes of Death Workbook 2011-2017*.

Table 49: Leading Causes of Death in SDC, 2017¹²⁰

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	5,033	23.2%
Diseases of the Heart	4,764	21.9%
Alzheimer's Disease	1,450	6.7%
Cerebrovascular Diseases	1,376	6.3%
Accidents/Unintentional Injuries	1,188	5.5%
Chronic Lower Respiratory Diseases	1,025	4.7%
Diabetes Mellitus	799	3.7%
Essential Hypertension and Hypertensive Renal Disease	469	2.2%
Intentional Self-Harm (Suicide)	428	2.0%
Influenza and Pneumonia	393	1.8%
All Other Causes	4,807	21.1%
Total Deaths	21,732	100.0%

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 2019 Community Health Needs Assessment

SMH completed its most recent CHNA in September 2019. SMH's 2019 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2019 CHNA process and findings. Please refer to **Section 3: Community Benefit Planning Process** for a detailed description of Sharp's 2019 CHNA process and findings.

In accordance with federal regulations, the SMH 2019 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 (OSHDP).

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 2019 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 2019 CHNA, the following priority health needs were identified for the communities served by SMH (listed in alphabetical order):

- Access to Health Care
- Aging Concerns
- Behavioral Health (including Substance Use)
- Cancer
- Chronic Health Conditions (e.g., Cardiovascular Disease (CVD), Diabetes and Obesity)
- Community and Social Support
- Economic Security
- Education
- Homelessness and Housing Instability
- Maternal and Prenatal Care, including High-Risk Pregnancy
- Unintentional Injury and Violence

The following pages detail SMH programs, activities and services that specifically address aging concerns, cancer, chronic health conditions, community and social support (these programs also help address access to health care, economic security and homelessness and housing instability), education and unintentional injury. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for additional entity and systemwide programs designed to address access to health care.

SMH does not have the resources to comprehensively address the identified need of behavioral health (including substance use). Consequently, this identified need is 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 substance use services in SDC. Please refer to **Section 11** of this report for details on those programs. SMH and SMV are conveniently located on the Sharp Metropolitan Medical Campus (SMMC).

The identified need of maternal and prenatal care, including high-risk pregnancy, is addressed at SMBHWN, a specialty hospital providing care for women, newborns and expectant mothers in SDC, also located on the SMMC campus. Please see **Section 9** of this report for details on SMBHWN's services 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 community members structured weight management and health education programs 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 2019 CHNA, please refer to SMH's implementation strategy available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2019 Report of Activities conducted in support of the objective(s), and FY 2020 Plan.

Identified Community Need: Diabetes Education, Prevention and Support

Rationale references the findings of the SMH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SMH 2019 CHNAs identified chronic conditions, including diabetes, as one of the priority health needs affecting members of the communities served by SMH.
- Data analysis in the SMH 2019 CHNA revealed a higher volume of hospital discharges due to Type 2 diabetes in communities within SDC facing greater socioeconomic challenges.¹²¹
- According to data presented in the HASD&IC 2019 CHNA, rates of emergency department (ED) visits for diabetes in SDC increased 7.2% from 2014 to 2016, with the most significant increases in individuals ages 27 to 44 (13.9%) and those identified as black/African American (15.1%).
- According to data presented in the SMH 2019 CHNA, in 2017, the top three ED and inpatient Type 2 diabetes diagnoses at SMH included Type 2 diabetes (uncomplicated), Type 2 diabetes with Chronic Kidney Disease, and Type 2 diabetes with hyperglycemia (high blood sugar).
- According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 51.0% of respondents ranked diabetes (Types 1 and 2) among the top five health conditions with the greatest impact on overall community health in SDC.
- Focus groups and key informant interviews conducted as part of the HASD&IC and SMH 2019 CHNAs identified numerous barriers to care for chronic conditions such as diabetes, including lack of access to healthy food; lack of transportation; physical

¹²¹ Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018; OSHPD via SpeedTrack®, Inc., 2017.

limitations or limited mobility; high health care costs; economic insecurity; low health literacy; poor health behaviors, such as unhealthy diet or lack of physical activity; medication management; unsafe neighborhoods and unstable or complete lack of housing.

- Participants in the Sharp diabetes educator focus group conducted as part of the SMH 2019 CHNA process identified several barriers to effective diabetes management, including challenges associated with pharmacies, insurance policies and finances (including co-pays, loss of income due to time off work and the cost of transportation to medical appointments); fear related to job loss or immigration status; and lack of knowledge or cultural beliefs about food and illness.
- The Sharp diabetes educator focus group also identified the following barriers associated with diabetes management: isolation and loneliness; stigma, particularly when it is reinforced by physicians; lack of support from family members; and difficulty managing co-morbidities including cardiovascular issues, kidney issues, neuropathy and vision issues.
- In 2017, diabetes was the seventh leading cause of death in SDC.
- In 2017, there were 799 deaths due to diabetes in SDC overall, an 8.9% increase when compared to 2016 (734 deaths). The age-adjusted death rate due to diabetes was 21.5 per 100,000 population.¹²²
- In 2017, there were 4,292 hospitalizations due to diabetes in SDC. The age-adjusted rate of hospitalization was 122.9 per 100,000 population in 2017, which was slightly higher than the age-adjusted rate in 2016 (120.9 per 100,000 population).
- In 2017, there were 5,717 diabetes-related ED visits in SDC, a 10.6% increase from 2016 (5,168 ED visits). The age-adjusted rate of diabetes-related ED visits was 165.0 per 100,000 population in 2017, which was higher than the age-adjusted rate in 2016 (151.9 per 100,000 population).
- According to 2018 CHIS data, 9.8% of adults living in SDC indicated that they had ever been diagnosed with diabetes, which was slightly lower than the state of California (10.1%). Diabetes rates among seniors were particularly high, with 20.5% of SDC adults over 65 reporting that they had ever been diagnosed with diabetes.
- According to 2018 CHIS data, 17.3% of SDC residents had been told by their doctor that they have pre- or borderline diabetes.
- A study by the University of California, Los Angeles (UCLA) Center for Health Policy Research estimated that 13 million adults in California (46%) have prediabetes or undiagnosed diabetes, while another 2.5 million (9%) have already been diagnosed with diabetes (UCLA Center for Health Policy Research, 2016).
- Data presented by the United Health Foundation (UHF) indicates that, in 2017, diabetes prevalence in California was highest among American Indian/Alaska Natives (24.8%), followed by individuals of other race (16.4%), non-Hispanic blacks (14.8%) and Hispanics (12.1%) (UHF, 2018).

¹²² The County of San Diego HHSA's Community Health Statistics Unit collects annual data on leading causes of death using methodology established by the National Center for Health Statistics (NCHS). Data is based on "underlying cause of death" information from all death certificates filed in SDC in 2017. Causes are ranked according to the number of deaths assigned to all rankable causes, which are a subset of ICD-10's "List of 113 Selected Causes of Death and Enterocolitis due to *Clostridium difficile*." (County of San Diego HHSA Public Health Services, Community Health Statistics Unit, 2019; Heron, M., Deaths: Leading causes for 2017. National Vital Statistics Reports; vol. 68 no 6. Hyattsville, Maryland: NCHS. 2019).

- According to the Centers for Disease Control and Prevention (CDC), diabetes is the seventh leading cause of death in the U.S. In addition, the number of adults diagnosed with diabetes in the U.S. has more than tripled in the last 20 years (CDC, 2019).
- According to the CDC's 2017 *National Diabetes Statistics Report*, 87.5% 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.
- The CDC estimates that 30.3 million people in the U.S. have diabetes. Of those individuals, 1 in 4 is not aware they have the disease (CDC, *National Diabetes Statistics Report*, 2017).
- The CDC identifies diabetes as the leading cause of kidney failure, non-traumatic lower-limb amputations and new cases of blindness among adults (CDC, 2017).

Objectives

- Provide diabetes education, prevention and support 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 2019 Report of Activities

The SMH Diabetes Education Program is recognized by the American Diabetes Association (ADA) for meeting national standards for excellence and quality in diabetes education covering blood sugar monitoring, medication and nutritional counseling as well as insulin pump and other device training. The program is led by certified diabetes educators who provide individuals and their support systems with the skills needed to successfully self-manage various conditions, including prediabetes, gestational diabetes (diabetes developed during pregnancy), and Type 1 and Type 2 diabetes. Small group and one-on-one education options are offered in English and Spanish.

In FY 2019, the Sharp Diabetes Education Program (Sharp's systemwide diabetes program) offered 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 the different types of diabetes; diabetes prevention; signs, symptoms and complications of diabetes; the connection between diabetes and CVD; nutrition and reading food labels; exercise; medication; and diabetes self-management. Also during the conference, a Sharp diabetes expert presented on the prevention and management of Type 2 diabetes, including helpful diets, physical activity and the power of lifestyle change. In addition, the Sharp Diabetes Education Program provided fundraising and team participation for the San Diego Heart & Stroke Walk at Balboa Park in September.

The SMH Diabetes Education Program provided education and lectures to a variety of community groups in FY 2019. In November, the SMH Diabetes Education Program educated nearly 15 seniors on diabetes and the power of lifestyle change at the Peninsula Family YMCA in Point Loma. At Point Loma Nazarene University's (PLNU's) Festival of Health event, the SMH Diabetes Education Program provided health education in English and Spanish, as well as diabetes risk assessments using ADA's Diabetes Risk Test questionnaire to 20 community members. Through Sharp's partnership with the City of San Diego, the SMH Diabetes Education Program discussed exercise and diabetes as well as navigating the road to health with 10 community members at the Lopez Ridge Recreation Center in March. In addition, the SMH Diabetes Education Program presented on how to check blood sugar levels as well as the latest in diabetes medication and nutrition to more than 20 seniors at Balboa Park in April. Also in April, the SMH Diabetes Education Program educated 10 community members at OPP's Cushman Wellness Center on using a holistic approach to manage diabetes, diabetes risk factors and ways to reduce risk.

The SMH Diabetes Education Program is actively involved with San Diego's renal health community. In FY 2019, the program collaborated with the Balboa Institute of Transplantation and the Sharp Kidney and Pancreas Transplant Program to provide ongoing diabetes education and support to more than 150 community members who are either anticipating or have undergone kidney transplant or have experienced kidney disease.

In addition, the Sharp Diabetes Education Program continued to collaborate with Family Health Centers of San Diego (FHCS) to provide education to patients with diabetes at multiple FHCS sites, including those in the central region of SDC, through the organization's Diabetes Management Care Coordination Project (DMCCP). Through DMCCP, Sharp's diabetes educators provide weekly group health and nutrition education, healthy cooking demonstrations, physical activity classes, and one-on-one support from a nurse practitioner to the clinics' diabetes patients. Further, project "graduates" offer peer support and education to current enrollees in both English and Spanish. The project monitors participants' physical activity as well as their A1C and blood glucose levels, which it has proven to successfully maintain and lower. At FHCS's Logan Heights, City Heights and Diamond Neighborhoods locations, the Sharp Diabetes Education Program provided more than 20 lectures in English and Spanish to more than 180 community members. Topics included creating an active lifestyle; nutrition, including the effect of food groups and serving sizes on blood sugar levels; and diabetes risk factors, symptoms, treatment, self-management and goal setting. In 2019, 32.5% of those enrolled in DMCCP saw a decrease in their overall A1C results.

The Sharp 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 Sharp Diabetes Education Program teaches underserved pregnant women and breastfeeding mothers with Type 1, Type 2 or gestational diabetes how to manage their blood sugar levels. In collaboration with community clinics, in FY 2019, the team provided these patients with a variety of education and resources to support a healthy pregnancy. Education covered the following topics: 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 Sharp Diabetes Education Program evaluated patients' management of their blood sugar levels and collaborated with community clinics' obstetrician-gynecologists to prevent complications. At SMH, the Sharp Diabetes Education Program provided services and education to nearly 400 underserved pregnant and breastfeeding women with diabetes.

Throughout the year, the Sharp Diabetes Education Program continued to provide services and resources to meet the needs of culturally 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. Resources were provided in Arabic, Somali, Tagalog, Vietnamese and Spanish, and food diaries and logbooks were distributed for community members to track their blood sugar levels. In addition, live interpreter services were available in more than 200 languages via the Stratus Video Interpreting iPad application. Further, Sharp team members received education regarding the different cultural needs of diverse communities to improve the delivery of inclusive and culturally competent care.

In FY 2019, the Sharp Diabetes Education Program supported the professional health care community through participation in various conferences and meetings. At the Liberty Station Conference Center in May, team members gave a presentation titled Obesity, Diabetes and Cardiovascular Disease to approximately 250 health professionals during Sharp's Obesity Crisis Conference. The Sharp Diabetes Education Program's presentation covered multiple topics, including the history and prevalence of diabetes and prediabetes in the U.S.; testing for diabetes; the link between diabetes, CVD and obesity; decreasing risks; and weight management. In June, the Sharp Diabetes Education Program attended the ADA's 79th Scientific Sessions conference in San Francisco, California. The conference shared research advances to improve the lives of people with and affected by diabetes with more than 15,000 international attendees. In addition, in August, the Sharp Diabetes Education Program presented on the Use of Outcomes Data and Marketing Strategies to Sustain Diabetes Programs to approximately 200 health professionals at the American Association of Diabetes Educators' 2019 Annual Conference in Houston, Texas.

In November, the Sharp Diabetes Education Program hosted a diabetes conference for

physicians, nurses, pharmacists, laboratorians, clinical and managerial leaders and other community health professionals interested in optimizing inpatient diabetes care. The conference provided 150 participants with specific tools and strategies for creating a culture that supports and encourages emerging therapeutic trends in glycemic management in a hospital setting. Topics included treating patients with Type 2 diabetes; cardiovascular risk for patients with Type 1 or Type 2 diabetes; new insulin products and their potential benefits; metabolism and weight loss in those using insulin; automated insulin infusion algorithms; and insulin pumps and continuous glucose monitoring. In addition, in FY 2019 the Sharp Diabetes Education Program provided diabetes education — including the different types of diabetes, diagnoses, current technology and medication, and careers in diabetes education — to more than 20 nurse practitioner students at San Diego State University (SDSU), as well as mentored two dietetic interns from the San Diego Women, Infants, and Children program. Lastly, the Sharp Diabetes Education Program presented on diabetes and exercise to approximately 10 students at the PLNU School of Nursing's Health Promotion Center at the Church of the Nazarene in Mid-City, as well as provided diabetes education to approximately 10 Azusa Pacific University (APU) nursing students.

FY 2020 Plan

The SMH and Sharp Diabetes Education Programs will do the following:

- Provide community members with prediabetes and diabetes information at various community venues in the central and north central regions of SDC
- Explore 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 residents in the city's nine districts
- Explore additional opportunities to provide community-based diabetes education classes
- Continue to collaborate with FHCSO to provide education and resources to their patients with diabetes
- Continue to provide gestational diabetes services and resources to underserved pregnant and breastfeeding 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 — as well as the San Diego Heart & Stroke Walk
- 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 to share best practices in diabetes treatment and control with the broader health care community
- Conduct educational symposiums for health care professionals focused on improving outpatient and inpatient diabetes care
- Continue to host a diabetes conference for health care professionals
- Explore collaboration with SMH's Cardiac Rehab and Cardiac transplant teams to offer quarterly diabetes education to community members

- Explore collaborations with community service organizations that focus on diabetes prevention and care
- Partner with community physicians to help them improve patient outcomes using technology, including insulin pumps and blood glucose monitors

Identified Community Need: Education, Support and Screening for Stroke

Rationale references the findings of the SMH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SMH 2019 CHNAs identified chronic conditions (including CVD and cerebrovascular diseases/stroke) as one of the priority health needs affecting members of the communities served by SMH.
- According to data presented in the HASD&IC 2019 CHNA, rates of ED visits for stroke in SDC increased 11.0% from 2014 to 2016, with the most significant increases in individuals ages 27 to 44 (20.0%) and those identified as “other” race (28.9%).
- Focus groups and key informant interviews conducted as part of the HASD&IC and SMH 2019 CHNA identified numerous barriers to care for chronic conditions, including: limited access to healthy food; lack of transportation; physical limitations or limited mobility; high health care costs; economic insecurity; low health literacy; poor health behaviors, such as unhealthy diet or lack of physical activity; medication management; unsafe neighborhoods; and unstable or complete lack of housing.
- Participants in the Sharp Case Management Leadership focus group conducted as part of the Sharp 2019 CHNAs identified the following hospital discharge challenges and barriers for patients, including those with chronic conditions: transportation support; a shortage of recuperative or respite care options; a lack of short-term caregivers and in-home support services; and a need for a streamlined process from the hospital to the County of San Diego Health and Human Services Agency (HHSA) for those who qualify for wraparound support.
- In 2017, cerebrovascular diseases including stroke were the fourth leading cause of death for SDC overall.
- In 2017, there were 1,376 deaths due to stroke in SDC. The age-adjusted death rate due to stroke was 37.0 per 100,000 population, which was higher than the HP2020 target of 34.8 deaths per 100,000.¹²²
- In 2017, there were 6,078 hospitalizations for stroke in SDC. The age-adjusted rate of hospitalizations for stroke was 166.9 per 100,000 population, a 7.4% decline from 2016.
- In 2017, there were 2,603 stroke-related ED visits in SDC. The age-adjusted rate of ED visits was 71.4 per 100,000 population.
- According to 2018 CHIS data, an estimated 26.3% of SDC adults were obese, 11.0% were current smokers, 9.8% reported that they were not physically active at

all, and 17.7% reported that fresh fruits and vegetables were only sometimes affordable in their neighborhood.

- According to the CDC, more than 795,000 people in the U.S. have a stroke each year, and strokes are responsible for approximately one out of every 20 deaths (CDC, 2017).
- The National Institute of Neurological Disorders and Stroke (NINDS) reports that 25% of people who recover from their first stroke will have another stroke within five years (NINDS, 2019).
- The CDC estimates that up to 80% of strokes are preventable through the recognition of early signs/symptoms and the elimination of stroke risk factors. Behaviors that can mitigate the risk of stroke include choosing a healthy diet full of fruits and vegetables, maintaining a healthy weight, engaging in at least 2.5 hours of moderate-intensity aerobic physical activity each week, refraining from or quitting smoking, and limiting alcohol intake (CDC, 2018).

Objective

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

FY 2019 Report of Activities

SMH is certified by the Joint Commission and the American Heart Association (AHA)/ American Stroke Association (ASA) as a Primary Stroke Center (recertified in 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 AHA/ ASA's 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.

During Stroke Awareness Month in May, Sharp's systemwide stroke program participated in Stroke Awareness Day at the Padres, held at Petco Park. This annual event is organized by the San Diego County Stroke Consortium, the County of San Diego HHSA, the San Diego Padres and other key partners to promote stroke prevention, awareness and recovery, as well as 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 B.E. F.A.S.T. (Balance, Eyes, Face, Arms, Speech, Time) — an easy technique to detect and enhance responsiveness to a stroke. Giveaways were provided throughout the evening, while stroke education was displayed on the Jumbotron to the entire stadium of nearly 30,000 community members.

In FY 2019, SMH participated in Sharp's partnership with the City of San Diego to provide stroke education and resources to residents in the city's nine districts. In March and July, three classes led by a stroke program nurse provided 50 community members with education on risk factors, treatment options, and preventing and recognizing the signs of a stroke. Lecture locations included Logan Heights Branch Library, Balboa Park Senior Lounge and Serra Mesa-Kearny Mesa Branch Library. In addition, in October, SMH provided more than 110 community members with stroke education, including the warning signs and symptoms and what to do in the event of a stroke, at a senior health and resource fair at Point Loma Community Presbyterian Church. At the event, approximately 25 attendees were screened according to their personal risk factors.

The SMH Stroke Program also collaborated with the Sharp Grossmont Hospital (SGH) Senior Resource Center to provide stroke education and resources to seniors in February. Through this collaboration, the SMH Stroke Program and a Sharp-affiliated vascular neurologist delivered a presentation on emergency treatment for stroke and strategies to prevent a stroke, as well as provided stroke resources to approximately 30 community members at Point Loma Community Presbyterian Church in May. The SMH Stroke Program also conducted personal health interviews as well as blood pressure and pulse checks for 11 seniors at the event.

The SMH Rehabilitation Center continued to provide meeting space for Young Enthusiastic Stroke Survivors (YESS), a free monthly support group for survivors of stroke and head injuries and their loved ones, as well as professionals and educators. Educational topics included brain function, coping skills, adjustment, disaster preparedness, driving, health and wellness, medications, stress management, family and intimacy, work and school re-entry, and support. More than 20 community members attended the YESS support group each month in FY 2019.

In addition, SMH actively participated in the quarterly San Diego County Stroke Consortium, a collaborative effort with other SDC hospitals to improve stroke care and discuss issues impacting stroke care in SDC. SMH also continued its 14-year collaboration with the County of San Diego Emergency Medical Services (EMS) to provide data for the SDC stroke registry.

FY 2020 Plan

SMH Stroke Program will do the following:

- Provided stroke screening and education at events in SDC, including those targeting seniors and high-risk adults
- Continue to provide a community presentation on stroke education and prevention featuring a Sharp-affiliated physician
- Provide education for individuals with identified stroke risk factors
- Continue to participate in Stroke Awareness Day at the Padres
- Continue to participate in Sharp's partnership with the City of San Diego to provide stroke education and resources to residents in the city's nine districts

- Continue to offer stroke support groups through the SMH Rehabilitation Center
- Continue to participate in the San Diego County Stroke Consortium
- Continue to provide data to the SDC stroke registry

Identified Community Need: Health Education, Screening and Support for Aging Concerns

Rationale references the findings of the SMH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SMH 2019 CHNAs identified aging concerns as one of the priority health needs affecting members of the communities served by SMH. Aging concerns are defined as those conditions that predominantly affect seniors — people who are 65 and older — such as Alzheimer’s disease, Parkinson’s disease, dementia, falls and limited mobility.
- According to data presented in the HASD&IC 2019 CHNA, rates of inpatient discharge in SDC increased for Alzheimer’s disease (35.1%) and dementia (16.3%) from 2014 to 2016.
- According to data presented in the SMH 2019 CHNA, in 2017, seniors represented 54.1% of inpatient discharges for unintentional injury at SMH, with fall-related injuries occurring in 85.3% of those discharges.
- Data analyzed as part of the SMH 2019 CHNA indicated that seniors admitted to SMH with a behavioral health diagnosis were more likely to have dementia (31.4%) when compared to all behavioral health inpatient discharges (14.8%).
- Focus groups conducted as part of the HASD&IC and SMH 2019 CHNAs identified the following health conditions that impact older adults: Alzheimer’s and Parkinson’s diseases, dementia, arthritis, loss of mobility, opioid misuse, diabetes, heart disease, anxiety, depression, lung disease, obesity, and poor oral health.
- In addition, the focus groups identified the following social determinants of health (SDOH) that impact seniors: lack of accessible or reliable transportation options; difficulty accessing fresh food; social isolation and inadequate family support; economic insecurity; and environmental pollutants.
- According to the Sharp Insight Community survey conducted during Sharp’s 2019 CHNAs, 83% of respondents ages 65 and older ranked aging concerns among the top five conditions with the greatest impact on overall community health in SDC.
- As part of the SMH 2019 CHNA, focus groups comprised of Sharp Senior Health Center staff and patients, as well as community members, identified the following SDOH that impact seniors: few transportation options; lack of access to fresh food; social isolation and inadequate family support; economic insecurity; housing issues; and environmental pollutants, including sound. Participants indicated that these issues contribute to a loss of independence, leading to increased stress, isolation, loneliness and poor mental health.
- Sharp senior health focus group participants suggested the following strategies for increasing health care access for seniors: establishing a centralized communication

database so that patient information can be shared across health care systems; creating and promoting programs to assist seniors with transportation to medical appointments and grocery stores; expanding meal delivery services; expanding behavioral health care options for Medi-Cal and Medicare patients; and increasing the availability of translators.

- In 2017, Alzheimer's disease was the third leading cause of death in SDC for all age groups.
- In 2017, the top 10 leading causes of death among adults ages 65 and older in SDC were (in rank order): diseases of the heart, cancer, Alzheimer's disease, cerebrovascular diseases (including stroke), chronic lower respiratory diseases, diabetes, accidents or unintentional injuries, essential hypertension and hypertensive renal disease, Parkinson's disease and flu/pneumonia.
- In 2017, hospitalization rates among seniors were higher than the general population due to coronary heart disease, stroke, chronic obstructive pulmonary disease (COPD), nonfatal unintentional injuries (including falls), cancer and arthritis.
- The top three causes of ED utilization among SDC residents ages 65 and older in 2017 were unintentional injuries, falls and COPD/chronic lower respiratory diseases.
- 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, and each fall doubles the chance of falling again. 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, 2018).
- In 2015, more than 84,400 San Diegans ages 55 and older were living with Alzheimer's disease and related dementias (ADRD), which accounted for 10.7% of this age group. Assuming current trends continue, by 2030, nearly 115,000 residents 55 years and older will be living with ADRD, representing a 36.5% increase from 2015 (*Alzheimer's Disease and Related Dementias in San Diego County*, 2018).
- In 2017, 69.4% of the influenza hospitalizations and 75 of the 90 influenza deaths in SDC occurred among residents ages 65 and older. The age-adjusted rate of influenza death among this group was 16.2 per 100,000 population.
- According to the California Department of Aging (CDA), in 2019, 11.1% of SDC residents ages 60 and older were considered low income, and 17.1% were eligible for Medi-Cal coverage. In addition, 17.5% of SDC seniors were identified as living alone (CDA, 2019).
- According to research published in *Health Affairs*, an estimated 15 million family caregivers in the U.S. provide unpaid care for a loved one with dementia. Caregiver burden and fatigue can result in increased use of hospital and emergency services for dementia patients (Slaboda et al, 2018).
- The same study identified the following as the biggest challenges facing family caregivers of individuals with dementia: dealing with memory loss and the disease's impact; handling the stress and emotional toll; having patience with their loved one; handling mood swings or behavior changes; and managing daily activities, including bathing, bathroom, dressing and meals (Slaboda et al, 2018).
- According to AARP, more than 40 million people in the U.S. act as unpaid caregivers to people ages 65 and older. More than 10 million of these caregivers are Millennials

with separate full- or part-time jobs, and 1 in 3 employed Millennial caregivers earns less than \$30,000 per year (AARP, 2018).

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 seniors and caregivers with updated information on available services and resources

FY 2019 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 2019, the SMH Senior Resource Center developed and mailed quarterly calendars of its programs and services to more than 3,300 households in San Diego, as well as distributed 2,700 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 people with disabilities.

In FY 2019, the SMH Senior Resource Center provided approximately 30 free health education programs to more than 500 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 clinical nutrition, exercise physiology, diabetes, physical therapy, law, hospice, bereavement, finance and rehabilitation. Educational topics included: diabetes; senior services; Vials of Life; aging; Medicare; memory loss; memory care; estate planning; wills and trusts; bereavement and coping with grief; hospice and palliative care; lower back pain and self-treatment strategies; nutrition and healthy eating; women's pelvic floor health; tools and resources for caregivers; depression and caregiving; heart health and fitness; age-related eye conditions; fall prevention and balance; safety at home; home and day care options; maintaining a healthy voice; heart health; brain health; and back strengthening. Programs were offered at Sharp System Offices, Peninsula Family YMCA, Point Loma/Hervey Branch Library, Clairemont Lutheran Church, Point Loma Community Presbyterian Church, Alzheimer's San Diego, St. Peter's by the Sea Lutheran Church, Harmony Home Medical, All Souls Episcopal Church, Jewish Family Service of San Diego (JFS), Lutheran Social Services of San Diego and St. Agnes Catholic Church. In addition, the SMH Senior Resource Center reached approximately 30 community members through a physician lecture covering stroke prevention and emergency treatment.

The SMH Senior Resource Center provided health screenings to more than 70 community seniors at six health fairs and events during the year. Screenings included hearing, depression, stroke, and hand health (arthritis, carpal tunnel syndrome, trigger finger, etc.). In addition, free monthly blood pressure screenings were provided to approximately 350 members of the senior community. As a result of these screenings, more than 30 seniors were referred to physicians for follow-up care. Screenings took place at the Point Loma Community Presbyterian Church and the Sharp Senior Health Center Clairemont.

In FY 2019, the SMH Senior Resource Center reached nearly 2,300 individuals through participation in nine community health fairs, conferences and seminars. In October, the SMH Senior Resource Center hosted its annual Senior Health & Information Fair at Point Loma Community Presbyterian Church. The event offered free flu shots, health screenings, health and advance care planning (ACP) information, Vials of Life and community resources to approximately 125 seniors and family caregivers.

In April and August, the SMH Senior Resource Centers collaborated with Sharp HospiceCare to host three Health and Wellness in Aging: Know Your Options conferences. The conferences educated more than 320 community members on staying healthy, improving emotional wellness, end-of-life options and estate planning tips, as well as provided valuable resources to help manage and promote healthy aging. The SMH Senior Resource Center presented and provided senior resources at the events, which were held at Point Loma Community Presbyterian Church, La Mesa Community Center and the Elks Lodge in Chula Vista. In addition, the SMH Senior Resource Center provided more than 50 caregivers with community and health resources, including Vials of Life, health screening events and programs for seniors and caregivers at the Caregiver Coalition's Navigating Caregiving for Veterans and Military Families conference held at First United Methodist Church of San Diego in October and The Pathway to Mindful Caregiving conference held at Chinese Community Church in May.

In October, the SMH Senior Resource Center participated in the San Diego Community Action Network's (SanDi-CAN's) End of Life Decisions: Planning Ahead...Learn How to Ensure Your Decision Will be Honored conference at Balboa Park. Nearly 50 seniors and their family members attended the free conference and resource fair where they learned how to identify their end-of-life values and goals of care and acquire the communication skills necessary to make informed health care decisions. In July, the SMH Senior Resource Center offered health, wellness and community resources to more than 100 community members at SanDi-CAN and South County Community Action Network's Interactive Technology and Health Fair at the Jackie Robinson YMCA. The event featured informational presentations, an interactive resource fair, health screenings and new technology. In September, the SMH Senior Resource Center provided senior resources to nearly 90 community members at the (SDCCOA's) Healthy Aging in a Changing World event, held at First United Methodist Church.

Further, seniors, caregivers, individuals who are homeless or at risk of homelessness,

individuals with chronic illnesses, and vulnerable adults with limited access to care, including those without transportation, were notified about flu vaccine events through activity calendars, collaborative outreach conducted by the flu clinic site, sharp.com, and paper and electronic newspaper notices. In FY 2019, the SMH Senior Resource Center and the Sharp Senior Health Centers sponsored five community seasonal flu clinics, serving more than 210 seniors and other vulnerable community members. Flu clinics were held at the Senior Health & Information 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 and Sharp Senior Health Centers provided Vials of Life, information on advance health care directives (advance directives) and depression, and activity calendars detailing upcoming blood pressure screenings, flu clinics and other community events and programs for seniors.

In FY 2019, the Sharp Senior Health Centers collaborated with SMV to provide a physician-led presentation on medications and memory loss as well as two memory loss screenings, serving approximately 20 community members. The Sharp Senior Health Centers also collaborated with the SMH Senior Resource Center throughout the year to provide hearing screenings to more than 20 seniors.

Throughout the year, the Sharp Senior Health Centers presented at Sharp's Aging in America events at multiple Sharp locations, including SMH, OPP, Sharp Coronado Hospital and Healthcare Center, SGH and Sharp Chula Vista Medical Center (SCVMC). Topics included signs and symptoms that an older adult may need help, aging statistics and available resources, and how to best manage care. More than 70 community providers, including office staff, managers, registered nurses (RNs) and licensed vocational nurses attended the events.

Sharp Senior Health Centers are committed to connecting with underserved seniors in SDC through educational presentations and the provision of referrals to community resources and support services. Throughout FY 2019, referrals for housing, transportation, food, behavioral health, social services, senior centers and other community resources were provided to more than 1,000 community seniors at the San Diego Square Senior Apartments, Westminster Manor Apartment Homes, Potiker Family Senior Residence, and the Gary and Mary West Senior Wellness Center as part of a Sharp Speaker Series. Presentations at these sites included memory care; insurance; Medicare benefits (including drug plans and open enrollment); Medi-Cal; Vials of Life; Alzheimer's disease; dementia; depression; fall prevention; vaccines; shingles; how to find reliable health information online; bedbugs and scabies; end-of-life planning (including advance directives and resources); diabetes; eye health; isolation and loneliness; peripheral artery disease; heart failure; safety; elder abuse and reporting; dehydration during summer months; hoarding; finding healthy food; and healthy eating. In addition, Sharp Senior Health Centers provided on-site education to approximately 40 community seniors on healthy living for the brain and body, achieving emotional and physical wellness while aging, coping with life's transitions, caregiving,

navigating medical insurance, safety and ACP, as well as collaborated with SMV clinicians to provide education on medications and memory and managing the holidays.

Sharp Senior Health Centers provided education and resources, including advance directives, Vials of Life and information for seniors at numerous community events in FY 2019, including the County of San Diego's Aging and Independence Services' (AIS') Vital Aging 2019: Age Well in Action San Diego conference at the San Diego Convention Center, the Sharp Senior Resource Centers' Senior Health & Information Fair at Point Loma Community Presbyterian Church; and the Sharp Disaster Preparedness Expo. In addition, education and resources were provided to more than 120 attendees at Sharp's Understanding Your Medicare Options events at the Pacific Beach Taylor Branch Library, Skyline Hills Branch Library, Carmel Valley Library, College-Rolando Library and Sharp's Corporate Office. The Sharp Senior Health Centers also provided resources to more than 100 attendees at the SDCCOA's Staying Healthy expo, an event for seniors, social workers and case managers, held at the Jackie Robinson YMCA in September.

The Sharp Senior Health Centers continued to partner with the Food Bank to host quarterly Senior Nutrition & Wellness Classes at the Sharp Senior Health Center Clairemont. Instructed by the Food Bank's nutrition and wellness educator, the six-week program consisted of six 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. In FY 2019, 11 seniors graduated from the Senior Nutrition & Wellness Classes. Classes utilized an evaluation tool that included pre- and post-survey questions — in English and Spanish — using validated items specific to the class population. The program has demonstrated a great impact on the health behaviors of class graduates: 100% reported increased consumption of fresh fruits and vegetables since taking the classes; 75% reported a decrease in sugary beverage intake and 75% reported that the classes improved their exercise habits. In addition, every participant agreed that they would recommend the classes to a friend. Sharp Senior Health Centers also utilized a validated, two-item food insecurity screening tool to identify food insecure participants. As a result of this program, Sharp Senior Health Centers began providing food insecurity screenings as part of annual wellness visits as well as nutrition resources for those in need.

In FY 2019, 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 included the provision of ongoing counseling and education by a HICAP representative to more than 70 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.

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 Manor (senior housing), JFS, Caregiver Coalition, 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, Paradise Village, Peninsula Family YMCA, Point Loma/Hervey Library, San Diego Square, Clairemont Lutheran Church, St. Paul's PACE, St. Peter's by the Sea Lutheran Church, Downtown San Diego Silvercrest Residence and HICAP.

In addition, the Sharp Senior Health Centers provided internships to four nurse practitioner students from various universities including SDSU, University of San Diego (USD) and APU in FY 2019. Further, a licensed clinical social worker (LCSW) with Sharp Senior Health Centers provided Sharp Health News (Sharp's online news center) with expert advice on when older adults may need help.

FY 2020 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 community seniors and caregivers, including senior behavioral 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 3,300 San Diego households, highlighting events of interest to seniors and family caregivers
- Provide 2,500 Vials of Life to community seniors
- Provide seasonal flu vaccinations at four sites to seniors and community members who face challenges in accessing care, specifically vulnerable adults
- Participate in community health fairs and conferences, including the SanDi-CAN end-of-life conference
- In collaboration with the Caregiver Coalition, 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 depression, senior behavioral health, and loneliness and isolation

- Continue to collaborate with Serving Seniors and SMV to provide memory 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 Speaker Series at the Gary and Mary West Senior Wellness Center
- Explore opportunities to provide medication screenings by a pharmacist for vulnerable seniors
- Expand programs offered to senior residences in the downtown area
- Continue to collaborate 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
- Provide free education to new Medicare enrollees at various SDC locations, including Pacific Beach and North Park
- Provide a presentation to community members in collaboration with Harmony Home Medical
- Explore opportunities in culinary medicine¹²³
- Serve as a resource for senior health and well-being through various media sources

Identified Community Need: Health Education, Support and Wellness

Rationale references the findings of the SMH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SMH 2019 CHNAs identified access to health care, aging concerns, behavioral health, cancer, chronic conditions, community and social support, economic security, education, homelessness and housing instability, and unintentional injury and violence as the priority health issues affecting members of the communities served by SMH. In addition, maternal and prenatal care, including high-risk pregnancy was identified in the SMH 2019 CHNA as a priority health need specifically for SMH.
- HASD&IC focus group participants also identified health literacy as a barrier to care, and recommended several strategies to address this issue, including culturally sensitive education about preventive care, including immunizations and health screenings; education about lifestyle choices that promote health, such as smoking cessation, nutrition and exercise; and assistance with understanding and navigating the health care and insurance systems, particularly for those who have received a serious health diagnosis.

¹²³ Culinary medicine is a new evidence-based field in medicine that blends the art of food and cooking with the science of medicine. Culinary medicine is aimed at helping people reach good personal medical decisions about accessing and eating high-quality meals that help prevent and treat disease and restore well-being. *Population Health Management*. 2016 Feb 1; 19(1): 1–3. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4739343/>.

- As part of the SMH 2019 CHNA, a focus group comprised of members of Sharp's Patient Family Advisory Council described lack of health education and health literacy, particularly surrounding preventive care (including immunizations), illness and disease as barriers to health care. Participants also noted that many patients and community members do not understand how to navigate the health care system, especially identifying the appropriate sites of care to meet their needs.
- Participants in the Sharp Insight Community survey conducted as part of Sharp's 2019 CHNAs ranked the following health conditions and SDOH as the top 10 items with the greatest impact on the health of community residents: understanding, securing and using health insurance; access to care, particularly primary, dental, behavioral health and specialty care; aging concerns; behavioral/mental health issues; cancer (all types); obesity; economic security; heart disease; health behaviors (diet, physical and sexual activity, tobacco and substance use); and diabetes.
- Data analysis in Sharp's 2019 CHNAs revealed a higher volume of hospital discharges due to CVD and Type 2 diabetes in communities facing greater socioeconomic challenges throughout SDC.¹²¹
- In 2017, diseases of the heart were the second leading cause of death for SDC.
- According to 2018 CHIS data, 29.0% of SDC residents had ever been diagnosed with high blood pressure.
- Data from the 2018 CHIS also shows that 26.3% of SDC adults reported being obese.
- In 2018, between 25% and 30% of adults in California self-reported being obese. Obesity levels decreased as education levels increased, highlighting the need for health education as a tool for reducing obesity rates (CDC, 2019).
- 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 2016, 39.8% of Americans were obese (CDC, 2017).
- According to an article titled *Social and Environmental Factors Influencing Obesity*, obesity prevalence is significantly associated with sex, racial or ethnic identity, and socioeconomic status. Higher odds of obesity are attributed to multiple factors, including environments experiencing deprivation, disorder or high crime; proliferation of high-calorie, energy-dense food options that are perceived as more affordable; and reductions in occupational and transportation-related physical activity. Both objective and subjective measures of social status and inequality are associated with increased energy intake and decreased energy expenditure, which could place individuals of low social status at greater risk of developing obesity (Lee, Cardel & Donahoo, 2019).
- In 2018, 17.7% of SDC adults reported that fresh fruits and vegetables were only sometimes available in their neighborhood (CHIS, 2018).
- 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 from fractures. It can also affect the lives of family members and friends who serve as caregivers. Preventable risk factors for osteoporosis include smoking, alcohol consumption, and medication and vitamin intake (NIH, 2018).

- According to research published in the Internet Journal of Allied Health Sciences and Practice, approximately 80 million adults in the U.S. have limited health literacy. Limited health literacy is associated with poor health outcomes, including more hospitalizations; greater use of emergency care; lower receipt of mammography screening and influenza vaccine; poorer ability to demonstrate taking medications properly; poorer ability to interpret drug labels and health messages; and poorer overall health status among the elderly, including higher mortality rates (McDonald & Shenkman, 2018).

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 2019 Report of Activities

In FY 2019, the OPP and various departments at SMH reached more than 3,400 patients and community members through free health education classes and support groups. This included approximately 1,200 program hours booked on-site at the SMMC campus as well as several opportunities provided at community sites.

On-site classes covered various aspects of health and wellness, including diabetes, cancer, integrative medicine topics (e.g., yoga, meditation, food as medicine), 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, breastfeeding, postpartum mood disorders, and nutrition and support following bariatric surgery.

At the Sharp Allison deRose Rehabilitation Center, Sharp Rehabilitation Services (Sharp Rehab) offered weekly rehabilitative tai chi and adaptive yoga classes for individuals with physical limitations. Sharp Rehab also hosted free support groups, including Women on Wheels (WOW) — the only support group in SDC for women with mobility impairments — as well as the Sharp Players and Men's Spinal Cord Injury (SCI) support groups.

Twenty-five individuals participated in the Sharp Players weekly support group in FY 2019, 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 175 community members at St. Paul's Villa assisted living community, SDBIF, Merrill Gardens Senior Living 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 2019, 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 75 meeting attendees in FY 2019 and included an additional 100 community members through an electronic resource and support network.

As the official health and wellness partner of the City of San Diego, SMH hosted educational classes at sites within the SDC community. Classes included A Brief Introduction to Suicide Prevention, held at the North University Community Branch Library in September, as well as Barriers and Motivations to Exercise in Older Adults, held at the Rancho Bernardo Branch Library in May. In addition, in April, Sharp Rehab's orthopedic therapists led a class at the Peninsula Family YMCA on self-treatment strategies to ease and prevent lower back pain.

The OPP offers the Cushman Wellness Center Community Health Library, which features a range of resources — including DVDs, CDs, books, pamphlets and internet access — in various languages to help patients and community members locate reliable health information. 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, assistive devices and community health resources. The library publishes and distributes a quarterly newsletter to keep the public informed of pertinent health news and information as well as upcoming community education classes and support groups. Each quarter in FY 2019, the library mailed approximately 400 newsletters and electronically delivered approximately 200 newsletters to members of the community. Community members can also learn 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. Further, the library serves as an informational resource for all Sharp entities as needed.

Community outreach is a high priority of the Cushman Wellness Center Community Health Library. In FY 2019, the consumer health librarian provided education and resources on health literacy topics as well as health-related giveaways — including monthly inspirational calendars, activity trackers, MyPlate nutrition guide magnets, and senior health resources — to library visitors as well as to approximately 3,000 individuals at community health fairs and events. This included the Sharp Senior Resource Centers' Senior Health & Information Fair at Point Loma Community Presbyterian Church, the County of San Diego AIS Vital Aging 2019 conference at the San Diego Convention Center, and the Sharp Women's Health Conference at the Sheraton San Diego Hotel & Marina. Throughout the year, the consumer health librarian also provided health literacy education to approximately 50 legally blind adults at the San Diego Center for the Blind.

The consumer health librarian shares health literacy best practices with industry professionals through presentations and journal articles. In April, this included a poster presentation at the 2019 Community Information Exchange (CIE) Summit titled

Partnering for Health Literacy: Adding the Consumer Health Librarian into the Mix, which described the valuable resources and support that consumer health librarians can provide for both patients and their health care providers. The consumer health librarian also published two book reviews in the Journal of Hospital Librarianship in FY 2019.

In FY 2019, SMH provided health screenings, resources and support to hundreds of individuals at community health fairs and events. In June, Sharp Rehab shared information about its adaptive sports and recreation programs and community support groups at the San Diego Festival of the Arts. Throughout the year, SMH's prehospital/EMS team provided first-aid stations at various events, including the San Diego Crew Classic, the Padres Pedal the Cause cycling fundraiser for local cancer research, and the Jazz on Tap event supporting safe drinking water and sanitation in developing countries. In addition, SMH provided coordination, support and related fundraising activities for the 2019 AHA Heart & Stroke Walk as well as served as a blood donation site for Sharp's FY 2019 systemwide blood drive to collect life-saving blood for those with medical needs.

SMH also supported a variety of Sharp-sponsored community events in FY 2019. At the Sharp Senior Resource Centers' Senior Health & Information Fair in October, Sharp Rehab occupational therapists provided screenings to detect medical conditions of the hands, wrists, elbows and fingers (e.g., carpal tunnel syndrome, arthritis, dislocations). In April, the employee safety team participated in Sharp's Drug Take Back, Document Shredding and E-Waste Event at SCVMC, which provided a safe and confidential opportunity for community members to dispose of unwanted prescription drugs, paperwork and electronics. In May, various hospital departments provided community members with a range of health education and screenings during the annual Sharp Women's Health Conference. Offerings included cancer-related education and resources; osteoporosis education and screenings; wellness services, including acupuncture, chair massage and body composition testing; sports medicine and physical therapy services, including musculoskeletal screenings, posture education and walking and footwear analysis; and obstructive sleep apnea assessments. Further, in August, SMH phlebotomists supported SMBHWN's efforts to collect breastmilk for infants in need during the 2019 Donor Breastmilk Drive. Team members drew blood from breast milk donors that would be shipped to the San Jose Mother's Milk Bank and screened for safety.

FY 2020 Plan

SMH will do the following:

- Continue to offer educational classes at the SMMC on a variety of health and wellness topics for community members
- As part of Sharp's wellness partnership with the City of San Diego, provide educational classes at community sites throughout SDC
- Continue to provide support groups for community members on issues such as cancer, rehabilitation, stroke, heart transplantation and heart failure

- Develop and distribute quarterly newsletters to inform the community of health education and screening opportunities
- 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 services 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 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SMH 2019 CHNAs identified cancer as one of the priority health needs affecting members of the communities served by SMH.
- According to data presented in the HASD&IC 2019 CHNA, cancer was the leading cause of death in SDC in 2016.
- Focus groups conducted as part of the HASD&IC 2019 CHNA identified cancer as a condition that many members of the community fear, particularly brain, colon and breast cancers. Participants also described barriers to receiving cancer screenings and treatment, including stigma surrounding a cancer diagnosis; fear about immigration status, particularly for asylum seekers; financial burdens, even for those with health insurance; and practical issues such as transportation to medical appointments.
- According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 67% of respondents ranked cancer among the top five health conditions with the greatest impact on overall community health in SDC.
- As part of the SMH 2019 CHNA, focus groups comprised of Sharp cancer patient navigators and clinical social workers identified the following health conditions and SDOH related to cancer: chronic diseases such as asthma or heart disease, which are often connected to stress; care challenges associated with behavioral health and substance use; barriers to care (cost, delays in receiving care and fear related to diagnosis or immigration status; frustration with navigating health insurance; screening avoidance; logistics such as transportation or childcare; and language barriers); and fear of stigma due to cancer diagnosis.
- Sharp cancer patient navigator and clinical social worker focus group participants also described the following hospital discharge barriers and support needs: lack of patient or family support and education (particularly for caregivers); homelessness; health insurance issues; lack of follow-up care or access to medication; and a need

for a “one-stop shop” incorporating financial navigators and legal support, as well as other resources like pain management or wigs.

- The most frequently observed cancers at SMH in 2018 were (in rank order): breast, gynecological, lung, prostate and colorectal cancers. In total, there were 2,511 new cases of cancer at SMH in 2018.
- According to 2018 Sharp oncology data, 55% of the 1,349 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.
- In 2017, cancer was the leading cause of death for SDC residents and was responsible for 23.2% of all deaths.
- There were 5,033 deaths due to cancer (all types) in SDC in 2017. The age-adjusted rate of death due to cancer was 136.7 deaths per 100,000 population in SDC.¹²²
- In 2017, 19.1% of all cancer deaths in SDC were due to lung cancer, 8.4% to colorectal cancer, 8.1% to female breast cancer, 7.6% to pancreatic cancer, 6.2% to prostate cancer, 6.2% to female reproductive cancers, 5.8% to liver cancer, and 3.7% to leukemia.
- According to the American Cancer Society (ACS) 2017 *California Cancer Facts & Figures* report, 72.4% of breast cancer cases among non-Hispanic white women in SDC were diagnosed at an early stage, compared to 69.3% of African American cases, 68.1% of Hispanic cases and 70.4% of Asian/Pacific Islander cases. Data suggests that early breast cancer detection resources are needed in minority communities.
- According to findings from the ACS *Cancer Facts & Figures 2019* report, the 40% decrease in the female breast cancer death rate between 1989 and 2016 is attributable to improvements in early detection, namely screening and increased awareness. The rates of new cancer cases and cancer deaths vary significantly among racial and ethnic groups, with rates generally highest among African Americans and lowest for Asian Americans (ACS, 2019).
- A recent study by the ACS found that 42% of newly diagnosed cancer cases in the U.S. are potentially avoidable. Many of the known causes of the cancer — and other noncommunicable diseases — are attributable to behavioral factors including tobacco use and excess body weight due to poor dietary habits and lack of physical activity (ACS, 2018).
- The *Journal of Oncology Navigation & Sponsorship* (JONS) emphasizes the importance of patient navigators as part of a multidisciplinary oncology team with the goal of reducing mortality among underserved patients. The navigator works with the patient across the care continuum, and often makes suggestions to help manage a patient from a holistic perspective (JONS, 2019).
- According to the NIH, clinical trials, a part of clinical research, are at the heart of all medical advances. Greater clinical trial enrollment benefits medical research and increases the health of future generations as well as improves disease outcomes, quality of life and health of trial participants (NIH, 2017).

Objectives

- Provide cancer education and support groups to patients and community members
- Provide cancer resources and education at community events
- Provide cancer patient navigation and support services to the community

FY 2019 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. The Cancer Centers of Sharp HealthCare (Cancer Centers of Sharp), which includes SMH, SGH and SCVMC, are 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 2019, the Laurel Amtower Cancer Institute at SMH reached hundreds of community members, patients and their loved ones through various support groups, educational classes, community events, and patient navigation and other support services.

Free cancer support groups provided a safe environment for nearly 300 attendees to discuss their experience with cancer and learn coping strategies. Monthly groups were offered for friends and family members of cancer patients; patients and survivors of head and neck cancer; individuals living with a brain tumor or brain cancer and their family and caregivers; and young cancer patients (ages 20 through early 40s), including a group for those in cancer stages 0-3, and a group for young patients in advanced stages of the disease. In addition, bimonthly groups were available for individuals living with breast cancer and those with advanced cancer.

The Laurel Amtower Cancer Institute led several free classes addressing the mental and emotional well-being of individuals impacted by cancer, serving approximately 350 attendees in FY 2019. This included the monthly Cancer and the Arts class, which provided an outlet to cope with cancer through creativity and art, as well as the weekly Relaxation Skills and Chair Yoga workshop, which taught physical and mental exercises to help release cancer-related stress. New in FY 2019, a class titled Cancer and Stress 101 was offered in April and June which provided information and practical tools to help those with cancer, cancer survivors and family members manage the stress that commonly accompanies a cancer diagnosis. In addition, cancer patients, survivors and caregivers attended free, monthly Lunch and Learn workshops designed to address the emotional aspects of cancer. This included a workshop for those newly diagnosed with cancer as well as a workshop for individuals undergoing or nearing the completion of treatment.

Throughout the year, approximately 100 individuals attended classes designed to support one's nutritional needs during cancer. This included free, twice-monthly nutrition classes for attendees who were either currently receiving or recently finished treatment

for breast cancer as well as their family and friends. Developed by a registered dietitian with certification in oncology nutrition, the classes provided education about nutrition and healthy eating both during and after breast cancer treatment, addressed diet- and nutrition-related questions and concerns unique to those with breast cancer, and shared current diet and physical activity guidelines and strategies to support positive behavior change. In January, May and September, the Laurel Amtower Cancer Institute led a similar free community class focused on nutrition before, during and after treatment for any type of cancer. The class provided cancer patients and their family and friends with basic nutrition guidelines, meal planning strategies and dietary recommendations to manage the side effects of treatment.

In FY 2019, The Laurel Amtower Cancer Institute continued to provide free monthly educational classes on lymphedema — the swelling of a body part due to fluid accumulation 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 40 individuals attended the classes in FY 2019, 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, free weekly Healthy Steps classes served approximately 300 attendees in FY 2019. 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 individuals with an existing diagnosis as well as community members interested in reducing their risk. This included a free community event titled Mind, Body and Spirit: A Holistic Approach to Patient Care, held at the OPP in recognition of Breast Cancer Awareness Month in October. The event educated approximately 50 community members about breast health, strategies to lower the risk of breast cancer, and holistic approaches to healing and caring for oneself and loved ones. In addition, in October, March and July, free physician-led breast cancer education forums helped community members with a recent breast cancer diagnosis understand their pathology reports, the various stages of their individual cancer, and treatment options.

In FY 2019, the Laurel Amtower Cancer Institute and Neuro-Oncology Center hosted special community workshops for the cancer community. This included Living With Hope: A Brain Tumor Workshop in January, and Ignite Your Strength: A Head and Neck Cancer Workshop in April. The free workshops shared information on a variety of topics relative to those affected by a brain tumor or cancer of the head and neck, including genetics and cancer risk; advances in treatment; clinical trials; nutrition; relaxation skills; ACP; and available community resources and support. Together, these workshops reached approximately 50 community members. In addition, the Laurel Amtower Cancer Institute continued to partner with Sharp HospiceCare to provide free, monthly ACP workshops. Led by a Sharp ACP professional, in FY 2019, the workshops educated 25

community members about the ACP process and basic tools for developing an advance health care directive.

The Laurel Amtower Cancer Institute participated in several community events throughout the year. In May, team members shared cancer education and resources at the annual Sharp Women's Health Conference, including information about nutrition, genetic counseling, self-breast exams, and SMH's cancer support groups. In June, the Laurel Amtower Cancer Institute hosted a three-day community event in recognition of National Cancer Survivors Day®. Held at the OPP, the celebratory event featured resource tables with information to support community members and patients impacted by cancer. Further, team members walked in and provided fundraising support for the annual ACS Making Strides Against Breast Cancer Walk in October.

In FY 2019, the Laurel Amtower Cancer Institute supported the educational development of hundreds of community health care professionals through the provision of speakers and planning support for continuing education conferences at Sharp's corporate office location. This included Procreative Planning – Part of Cancer Treatment, which focused on fertility and family planning as a dimension of cancer treatment, as well as Incorporating Updated Guidelines into the Management of Breast Cancer, which addressed changes made to the American Joint Committee on Cancer guidelines.

The Laurel Amtower Cancer Institute includes the Breast Health Center and the Neuro-Oncology Center, with designated LCSWs, nurse patient navigators, genetic counselors and dietitians who support and guide cancer patients and their families from the time of diagnosis through the course of treatment. In FY 2019, the LCSWs provided free psychosocial counseling and support as well as referrals to community organizations to more than 3,000 patients and family members. Nurse navigators provided ongoing guidance for patients and families impacted by all cancer diagnoses, including breast, brain and spinal tumors, lymphomas and myeloma, melanoma, sarcoma, head and neck, lung, pancreas, stomach, bladder, colorectal, renal, prostate, testicular 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 community agencies, including but not limited to: San Diego Homecare, Mama's Kitchen, Meals on Wheels San Diego County, JFS, 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, National Cancer Institute, Breast Cancer Angels and the Cancer Project.

Throughout the year, the Laurel Amtower Cancer Institute provided a dedicated oncology transport van to assist cancer patients in need of transportation to and from

their treatment appointments during afternoon hours. More than 300 patient trips were provided in FY 2019.

The Cancer Centers of Sharp conduct 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 2019, the Cancer Centers of Sharp approached and evaluated 480 patients for participation in oncology clinical trials, 111 of which were enrolled in cancer research studies. In FY 2019, clinical trials focused on multiple types of cancer, including but not limited to: brain, breast, colon, head and neck, spinal cord, lung, lymphoma, melanoma, ovarian and prostate.

FY 2020 Plan

The Laurel Amtower Cancer Institute at SMH will do the following:

- Continue to provide classes on topics including nutrition, exercise, anxiety and stress management for patients and community members impacted by cancer
- Provide monthly lymphedema classes for patients and community members
- Provide monthly ACP classes for patients and community members
- Provide a brain tumor workshop for patients and community members
- Continue to provide support groups for community members, patients and their loved ones, including groups for breast cancer, brain tumors and brain cancer, head and neck cancers, advanced cancer, young cancer patients, and friends and family of cancer patients
- Explore the provision of a support group focused on spirituality and cancer
- Host a free community event to educate community members about breast health in recognition of Breast Cancer Awareness Month in October
- Continue to provide cancer education and resources at community health fairs and events
- Participate in oncology-related continuing education opportunities for community physicians and other health care professionals
- Through philanthropic support, extend transportation services for cancer patients in need of assistance to and from treatment appointments
- Continue to conduct clinical trials to discover cancer treatments and inform the broader health and research community
- Continue to seek funding to support the Laurel Amtower Cancer Institute

Identified Community Need: Prevention of Unintentional Injuries

Rationale references the findings of the 2019 SMH CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SMH 2019 CHNAs identified unintentional injury and violence as one of the priority health needs affecting members of the communities served by SMH.
- According to data presented in the HASD&IC 2019 CHNA, rates of ED visits for motor vehicle injuries in SDC increased 9.3% from 2014 to 2016, while deaths due to motor vehicle injuries increased 1.1%.
- According to data presented in the SMH 2019 CHNA, in 2017, 64.1% of inpatient injury discharges at SMH were due to a fall, 9.4% were due to natural or environmental causes, and 17.8% were due to motor vehicle traffic.
- Focus groups conducted as part of the HASD&IC 2019 CHNA emphasized the importance of a safe environment as a contributor to good health. Lack of a safe environment may encourage physical inactivity, which contributes to chronic health conditions. In addition, focus group participants described homeless individuals and refugees as two groups at increased risk of exposure to violence.
- In 2017, accidents (unintentional injuries) were the fifth leading cause of death for SDC overall. Unintentional injuries (i.e., motor vehicle accidents, falls, pedestrian-related, 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 2013 and 2017, more than 5,900 San Diegans died from unintentional injuries.
- In 2017, there were 1,188 deaths due to unintentional injury in SDC. The county's age-adjusted death rate due to unintentional injury was 33.7 deaths per 100,000 population. In 2017, unintentional injury accounted for 5.5% of all deaths in SDC.¹²²
- In 2017, there were 35,601 hospitalizations related to unintentional injury in SDC. The age-adjusted rate of hospitalizations due to unintentional injury was 1,003.7 per 100,000 population.
- In 2017, there were 187,438 ED visits related to unintentional injury in SDC. The age-adjusted rate of ED visits due to unintentional injury was 5,606.3 per 100,000 population.
- According to a report from the San Diego County Department of the Medical Examiner, in 2018, 49% of sudden and unexpected deaths in SDC were attributable to accidental causes, including poisoning, falls, traffic or train related injuries, drowning, asphyxiation or environmental exposure.
- California Department of Public Health (CDPH) and OSHPD injury data indicates that in 2017, unintentional injuries caused more than 13,600 deaths, 2.5 million ED visits, and 260,000 hospitalizations in California (CDPH, Safe and Active Communities Branch, 2017; SpeedTrack, Inc., 2017).

- In 2016, the CDC recorded approximately 29.2 million ED visits in the U.S. for unintentional injuries (CDC, 2016).
- In 2017, unintentional injury was the third leading cause of death across all age groups in the U.S., accounting for nearly 170,000 deaths. Unintentional injury was the leading cause of death in the U.S. for people ages one to 44, the third leading cause of death for ages 45 to 64, and the seventh leading cause of death for those over the age of 65 (CDC, 2018-2019).
- According to data from National Center for Health Statistics, in 2017, nearly 140,000 deaths in the U.S. were attributable to three causes: poisoning (46.3%), motor vehicle traffic accidents (22.7%) and falls (21.4%).
- According to Live Well San Diego's (LWSD's) 2017 *Report Card on Children, Families, and Community*, SDC has focused its injury prevention efforts on the most vulnerable populations, including children of all ages (especially older children) as well as Native American and rural children. Successful interventions include safety campaigns, educational strategies and changes in parenting practices (LWSD, 2017).
- 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; physical environment both at home and in the community; access to health services and systems for injury-related care; and social environment, including individual social experiences (e.g., social norms, education and victimization history), social relationships (e.g., parental monitoring and supervision of youth, peer group associations and family interactions), community environment (e.g., cohesion in schools, neighborhoods and communities) and societal factors (e.g., cultural beliefs, attitudes, incentives and disincentives, laws and regulations).
- Traumatic injury is the leading cause of death among children, with many survivors enduring the consequences of brain injury and SCI. 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 injury and SCI, injury prevention measures, and the use of safety habits at an early age (www.thinkfirst.org/kids, 2019).

Objectives

- Offer an injury and violence prevention program for children, adolescents and young adults throughout SDC
- Provide presentations and opportunities to Health and Science Pipeline Initiative (HASPI) high school students around injury and violence prevention and health care career readiness

FY 2019 Report of Activities

Sharp's ThinkFirst/Sharp on Survival program is a chapter of the ThinkFirst National Injury Prevention Foundation, a nonprofit organization dedicated to preventing brain, spinal cord, and other traumatic injuries through education, research and advocacy.

HASPI is a network of educators, community organizations and health care industry representatives who collaborate to increase awareness of health and medical career opportunities, improve science proficiency in schools and prepare students for future health care careers. With the partnership and financial support of HASPI, in FY 2019 ThinkFirst/Sharp on Survival provided injury prevention education to nearly 750 students from schools throughout SDC, including San Ysidro High School, Bayfront Charter High School, Castle Park High School, Mar Vista High School, San Diego High School of Science and Technology, e3 Civic High School, Rancho Buena Vista High School and Oceanside High School. Education was provided through classroom presentations, assemblies and off-site learning expos. HASPI school-site programs consisted of one- to two-hour classes that covered topics such as the modes of injury (i.e., automobile accidents, violence and sports/recreation), 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 SCI, known as Voices for Injury Prevention (VIPs).

In addition, 12 HASPI students from Sweetwater High School with an interest in pursuing careers in physical rehabilitation participated in a half-day, interactive tour of the SMH Rehabilitation Center. Students rotated through three stations that provided hands-on practice in adaptive dressing techniques, wheelchair mobility, and various memory and problem-solving activities used in therapy. The experience provided students with a better understanding of physical rehabilitation and the challenges that patients might face following an injury.

In October, ThinkFirst/Sharp on Survival participated in the Walk & Roll Abilities Festival at the Marina View Park in Chula Vista. Organized by a former ThinkFirst/Sharp on Survival VIP, the annual event benefits the Gurmilan Foundation which provides scholarship and grant programs to support and empower people with disabilities. During the event, ThinkFirst/Sharp on Survival hosted a booth featuring models of the brain and spinal cord, opportunities to speak with VIPs and educational activities for children.

In April, ThinkFirst/Sharp on Survival provided planning support and guest speakers for the 2019 ThinkFirst Conference on Injury Prevention at the Wyndham San Diego Bayside hotel. The annual conference aims to reduce injury among all age groups by improving knowledge of the impact of injury and the need for prevention education; increasing awareness of injury prevention programs; and disseminating information to injury prevention specialists through presentations, networking and the sharing of program methodologies. Sharp Rehab provided presentations during the conference, including Mindfulness in Rehabilitation and Vestibular Therapy for Improving Balance.

On the day preceding the conference, ThinkFirst/Sharp on Survival assisted in the fitting and dissemination of 100 bicycle helmets for community children, teens and adults at the San Diego Waterfront Park. The event concluded a day of training for eight new ThinkFirst Chapter Directors, extending their education to include how to fit a helmet and how to conduct an impromptu helmet fitting event in their own communities.

FY 2020 Plan

ThinkFirst/Sharp on Survival will do the following:

- With grant funding, provide and expand educational program offerings to schools and organizations in SDC
- With grant funding, increase community awareness of ThinkFirst/Sharp on Survival through attendance and participation at community health fairs and events
- 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, Coronado, and SDC's south region
- Explore further opportunities to provide education to health care professionals and college students interested in health care careers
- With grant funding, continue to link injury prevention with career readiness and career paths
- With grant funding from the Grossmont Healthcare District, collaborate with SDBIF to recruit and train a VIP speaker with a TBI to speak to audiences 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 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SMH 2019 CHNAs identified education as one of 10 priority health conditions and SDOH affecting members of the communities served by SMH.
- According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 31% of respondents ranked education, including access, health literacy, workforce development and economic mobility, among the top five SDOH with the greatest impact on their community.

- According to participants in a focus group conducted during the HASD&IC 2019 CHNA, when residents are unable to achieve higher levels of education, individual and community health are impacted in the following ways: limited or low-wage employment opportunities for those with low educational attainment; constant stress related to housing or food among families who are not economically secure, which contributes to poor health; and limited career mobility in low-wage jobs, creating little potential for promotions or higher wages.
- The San Diego Workforce Partnership (SDWP) reported that, in 2018, there were 157,756 people employed in the health care sector in SDC, accounting for 9% of all jobs countywide (SDWP, 2019).
- According to a 2017 report from the SDWP titled *San Diego's Priority Sectors: An Update on Labor Force and Training Needs*, the health care industry in SDC experienced net employment growth of 40.4% between 2006 and 2016 — considerably higher than the growth rate in the state of California (27%) and the nation (21%) (SDWP, 2017).
- The report also found that health care employers identified RNs, physicians and surgeons, and health technologists and technicians as the most difficult positions to fill. The most frequently cited reasons for hiring difficulties were lack of experience, small applicant pools, and insufficient non-technical skills (SDWP, 2017).
- According to SDWP, a major challenge faced by education and training programs in the health care sector is accommodating the number of clinical training hours required for students in California to become certified. In addition, the health care industry is facing significant changes due to uncertainty related to legislation and technology, as well as the growing demand for services to support California's aging population (SDWP, 2017).
- Total employment in California is projected to grow 10.7% between 2016 and 2026, reflecting an increase of 1.9 million jobs statewide over the decade. The health care and social assistance sector is expected to be the fastest growing industry in California, with 24.9% growth anticipated (California Employment Development Department (EDD), 2018).
- In its *Employment Projections – 2018-2028* report, the U.S. Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/ technical occupations will contribute about 30% of all new jobs and account for 18 of the 30 fastest growing occupations. Increased demand for health care services for an aging population and people with chronic conditions will drive much of the expected employment growth (BLS, 2019).
- As of 2018, SDC was one of 28 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (OSHPD *Registered Nurse Shortage Areas Update*, 2019).
- The U.S. Department of Health and Human Services Bureau of Health Workforce (BHW) projects that the demand for RNs in California will increase 71% by 2030 if current levels of health care are maintained. The report projects that California will need to hire an additional 26,270 nurses to meet the demand (BHW, 2018).
- According to forecasting 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% by 2030. These forecasts predict that the

southern border region will experience some of the highest levels of clinician shortages in the state. UCSF recommends a comprehensive and holistic targeted strategy to enhance the education pipeline, improve recruitment and retention, maximize the existing workforce and leverage workforce data (UCSF, 2017-2018).

- According to a report from the California Health Care Foundation (CHCF) titled *California Physician Supply: Headed for a Drought?*, the total supply of active patient care physicians in California declined slightly between 2013 and 2015, a trend that appears to be driven by the aging of the physician workforce. In SDC, nearly a quarter of practicing physicians were ages 60 and older in 2015 (CHCF, 2018).
- The same report found that 32% of California's active patient care physicians were primary care physicians. In SDC, there were 112.3 specialty physicians practicing per 100,000 residents in 2015, compared to 49.8 primary care physicians per 100,000 residents (CHCF, 2018).
- According to a report from PolicyLink, a national research institute dedicated to advancing economic and social equity, building a diverse health care workforce in California — one that reflects the state's racial, ethnic and linguistic diversity — is a critical strategy for increasing access to culturally and linguistically appropriate services, eliminating racial and ethnic health inequities, improving the quality of care and reducing preventable costs (*Building an Inclusive Health Workforce in California: A Statewide Policy Agenda*, 2018).
- A report by the California Future Health Workforce Commission (CFHWC) titled *Meeting the Demand for Health* identified several strategies to recruit and maintain California's health care workforce, including offer health career pipeline programs for students from low-income backgrounds; provide academic, advising and health career development support to underrepresented college students; expand educational programs that train students to provide health care in underserved communities and provide scholarships for low-income students (CFHWC, 2019).

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 2019 Report of Activities

SMH offered various placement and professional development opportunities for students and interns throughout SDC. In FY 2019, approximately 330 nursing students and approximately 240 ancillary students from a variety of colleges and universities spent more than 111,400 hours at SMH. Program partners included Alliant International University, APU, Boston University, California College San Diego, California State University (CSU), Fresno, Capella University, CBD College, Creighton University, CSU San Marcos, Drexel University, Emory University, EMSTA College, Grand Canyon University, Grossmont College, Grossmont Health Occupations, Healing Hands School of Holistic Health, Keck Graduate Institute, Loma Linda University, McGill University,

Metropolitan State University, Mount St. Mary's University, National University, Ohio University, Palomar College, Pima Medical Institute, PLNU, Samuel Merritt University, San Diego Fire-Rescue Department, San Diego Mesa College, San Jose State University, SDSU, Sodexo Dietetic Internships, Southwestern College (SWC), Touro University, University of California San Diego Extension, USD, University of South Alabama, University of St. Augustine for Health Sciences, University of Southern California, University of the Pacific, University of Utah, Western Governors University, and Western University of Health Sciences.

The SMH Clinical Pastoral Education program continued to train community clergy members interested in health care chaplaincy, training 12 chaplain students in FY 2019. In addition, the Spiritual Care and Education Department hosted three educational events for professional chaplains during the year. Events included Healing Stories from Traditions of World Religions: Buddhist Stories; Praying for Miracles; and Sharing our Spiritual Practices. The events shared best practices in chaplaincy with more than 100 community chaplains, including graduates of SMH's chaplaincy program as well as chaplains from various hospitals and hospices in SDC.

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 nearly 40 community paramedic interns in FY 2019. Each student completed 147 hours of clinical training primarily in the ED, with scheduled rotations in the trauma bay, catheterization lab, operating room, labor and delivery, and pulmonary services. ED staff contributed more than 5,600 hours of clinical training and supervision to these specialized community programs in FY 2019. SMH continued to provide several mobile intensive care nurse (MICN) training programs in SDC. The MICN program is an extensive, six-week classroom course for any San Diego base station in need of new MICN nurses. Participants receive certification through the County of San Diego EMS upon meeting the following criteria: successful completion of the 36-hour classroom component; a passing score of 85% or higher on the County of San Diego EMS protocol examination; and completion of mandatory ride-along hours with a paramedic unit. As a radio base station, the SMH prehospital/EMS department continued to provide field care conferences in FY 2019, including two six-hour Joint Base Regional Care Conferences for local EMS personnel and MICN nurses throughout SDC.

In September, SMH collaborated with SMBHWN and SMV to provide the SMMC Nursing Career Development Fair. Held at the OPP, the annual event supports the professional development of students who are interested in pursuing a career in nursing as well as nurses within the community. The fair provided approximately 100 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 California and other state universities offered information about their nursing and allied health programs.

SMH continued to participate in the Health Sciences High and Middle College (HSHMC) program to provide early professional development for high school students. During the school year, 51 students in ninth through 12th grade were supervised for approximately 11,000 hours between SMH and the OPP. Students shadowed staff in a variety of hospital departments, including radiology, laboratory, endoscopy, cardiac rehabilitation, case management, patient transport, administration, ED, pharmacy and the cafeteria. Students also learned about the hospital's commitment to person-centered care and the culture of a professional work environment. In addition to placement at SMH, seven HSHMC students devoted 1,500 hours to shadowing team members at SRSMG's San Diego facility located adjacent to SMMC.

Sharp Rehab provided free professional development opportunities for community and Sharp professionals in FY 2019, including a Compassion Cultivation Training (CCT) course and Mindful Self-Compassion (MSC) course. 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 exercises and group discussions, CCT can improve communication, increase resilience to stress and enhance 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. In addition, Sharp Rehab led Compassion-Based Training: Promoting Well-Being and Preventing Burnout, a six-week course to help health professionals develop skills to cope with the challenging demands of today's health care environment. Approximately 30 health professionals received training through these courses in FY 2019.

In FY 2019, SMH provided planning support and speakers for Sharp's annual Obesity Crisis Conference. Held in May at Liberty Station, the 2019 conference focused on practical approaches to the care of patients with obesity and attracted more than 200 community health professionals. Three SMH nurses provided expertise during the conference, including a presentation about current health and fitness apps, and participation in a panel on exercise and motivation. In addition, in September, an SMH team member helped moderate a panel on human trafficking for more than 300 community professionals — including law enforcement, social workers, behavioral health specialists, and other advocates against sexual assault — during the 8th annual SART (Sexual Assault Response Team) Summit Multi-Disciplinary Conference held at the Hyatt Regency Mission Bay Spa & Marina.

SMH is a Planetree Person-Centered Hospital Designated with Distinction, representing the highest level of person-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 expertise in person-centered care upon request from various local, national and international hospitals, nonprofit organizations and universities. Guests may use lessons learned during the tours to improve service delivery and customer experience within their own organizations. In FY

2019, SMH provided four hospital tours, including a tour for SDSU's Master of Public Health students, to share its unique programs and design properties that promote person-centered care, a healing environment, workforce efficiency and effective use of technology.

FY 2020 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 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 the Planetree philosophy of care
- Provide continuing education lectures to community physicians, residents, interns and Navy personnel at the SMH Hip Preservation Center

Identified Community Need: Access to Health Care and Community and Social Support

Rationale references the findings of the SMH 2019 CHNA, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC and SMH 2019 CHNAs identified community and social support, economic security, and homelessness and housing instability among the priority health needs affecting members of the communities served by SMH, particularly underserved and underfunded patients who face inequities.
- Focus groups and key informant interviews conducted as part of the HASD&IC 2019 CHNA identified five primary barriers to accessing health care in San Diego: (1) lack of insurance; (2) economic insecurity; (3) transportation; (4) fear related to immigration status; and (5) lack of culturally competent/linguistically appropriate care options.
- According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 72% of respondents identified access to care, 60% identified economic security, and 35% identified care management, including disease management and community social service linkage, among the top five SDOH with the greatest impact on their community.
- Participants in the Sharp Case Management Leadership focus group conducted as part of the SMH 2019 CHNA identified a lack of: family support; caregiver upon discharge; and childcare assistance as priority SDOH related to community and social support that influence the health and well-being of their patients.

- Sharp Case Management Leadership focus group participants also identified economic security as a significant barrier to care. In particular, the cost of housing, taking time off work to for medical appointments, the cost of medication and food insecurity were highlighted.
- Further, Sharp Case Management Leadership focus group participants identified the following hospital discharge challenges and barriers for patients: transportation support; a shortage of recuperative or respite care options; a lack of short-term caregivers and in-home support services; and a need for a streamlined process from the hospital to the County of San Diego HHSA for those who qualify for wraparound support.
- Participants in Sharp's 2019 CHNA community engagement activities identified the following strategies to address economic security in patients: prioritizing the hiring and training of social workers; offering free post-surgery visits; providing follow-up phone calls to patients following discharge; making in-home care more accessible; ensuring access to 2-1-1 San Diego (2-1-1) CIE and other community resources at all Sharp facilities; establishing more patient-centered initiatives; and creating on-site resources to assist patients in finding and applying for affordable housing.
- According to the San Diego Hunger Coalition, 1 in 7 San Diegans experienced food insecurity in 2017. Half of adults experiencing food insecurity are living with a disability (San Diego Hunger Coalition, 2019).
- As of October 2019, the overall unemployment rate in SDC was 2.8%, which was lower than the unemployment rate for the state of California (3.9%) and the national rate (3.6%) during the same period (Labor Market Information, California EDD, 2019; BLS, 2019).
- The Regional Taskforce for the Homeless' January 2019 *WeAllCount* campaign estimated that there were 8,102 homeless individuals in SDC, roughly 55% of whom were unsheltered.
- According to a report from the CHCF titled *Mental Health in California: For Too Many, Care Not There*, the prevalence of serious mental illness varies by income level, with lower-income individuals experiencing higher rates of mental illness. Although the number of adults with mental health coverage in California increased nearly 50% between 2012 and 2015 because of Medi-Cal expansion, in 2015, approximately two-thirds of Californian adults with mental illness and adolescents who experienced major depressive episodes did not receive treatment (CHCF, 2018).
- According to the same report, ED visits resulting in inpatient psychiatric admissions increased 30% from 2010 to 2015. More robust community behavioral health services for low-income and uninsured patients may decrease unnecessary ED use (CHCF, 2018).

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 2019 Report of Activities

SMH provides post-acute care facilitation for vulnerable patients, including individuals who experience homelessness or lack a safe home environment. Advocacy for safe discharge from the hospital is a top priority, regardless of funding.

In FY 2019, SMH provided assessments for those at risk for psychiatric and developmental disorders and substance use issues, as well as referrals for housing, medication management and supportive community services as needed. In addition, SMH continued to participate in the County of San Diego's Whole Person Wellness pilot program to help provide comprehensive care management for homeless Medi-Cal beneficiaries who experience high utilization of medical services.

SMH assists high-risk, underserved patients with transportation home from the hospital as well as with connections to community resources for food, clothing and housing. Each year the SMH Auxiliary provides approximately 200 new items of clothing to patients who lack usable clothing at discharge, including homeless individuals, trauma patients from the ED and any other patient who lacks clothing when leaving the hospital. The hospital may also provide uninsured patients with financial assistance for medication and medical equipment. In FY 2019, SMMC assisted economically disadvantaged individuals through the provision of approximately \$105,000 in free medications and transportation through its Project HELP program. Further, Sharp's Patient Access Services team provides robust services to assist with access to care and health insurance coverage for patients at all Sharp hospitals, including patients of SMH. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for more information on these programs and services.

New in FY 2019, SMH joined Sharp's systemwide pilot partnership with 2-1-1 San Diego's CIE to better understand and address the SDOH that influence the health and well-being of their patients. Research continues to underscore that SDOH — the conditions where people live, learn, work and play — have a significant impact on the ability for community members to access care and maintain their health. SMH joined the CIE pilot partnership in order to provide more informed, holistic care to patients with SDOH needs, and to connect them directly to community resources specifically for those needs.

More than 70 CIE community partners — including health care, food banks, housing and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared community member records enable CIE partners to evaluate an individual's SDOH needs and current use of community programs and services, and to make direct referrals to critical, community-based resources. Beginning in fall 2019, SMH's case managers and social workers received training on CIE as a tool to serve vulnerable patients in the acute care setting, including

those patients experiencing food insecurity and homelessness. Metrics of this partnership, including demographic and utilization data, as well as volume and successful community referrals, are currently being collected and will help to assess the impact and value of the partnership at the end of its pilot year in early summer 2020.

FY 2020 Plan

SMH will do the following:

- Continue to collaborate with community organizations that provide medical care and case management services to the homeless
- Continue to partner with the Whole Person Wellness program to provide care management to homeless Medi-Cal patients who are high users of medical services
- Continue to administer funds to those in need of transportation assistance or financial support for medications
- With funding from the SMH Auxiliary, provide 200 items of clothing to patients who lack usable clothing at discharge
- Continue to provide financial assistance for prescription copayments and other personal items
- Evaluate the impact of the pilot year of the Sharp-CIE partnership to inform next steps in collaboration with community organizations to address SDOH

SMH Program and Service Highlights

Sharp Memorial Hospital:

- 24-hour Emergency and Trauma Center, including heliport and base station — designated ST-Elevation Myocardial Infarction — acute heart attack (STEMI) center
- Advanced Heart Care Center
- Arts for Healing and Integrative Therapies
- Medical/surgical care, including a dedicated inpatient oncology unit
- Bioethics consultations
- Cancer treatment including genetic counseling, diagnostic imaging, infusion services and radiation therapy
- Cardiovascular and pulmonary rehabilitation
- Catheterization lab, including a hybrid procedure room
- Classes, events and physician referral through 1-800-82-SHARP
- Clinical trials, including cancer, heart and vascular, neurology and orthopedics
- Care Partner and CCP programs
- Critical care
- FollowMyHealth®, a secure on-line patient website that gives patients convenient, 24-hour access to their personal health information
- Head and neck services, including cancer treatment and surgery
- Health Information Ambassadors
- Heart and vascular care, including mechanical circulatory support devices and heart transplantation
- Heart Valve Surgery Center
- Home health with home infusion services¹²⁴
- Hospice¹²⁵
- Imaging services, including interventional radiology
- Infection Prevention services
- Intensive Care Units
- Interpreter services
- Laboratory services
- Mindful Café, offering healthy and nutritious food options for patients, family and staff
- Neuro-Oncology Center specializing in brain and spinal cord cancer treatment
- Open medical records program
- Organ transplantation, including kidney, heart and pancreas
- Orthopedics, including joint replacement surgery
- Pain management program
- Palliative care
- Pathology services
- Pharmacy services for inpatients
- Pre-Anesthesia Evaluation services
- Robotic surgery

¹²⁴ Provided through Sharp Home Health, located at: 8080 Dagget Street in San Diego, ZIP code 92111.

¹²⁵ Provided through Sharp HospiceCare.

- Senior Resource Center
- Senior Trauma Program
- Sharp Allison deRose Rehabilitation Center, including inpatient and outpatient physical, occupational, hand, stroke, brain, spinal cord and speech therapy, balance and vestibular services, and community reentry programs
- Sharp and Children's MRI Center
- Sleep Disorders Center
- Spiritual care services
- Stroke care, nationally recognized by the AHA/ASA; dedicated stroke unit
- Surgical services, including thoracic, head and neck surgery
- Telehealth services
- Van transportation services
- Warfarin management
- Weight loss (bariatric) surgery program
- Wound and Ostomy Inpatient Center

Sharp Memorial Outpatient Pavilion:

- Cancer services, including nutrition and genetic counseling, nurse navigators, LCSWs, radiation therapy, infusion services and diagnostic imaging
- Elliot and Helen 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, reflexology and Reiki
 - Fitness assessments
- Diabetes education and management accredited by the ADA
- Kevin H. Cook Infusion Center
- 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
- 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 screening services
- Primary and comprehensive physical and mental health care services for seniors

Sharp Senior Health Center Clairemont:

- Community health education programs
- Community health screening services
- Outpatient pulmonary clinic
- Primary and comprehensive physical and mental health care services for seniors



Dedicated to Behavioral Health Care

Sharp Mesa Vista Hospital and Sharp McDonald Center

With the demand for behavioral health care professionals increasing exponentially, Sharp Mesa Vista's Practicum Program trains the next generation of great clinicians to meet this need. The Practicum Program seeks to enhance Sharp's mission by adding the "best place to train." Though small at its inception, it has grown to partner with six universities in training over 30 students each year. The Practicum Program trains high-achieving master's in social work and marriage and family therapy students, offering a training manual, as well as didactics and clinical case discussions using evidence-based practices and measure-based care.

By training students to become high-quality behavioral health clinicians, the Practicum Program helps to both fill the gap in behavioral health resources and improve behavioral health care delivery in our community.

Section

11 Sharp Mesa Vista Hospital and Sharp McDonald Center

Each time we provide a free lecture, meet with community partners or sit on a new committee sharing the stories of our patients and their path to recovery, not only do we give back, but we receive a true benefit as well. Giving back to the larger community of San Diego is our responsibility. — Dara Schwartz, Clinical Program Developer, SMV

Fiscal Year (FY) 2019 Community Benefit Program Highlights

Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) provided **\$22,926,238** in community benefit in FY 2019. See **Table 50** 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 50: Economic Value of Community Benefit Provided
Sharp Mesa Vista Hospital and Sharp McDonald Center — FY 2019**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2019 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹²⁶	\$2,285,898
	Shortfall in Medicare ¹²⁶	10,958,082
	Shortfall in County Medical Services (CMS) ¹²⁶	7,376,224
	Shortfall in CHAMPVA/TRICARE ¹²⁶	955,177
	Shortfall in Workers' Compensation	19,140
	Charity Care ¹²⁷	669,437
	Bad Debt ¹²⁷	(87,714)
Other Benefits for Vulnerable ¹²⁸ Populations	Patient transportation and other assistance for the vulnerable ¹²⁹	451,050
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 ¹²⁹	119,155
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ¹²⁹	179,789
TOTAL		\$22,926,238

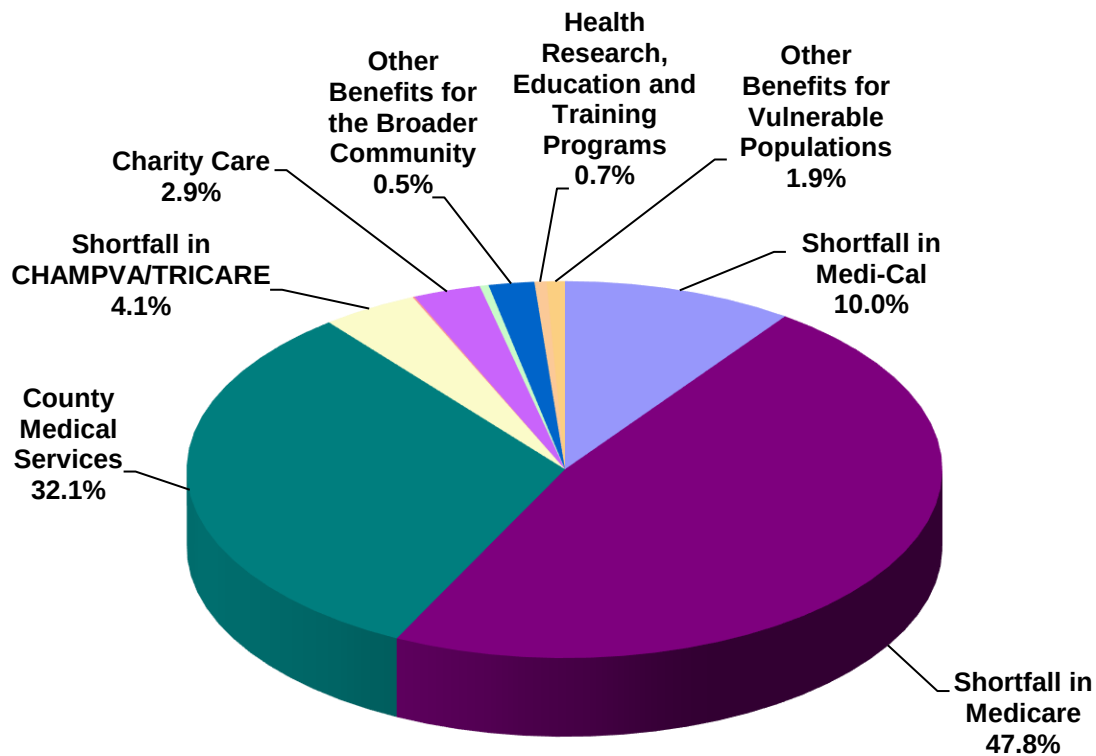
¹²⁶ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

¹²⁷ 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.

¹²⁸ "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs. <https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Data-And-Reports/Documents/Submit/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Legislature-Community-Benefit.pdf>.

¹²⁹ 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 2019**



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, CMS 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 and Feeding San Diego and other assistance for vulnerable community members.
- **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 National Alliance on Mental Illness (NAMI), Community Health Improvement Partners (CHIP) Behavioral Health Work Team, CHIP Suicide Prevention Council (SPC), San Diego Military Family Collaborative (SDMFC), San

Diego Mental Health Coalition, San Diego County Older Adult Behavioral Health System of Care Council, A New PATH (Parents for Addiction Treatment and Healing), Psychiatric Emergency Response Team (PERT) and VA (United States (U.S.) Department of Veterans Affairs) San Diego Mental Health Council. See **Appendix A** for a listing of Sharp HealthCare's (Sharp's) involvement in community organizations in FY 2019. 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, student and intern supervision, and generalizable health-related research projects that were made available to the broader health care community.

Definition of Community

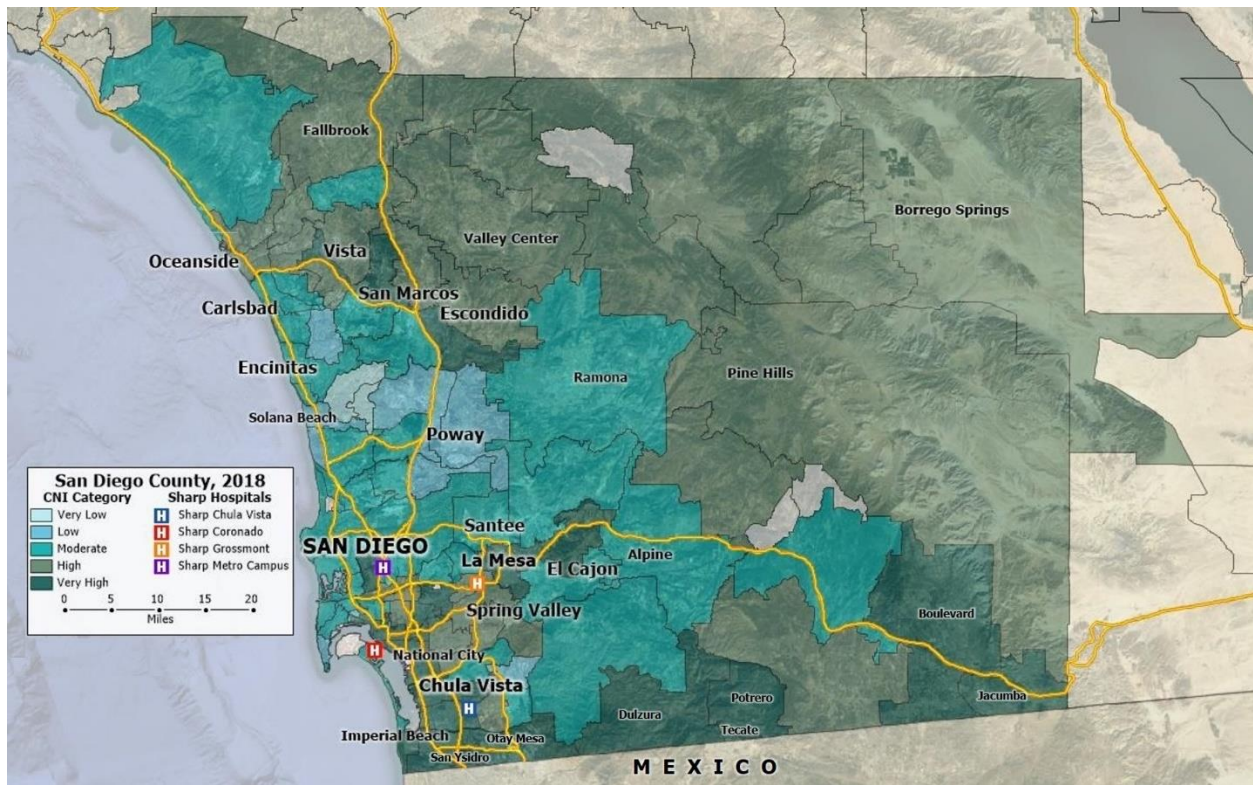
- *SMV is located at 7850 Vista Hill Avenue in San Diego, ZIP code 92123.*
- *SMC is located at 7989 Linda Vista Road in San Diego, ZIP code 92111.*
- *SMV Mid-City Outpatient Programs are located at 4275 El Cajon Boulevard, Suite 100 in San Diego, ZIP code 92105; SMV East County Outpatient Programs are located at 1460 East Main Street in El Cajon, ZIP code 92021.*

As specialty hospitals, SMV and SMC serve all 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 2019 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify communities with greater health disparity 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 Southeast San Diego, the College Area, City Heights, East San Diego, and Chula Vista. **Figure 30** presents a map of the CNI scores across SDC.

Figure 30: CNI Map — SDC¹³⁰



Description of Community Health

In 2019, there were 504,267 residents ages 65 and older in SDC, representing 15.1% of the population. Between 2019 and 2024, it is anticipated that SDC's senior population will grow by 22.4%.¹³¹

In 2017, 13.3% of the SDC population reported living below 100% of the federal poverty level (FPL). The county's unemployment rate was 6.8% and 5.0% of households received Supplemental Security Income.¹³²

According to data from the San Diego Hunger Coalition, 1 in 7, or 14% of SDC's population experienced food insecurity¹³³ in 2017. An additional 1 in 5 San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget.¹³⁴ In 2017, 7.2% of households in SDC participated in Supplemental Nutrition

¹³⁰ Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018.

¹³¹ SpeedTrack Inc.; U.S. Census Bureau.

¹³² County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Community Health Statistics Unit (2019), *2017 Demographic Profiles: San Diego County*, U.S. Census Bureau, American Community Survey 5-year estimates 2013-2017.

¹³³ Food security means access by all people at all times to enough food for an active, healthy life.

<https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/>

¹³⁴ San Diego Hunger Coalition (2019), *Hunger Free San Diego Issue Brief: 2017 San Diego County Food Insecurity*.

Assistance Program (SNAP) benefits, while 19.9% of the population lived at or below 138% FPL and were eligible for the program.¹³² Please refer to **Table 51** for SNAP participation and eligibility in SDC.

Table 51: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2017¹³²

Food Stamps/SNAP Benefits	
Households	7.2%
Families with Children	6.9%
Eligibility by FPL	
Population ≤130% FPL	18.5%
Population ≤138% FPL	19.9%
Population 139% - 350% FPL	32.2%

In SDC in 2017, 94.6% of children ages 18 and under, 82.7% of young adults ages 19 to 25, 84.0% of adults ages 26 to 44, 89.1% of adults ages 45 to 64, and 98.5% of seniors ages 65 and older had health insurance.¹³² Health insurance coverage for each age group was lower than the Healthy People 2020 (HP2020) national target of 100% health insurance coverage for all individuals under age 65.¹³⁵ See **Table 52** for health insurance coverage in SDC in 2017.

Table 52: Health Insurance Coverage in SDC, 2017¹³²

Description	Rate	Year 2020 Target
Current Health Insurance Coverage		
Children 0 to 17 Years	94.6%	100%
Young adults 18 to 24 years	82.7%	100%
Adults 25 to 44 years	84.0%	100%
Adults 45 to 64 years	89.1%	100%
Seniors 65+ years	98.5%	100%

According to the California Health Interview Survey (CHIS), in 2018, 28.9% of SDC's population was covered by Medi-Cal.¹³⁶ See **Table 53** for details.

¹³⁵ 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.

¹³⁶ 2018 CHIS.

Table 53: Medi-Cal (Medicaid) Coverage in SDC, 2018¹³⁶

Description	Rate
Covered by Medi-Cal	28.9%
Not covered by Medi-Cal	71.1%

CHIS data also revealed that 10.3% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 54**).¹³⁶

Table 54: Regular Source of Medical Care in SDC, 2018¹³⁶

Regular Source of Medical Care	Rate	HP2020 Target
Has a usual source of care	89.7%	100%
Has no usual source of care	10.3%	100%

In 2018, 26.7% of adults ages 18 to 64 reported needing help for emotional or mental health problems or use of alcohol or other substances. Of those needing help, 64.4% received treatment. Overall, 22.0% of SDC adults ages 18 to 64 reported seeing a health care provider for mental-emotional or substance use issues. Among SDC seniors, 10.0% of those surveyed in 2018 reported needing help for mental, emotional or substance use issues in the past year.¹³⁶

In 2017, 6,344 individuals in SDC visited the emergency department (ED) for a self-inflicted injury, an age-adjusted rate of 192.1 per 100,000 population. This included 188 seniors (an age-adjusted rate of 40.5 per 100,000 population), of whom 98 were hospitalized (21.1 per 100,000 population). During the same year, the age-adjusted suicide rate in SDC was 12.5 per 100,000 population, or 428 deaths. Among seniors, the rate of suicide was nearly double (24.6 deaths per 100,000 population).¹³² Both rates are higher than the HP2020 target rate of no more than 10.2 deaths per 100,000 population.

An analysis of 2017 mortality data for SDC revealed Alzheimer's disease and suicide to be the third and ninth leading causes of death for SDC, respectively.¹³⁷ See **Table 55** 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 2019 CHNAs for these entities, available at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

¹³⁷ County of San Diego HHSA, Public Health Services, Community Health Statistics Unit (2019), *Leading Causes of Death Workbook 2011-2017*.

Table 55: Leading Causes of Death in SDC, 2017¹³⁷

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	5,033	23.2%
Diseases of the Heart	4,764	21.9%
Alzheimer's Disease	1,450	6.7%
Cerebrovascular Diseases	1,376	6.3%
Accidents/Unintentional Injuries	1,188	5.5%
Chronic Lower Respiratory Diseases	1,025	4.7%
Diabetes Mellitus	799	3.7%
Essential Hypertension and Hypertensive Renal Disease	469	2.2%
Intentional Self-Harm (Suicide)	428	2.0%
Influenza and Pneumonia	393	1.8%
All Other Causes	4,807	22.1%
Total Deaths	21,732	100.0%

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
- Engage in quarterly meetings to discuss, plan and implement community activities

Priority Community Needs Addressed in Community Benefit Report — SMV and SMC 2019 CHNAs

Both SMV and SMC completed their most recent CHNAs in September 2019. These CHNAs were significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2019 CHNA process and findings. Please refer to **Section 3: Community Benefit Planning Process** for a detailed description of Sharp's 2019 CHNA process and findings.

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 2019 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](http://www.sharp.com/about/community/health-needs-assessments.cfm).

Through the SMV and SMC 2019 CHNAs, the following priority health needs were identified for the communities served by SMV and SMC (listed in alphabetical order):

- Access to Health Care
- Aging Concerns
- Behavioral Health (including Substance Use)
- Cancer
- Chronic Health Conditions (e.g., Cardiovascular Disease, Diabetes and Obesity)
- Community and Social Support
- Economic Security
- Education
- Homelessness and Housing Instability
- Maternal and Prenatal Care, including High-Risk Pregnancy
- Unintentional Injury and Violence

SMV and SMC are specialty hospital facilities providing behavioral health and substance use programs and services. Therefore, in alignment with these identified needs, the following pages detail programs that specifically address behavioral health and substance use needs, including those that impact aging concerns. This section also describes programs that address access to care, community and social support, economic security and education. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for additional entity and systemwide programs designed to address access to health care.

As specialty hospital facilities, SMV and SMC lack the resources to comprehensively address the elements of community education and support for the remaining identified needs. These remaining identified health needs are addressed through programs and services provided by Sharp Mary Birch Hospital for Women and Newborns (SMBHWN) and Sharp Memorial Hospital (SMH). Please refer to **Sections 9 and 10** (respectively) of this report for details on those programs. SMV, SMH and SMBHWN are all conveniently located on the Sharp Metropolitan Medical Campus (SMMC).

For additional details on SMV and SMC programs that specifically address the needs identified in the 2019 CHNA, please refer to SMV's and SMC's respective implementation strategies available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2019 Report of Activities conducted in support of the objective(s), and FY 2020 Plan.

Identified Community Need: Behavioral Health and Substance Use Education for the Community

Rationale references the findings of the SMV and SMC 2019 CHNAs, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC, SMV and SMC 2019 CHNAs identified behavioral health (including substance use) as one of the priority health needs affecting community members in SDC.
- The following health conditions were identified in the HASD&IC 2019 CHNA as priority behavioral health issues among individuals of all age groups in SDC: mood disorders; post-traumatic stress disorder (PTSD) and trauma; substance use disorder and suicide or self-harm.
- The HASD&IC 2019 CHNA also identified the following priority behavioral issues for children and youth: mood disorders, specifically anxiety; alcohol and other substance use; suicide and self-harm; and trauma.
- In addition, the HASD&IC 2019 CHNA identified the following priority behavioral issues for seniors: Alzheimer's disease; dementia; mood disorders, particularly anxiety and depression; and schizophrenia.
- Participants in the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs ranked behavioral/mental health as the second most important health condition affecting community members.
- In addition, only a minority of survey respondents (6%) were very familiar with Sharp's behavioral health support groups, indicating a missed opportunity to support community members with behavioral health issues. This is of particular concern for younger adults ages 25 to 44, who were most likely to select behavioral/mental health as a priority health condition but indicated that they were 'not at all familiar' with Sharp's behavioral health support group offerings.
- Further, survey respondents ages 25 to 44 were significantly more likely than other age groups to select stigma as one of the five most important social determinants of health (SDOH) impacting their community. Research illustrates that although stigma can exist in a variety of contexts, it is one of the largest barriers for individuals who may seek or engage in treatment for behavioral health conditions.
- According to data presented in the SMV 2019 CHNA, in 2017, 11.2% of inpatient discharges at SMV were seniors ages 65 and older, 56.3% were adults ages 27 to 64, 15.8% were Transitional Age Youth (TAY) and 16.7% were children 17 and under.
- This analysis also indicated that 48.4% of inpatient discharges for TAY at SMV in 2017 had a principal diagnosis classified as a mood disorder, 20.7% as a substance-related disorder, and 17.8% as schizophrenia or other psychotic disorders.
- Further, 26.1% of children and the majority (52.0%) of TAY discharged from SMV in 2017 had co-occurring behavioral health and substance use diagnoses.

- In general, data analysis in the SMV and SMC 2019 CHNAs revealed a higher volume of behavioral health hospital discharges in communities facing greater socioeconomic challenges throughout SDC.¹³⁸
- According to 2018 CHS data, 16.1% of adults in SDC have ever seriously thought about committing suicide, a 71.3% increase from 2014 (9.4%).
- In 2017, there were 998 hospitalizations due to overdose/poisoning in SDC. The age-adjusted rate of hospitalizations due to overdose/poisoning was 28.4 per 100,000 population.
- In 2017, the age-adjusted rate of overdose/poisoning-related ED visits in SDC was 172.1 per 100,000 population. Age-adjusted rates for overdose/poisoning-related ED visits were higher among males, individuals of other race and individuals ages 15 to 24 years in comparison among groups.
- In 2017, California's state mental health authority provided treatment to 104,410 adolescents ages 13 to 17, representing 15.1% of all individuals treated by the state (Substance Abuse and Mental Health Services Administration (SAMHSA), 2018).
- In 2018, 14.4% of U.S. adolescents experienced a major depressive episode, of whom an estimated 41.4% received treatment for depression (SAMHSA, 2019).
- SAMHSA estimates that, in 2018, approximately 12.4 million adults in the U.S. had co-occurring mental health and substance use disorders (SAMHSA, 2019).
- According to HP2020, the effects of substance use 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.
- During 2018, 19.4% of individuals ages 12 years and older reported that they had used illicit drugs or misused prescription drugs in the past year. Prevalence was highest among individuals ages 18 to 25 (38.7%) and ages 26 to 29 years (34.3%) (Centers for Disease Control and Prevention (CDC), 2019).
- Approximately 8% of the population will develop PTSD during their lifetime; however, these figures are higher among veterans and active duty service members. According to the VA, each year, approximately 11% to 20% of veterans of Operations Iraqi Freedom and Enduring Freedom and 12% of Gulf War veterans have PTSD, while it is estimated that 30% of Vietnam veterans have had PTSD in their lifetime (VA, 2018).
- Organizational and provider-related barriers to veterans accessing high-quality mental health care include shortages in the behavioral health workforce, inadequate availability of appointments, and variability in the use of evidence-based treatments tailored to veterans. Individual level barriers include concern that admitting a mental health problem is a sign of weakness; skepticism about the effectiveness of treatment; concerns about the negative side effects of medication and fear of job or career repercussions from seeking behavioral health care (RAND Corporation, 2018).
- The *National Veteran Suicide Prevention Annual Report* indicated that, in 2017, the suicide rate for veterans was 1.5 times the rate among non-veterans. Research has shown suicide rates among veterans to be impacted by economic disparities,

¹³⁸ Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018; OSHPD via SpeedTrack®, Inc., 2017.

homelessness, unemployment, disability status, community connection, and personal health and well-being. (VA, 2019).

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 2019 Report of Activities

During FY 2019, 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, substance use, life transitions, domestic violence and child and geriatric psychiatry. This included SMV's monthly lecture series designed to educate participants about cognitive behavioral therapy (CBT) — a research-based treatment approach to mood disturbances and behavior problems that is used to treat depression, anxiety, bipolar disorder, panic disorder, phobias, anger, relationship problems, grief and loss, and other difficulties that bring people to therapy. Further, to support family, friends and caregivers of individuals receiving behavioral health care, SMV participates in NAMI San Diego's Friends in the Lobby program, through which trained NAMI volunteers provide behavioral health resources to visitors in the hospital's lobby.

Throughout the year, SMV's Trauma and PTSD Recovery Intensive Outpatient Program (IOP) provided specialized services to active duty service members, veterans, military families and the community. This program provided a safe environment for individuals to learn effective methods for coping with and managing symptoms of PTSD, acute stress disorder and mood-related disruptions. SMV's Trauma and PTSD Recovery IOP continued to offer evidence-based therapies designed to address maladaptive coping strategies, assist with recovery from complex post-traumatic stress and decrease mood instability. Team members also provided education and resources to reduce the stigma surrounding behavioral health issues in the military and civilian communities, as well as offered an expedited referral process for IOP services to active duty service members receiving treatment at Naval Medical Center San Diego. During FY 2019, SMV's Trauma and PTSD Recovery IOP supported approximately 250 veterans and community members impacted by trauma. In addition, in August, SMV offered behavioral health resources to approximately 175 community members during a resource fair at the VA San Diego Healthcare System's seventh annual Community Mental Health Summit at Jacobs Center for Neighborhood Innovation. SMV also continued to participate in the SDMFC, which meets monthly to discuss community-based services for military service members and their families.

In FY 2019, SMV provided a specialized TAY Program to provide community services and support 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 June, SMV provided behavioral health resources to approximately 100 community members and TAY during an event focused on destigmatizing mental health called Music. Art. Tacos. at Queen Bee's Music and Cultural Center in North Park. The event was sponsored by Urban Street Angels, an organization that provides emergency overnight shelter, supportive housing and job training opportunities to homeless San Diego youth. SMV also provided education and resources to 50 TAY at the Oasis Clubhouse youth center's Ducky Awards and Community College Health Resource Fair events. SMV's TAY Program also includes the Sustainable Early Episode Clinic (SEEC), which is designed to offer early intervention and ongoing support to TAY with newly diagnosed schizophrenia or schizoaffective disorder and their families.

SMV and SMC provided a variety of behavioral health educational opportunities and resources to community groups throughout the year. Through Sharp's partnership with the City of San Diego, SMV and SMC clinicians delivered five lectures on various topics, covering the following topics: the basics of behavioral health; cultural perceptions and beliefs around behavioral health; the link between opioids and mental health; and overcoming mental illness in conjunction with substance use. Lectures were delivered to approximately 40 community members at Serra Mesa Recreation Center, San Ysidro Community Activity Center, Mary Hollis Center at the San Diego Central Library and Pacific Beach/Taylor Library.

In FY 2019, SMV and SMC provided behavioral health education, resources and presentations to approximately 1,100 community members through participation in health and wellness fairs, conferences and events. This included the Mental Health Resource Fair at the San Diego Central Library; Community Alliance for Healthy Minds' 12th annual Forum for Healthy Minds at California State University San Marcos (CSUSM); the Caregiver Coalition of San Diego's (Caregiver Coalition's) Caring for an Adult Loved One Living with Mental Health Challenges conference at Saint Gregory the Great Catholic Church; the Gender Odyssey San Diego conference at the San Diego Marriott Mission Valley; the Jewish Family Service of San Diego (JFS) Behavioral Health Committee's annual Behavioral Health Panel and Luncheon; County of San Diego Health and Human Services Agency's (HHSA's) 14th annual Recovery Happens event at Waterfront Park; and the fourth annual Critical Issues in Child and Adolescent Mental Health Conference at the Doubletree Hotel in Mission Valley. In addition, in February and March, SMC staff hosted educational events focused on Medication Assisted Treatment (MAT) — the combination of behavioral therapy and medication to treat substance use disorders — for approximately 50 behavioral health clinicians, including case managers and social workers, during MAT Roadshow events held at San Diego City College, Sharp Chula Vista Medical Center (SCVMC) and Alvarado Parkway Institute. A child psychologist also presented to approximately 60 members of the Sweetwater Union High School District Parent Advisory Group at Rancho Del Rey Middle School on topics including adolescent brain development and recognizing behavioral health concerns in teens and young adults.

Throughout the year, SMV provided behavioral health education to the community through interviews with local news outlets, including KUSI News, KSON, CBS 8 San Diego, and KPBS. Interview topics included pathways to recovery for individuals struggling with addiction; a new blood test to predict the onset of Alzheimer's disease; bullying prevention and coping skills; "Dry January" and controlling alcohol intake; a new medication for treatment-resistant depression; behavioral health awareness in the Latino community; orthorexia; setting behavioral health resolutions for the new year; supporting a loved one who has experienced a traumatic event; discussing traumatic events with children; and the impact of racism on children's health. Professionals with expertise in disciplines such as clinical research, psychiatry, marriage and family therapy (MFT), clinical psychology and clinical child psychology shared information through these news outlets.

In FY 2019, SMV sponsored and participated in several events benefitting behavioral health organizations across SDC. Events included NAMI's 15th annual Color Ball and Inspiration Awards at the San Diego Natural History Museum; Mental Health America's 21st annual Meeting of the Minds Behavioral Health Conference and Resource Fair at Marina Village Conference Center; San Diego Psychological Association's (SDPA's) 2018 Fall Conference at the Doubletree by Hilton Hotel in Mission Valley; the 12th annual Survivors of Suicide Loss (SOSL) Day event at St. Gregory the Great Catholic Church; 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 and compassionate support.

Throughout the year, SMV and SMC sponsored and participated in eight walks to increase awareness and raise funds for behavioral health services, including NAMI Walks/Runs SDC and County of San Diego HHSA Wellness Expo, San Diego NEDA (National Eating Disorders Association) Walk, American Foundation for Suicide Prevention's Out of the Darkness Community Walk, SOSL and Directing Change's 12th and 13th annual Walk in Remembrance with Hope events, Alzheimer's San Diego's annual Walk4ALZ, and the American Heart Association's (AHA's) 2019 San Diego Heart & Stroke Walk. With the exception of the AHA 2019 San Diego Heart & Stroke Walk, SMV and SMC provided a booth with behavioral health resources during these events.

SMV continues to maintain a Client Advisory Board, which obtains feedback from the hospital's outpatients, former patients and employees on how to improve programs, empower patients, promote advocacy and better serve the community. During FY 2019, members of the Client Advisory Board encouraged community members, staff, current and former patients, friends and family to join their walking team, the Mighty Mesa Vista Movers, in the annual NAMI Walks/Runs SDC event to raise awareness and reduce stigma around behavioral health.

In FY 2019, SMV continued its collaboration with CHIP and the Independent Living Association (ILA) in support of an important initiative to improve housing conditions for

community members living with serious, persistent mental illness. Efforts of the ILA Work Team continue to maintain quality standards and seek improvement of conditions for independent living facilities (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 to include 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.

FY 2020 Plan

SMV or SMC will do the following:

- Continue to explore opportunities for outreach to multicultural and vulnerable groups through increased community involvement and education
- Host and provide a variety of educational events and programs for community members
- Participate in Sharp's partnership with the City of San Diego to provide behavioral health and substance use education and resources to employees and residents in the city's nine districts
- Continue to provide education on MAT to community members and behavioral health providers throughout SDC to address the opioid epidemic
- Continue serving as the media's go-to experts for information on behavioral health conditions and treatment
- 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 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

Identified Community Need: Behavioral Health and Substance Use Screenings and Community and Social Support

Rationale references the findings of the SMV and SMC 2019 CHNAs, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC, SMV and SMC 2019 CHNAs identified behavioral health (including substance use) as one of the priority health needs affecting community members in SDC.

- The following health conditions were identified in the HASD&IC 2019 CHNA as priority behavioral health issues among individuals of all age groups in SDC: mood disorders, PTSD and trauma, substance use disorder, and suicide and self-harm.
- The HASD&IC, SMV and SMC 2019 CHNA processes identified the following barriers to accessing behavioral health care: availability of needed services and appointments; insurance issues; logistical problems getting to appointments; and economic security, including inability to pay co-pays and deductibles.
- In addition, the following types of care were identified as especially difficult to access: urgent care services for crisis situations; inpatient psychiatric beds and substance use facilities; and transitional programs and services following discharge from the hospital.
- A focus group conducted with the SMC Aftercare Support Group as part of Sharp's 2019 CHNA process identified numerous barriers to behavioral health care, including the need for more low-cost or free, easily and immediately accessible drug treatment programs, as well as issues related to cost or difficulty obtaining health insurance. Participants also described challenges related to post-discharge care for all health conditions, including lack of adequate support at home, navigating denied insurance claims, and medication management.
- Participants in the Sharp Insight Community survey conducted as part of Sharp's 2019 CHNA process ranked behavioral health as the second most important health condition affecting community members.
- In addition, only 6% of survey respondents were very familiar with Sharp's behavioral health support groups, indicating a missed opportunity for Sharp to provide support to community members with behavioral health issues.
- Participants in community engagement activities conducted during Sharp's 2019 CHNA process identified the following strategies and resources to address behavioral health issues: wider availability of substance use programs; increasing education for health care providers related to addiction, including when and how to intervene, holistic pain management alternatives, and training focused on compassion and empathy; offering senior-focused forums led by health advocates to provide information on health issues and assistance navigating the health care system; implementing faster delivery of behavioral health care, particularly referrals for individuals in need of hospitalization; advocating for improved access and insurance coverage for the underserved; and offering a greater variety of behavioral health services, including classes tailored to specific behavioral health issues.
- Data presented in the HASD&IC 2019 CHNA identified steep increases in the rates of ED visits (559.3%) and inpatient discharges (195.1%) for chronic substance use in SDC between 2014 and 2016.
- According to data presented in the SMV 2019 CHNA, in 2017, 11.2% of inpatient discharges at SMV were seniors ages 65 and older, 56.3% were adults ages 27 to 64, 15.8% were TAY and 16.7% were children 17 and under.
- In addition, 46.6% of inpatient discharges at SMV in 2017 had co-occurring behavioral health and substance abuse diagnoses.
- In general, data analysis in the SMV and SMC 2019 CHNAs revealed a higher volume of behavioral health hospital discharges in communities facing greater socioeconomic challenges throughout SDC.¹³⁸

- In 2017, there were 5,882 ED visits related to mood disorders in SDC, an 18.2% increase from 2013. The age-adjusted rate of ED visits for mood disorders was 177.4 per 100,000 population.
- There were 428 deaths due to self-inflicted injury (suicide) in SDC in 2017. The age-adjusted suicide rate was 12.5 per 100,000 population.
- According to 2018 CHIS data, 16.1% of adults in SDC have ever seriously thought about committing suicide, a 71.3% increase from 2014 (9.4%).
- Among adults served by California's public mental health system in 2017, 83.2% of those ages 18 to 20, 76.2% of those ages 21 to 64, and 93.9% of those ages 65 or older were not in the labor force (SAMHSA, 2018).
- In the U.S., approximately 26% of homeless adults staying in shelters live with serious mental illness, and an estimated 46% live with severe mental illness and/or substance use disorders (NAMI, 2016).
- According to the SAMHSA, 21.2 million Americans ages 12 or older (7.8% of the population) needed treatment for a drug or alcohol problem in 2018, but just 1.4% of the population received treatment at a specialty facility (SAMHSA, 2019).
- According to a report from the California Health Care Foundation (CHCF) titled *Mental Health in California: For Too Many, Care Not There*, although the number of adults with mental health coverage in California increased nearly 50% between 2012 and 2015 due to Medi-Cal expansion, in 2015, approximately two-thirds of Californian adults with mental illness and adolescents who experienced major depressive episodes did not receive treatment (CHCF, 2018).
- Further, ED visits resulting in inpatient psychiatric admissions increased 30% between 2010 and 2015. More robust community behavioral health services for low-income and uninsured patients may decrease unnecessary ED use (CHCF, 2018).

Objectives

- Provide behavioral health and substance use screenings to the community
- Provide community and social support for individuals impacted by behavioral health and substance use issues

FY 2019 Report of Activities

In FY 2019, SMV and SMC provided several behavioral health and substance use screening opportunities for the community, both on-site and in partnership with local organizations. Throughout the year, SMV psychiatric evaluation and intake teams provided approximately 17,000 free psychiatric evaluations and referrals for the general community via phone calls, walk-ins and scheduled appointments. In addition, SMC spent more than 1,600 hours offering free chemical dependency assessments, educational materials and community referral resources to more than 850 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 Day 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. In FY 2019, SMV partnered with CHIP and Live Well San Diego (LWSD) to provide Check Your Mood screenings — a brief questionnaire aimed at assessing risk for depression — and behavioral health resources at San Diego City College as well as various Sharp locations.

In May, SMV recognized Mental Health Awareness Month by providing behavioral health resources at events around SDC. This included the I Have a Story Resource Fair and Panel at San Diego City College, as well as at Petco Park during a Padres baseball game. In addition, team members hosted resource tables at locations throughout the Sharp system. Further, the hospital's behavioral health experts participated in a panel discussion following a film screening of the documentary Lift the Mask: Portraits of Life with Mental Illness — a special event at the Ultra Star Mission Valley theater hosted by SMMC and the International Bipolar Foundation.

SMV and SMC also provided behavioral health screenings and resources at several community events throughout the year. SMV and SMC continued to assist in planning SCVMC's Changing Minds — Minds Matter South County Mental Health Fair, a free event during which more than 50 community partners gathered to educate south region 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 behavioral health resources to approximately 150 community members. SMV and SMC also offered Check Your Mood screenings, hourly mindfulness circles and behavioral health resources to approximately 1,000 attendees at the 2019 Sharp Women's Health Conference in May. SMV clinicians also presented at the conference on multiple topics, including reducing caregiver stress; achieving balance in work, life and love; and Alzheimer's, dementia and strategies for brain health.

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 helped attendees develop coping skills to manage severe emotional reactions, intense anxiety, impulsivity, self-harm, suicidal thoughts and high-conflict relationships. More than 400 community members attended these support groups in FY 2019.

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 2,000 hours in FY 2019 for groups including Narcotics Anonymous (NA), the NA Family group, Alcoholics Anonymous (AA), Al-Anon, AA Dual Diagnosis, Cocaine Anonymous, Pills Anonymous, Project SMILE 12 Step Recovery Workshop, SMART Recovery San

Diego, Co-Dependents Anonymous, Depression and Bipolar Support Alliance, 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. An average of 440 community members received support from these groups each week during FY 2019.

For more than 50 years, the San Diego Rescue Mission (SDRM) has helped homeless individuals in San Diego 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 donate food to the SDRM three times each week to help support approximately 400 men, women and children living in the shelter. Each month during FY 2019, SMV collected and donated approximately 650 pounds of food for the SDRM.

In addition, SMV works with Sharp's Patient Access Services team to connect patients to critical insurance and financial resources that help reduce economic barriers to behavioral health care. Sharp's Patient Access Services team provides robust services to assist with access to care and health insurance coverage for patients at all Sharp hospitals, including patients of SMV. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for more information on these programs and services.

New in FY 2019, SMV and SMC joined Sharp's systemwide pilot partnership with 2-1-1 San Diego's Community Information Exchange (CIE) to better understand and address the SDOH that influence the health and well-being of their patients. Research continues to underscore that SDOH — the conditions where people live, learn, work and play — have a significant impact on the ability for community members to access care and maintain their health; particularly community members with behavioral health and substance use challenges. SMV and SMC joined the CIE pilot partnership in order to provide more informed, holistic care to patients with SDOH needs, and to connect them directly to community resources specifically for those needs.

More than 70 CIE community partners — including health care, food banks, housing and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared community member records enable CIE partners to evaluate an individual's SDOH needs and current use of community programs and services, and to make direct referrals to critical, community-based resources. Beginning in fall 2019, SMV case managers and social workers received training on CIE as a tool to serve vulnerable patients in the acute care setting, including those patients experiencing food insecurity and homelessness. Metrics of this partnership, including demographic and utilization data, as well as volume and successful community referrals, are currently being collected and will help to assess the impact and value of the partnership at the end of its pilot year in early summer 2020.

FY 2020 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
- Continue to provide weekly food donations to the SDRM
- Evaluate the impact of the pilot year of the Sharp-CIE partnership to inform next steps in collaboration with community organizations to address SDOH

Identified Community Need: Improving Behavioral Health Outcomes for At-Risk Seniors

Rationale references the findings of the SMV and SMC 2019 CHNAs, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC, SMV and SMC 2019 CHNA processes identified behavioral health, including Alzheimer's disease and dementia, as one of the priority health needs affecting community members in SDC.
- The following conditions were identified in the HASD&IC 2019 CHNA as priority behavioral health issues among seniors in SDC: Alzheimer's disease, dementia, mood disorders, and schizophrenia.
- According to the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 83% of respondents ages 65 and older ranked aging concerns, including Alzheimer's disease and dementia, and 63% ranked behavioral health among the top five conditions with the greatest impact on overall community health in SDC.
- According to data presented in the HASD&IC 2019 CHNA, the rate of ED visits for Alzheimer's increased by 35.1% between 2014 and 2016, while the inpatient discharge rate increased by 16.3%. The rate of ED visits for dementia increased by 10.6%, while the inpatient discharge rate increased by 7.1%.
- According to data analyzed for the SMV 2019 CHNA, in 2017, half of senior inpatient discharges at SMV had a principal diagnosis that was classified as a mood disorder, while 18.4% of diagnoses were classified as an alcohol-related disorder, and 11.5% as dementia.
- This data analysis also revealed that, while individuals identified as white represented 63.7% of all inpatient discharges at SMV in 2017, they accounted for 74.2% of discharges among seniors.
- In addition, 22.9% of senior females and 33.7% of senior males admitted to SMV in 2017 had co-occurring behavioral health and substance abuse diagnoses.

- A focus group conducted with the SMC Aftercare Support Group as part of Sharp's 2019 CHNA process identified opioid misuse as a growing issue within the senior population. Participants identified a common scenario where a senior is prescribed pain medication for a chronic issue such as back pain, becomes dependent on that medication, and dependence progresses into an addiction.
- These same focus group participants also identified the following health issues to be of special concern for seniors: behavioral health, arthritis, limited mobility, chronic pain, Alzheimer's disease, social isolation and food insecurity.
- In 2017, Alzheimer's disease was the third leading cause of death in SDC, the fourth leading cause of death in California, and the sixth leading cause of death in the U.S. (County of San Diego HHSA, 2019; CDC, 2019).
- In 2017, adults ages 65 and older experienced the highest rates of hospitalization for Alzheimer's disease, mood disorders and schizophrenia when compared to all other age groups in SDC.
- In 2015, more than 84,400 San Diegans ages 55 and older were living with Alzheimer's disease and related dementias (ADRD), which accounted for 10.7% of this age group. Assuming current trends continue, by 2030, nearly 115,000 residents 55 years and older will be living with ADRD, representing a 36.5% increase from 2015 (*Alzheimer's Disease and Related Dementias in San Diego County*, 2018).
- According to 2018 CHIS data, 8.4% of SDC adults over the age of 65 thought about committing suicide in the past year. From 2016-2018, 69.3% of SDC seniors who reported having mental/emotional or substance use issues sought help for those issues.
- ED visits for alcohol-related disorders among SDC seniors increased 58.0% between 2013 and 2017. This was the largest percentage increase among all age groups over the five-year period.
- The 2017 hospitalization rate for acute substance-related disorders was 8.0 per 100,000 among SDC residents over the age of 65. This is a significant decline from 2013 (42.9 per 100,000 SDC residents over the age of 65).
- Certain circumstances of aging, such as loss of family and caregivers, social isolation and infirmity can be triggers for the onset of mental illnesses, including alcoholism and serious depression, among seniors. Seniors with mental illnesses also face the insufficiency of geriatric health practitioners, including mental health practitioners (NAMI, 2016).
- According to a 2018 health policy brief by the University of California, Los Angeles (UCLA) Center for Health Policy Research, the state's public mental health delivery system does not meet the needs of all seniors it serves. Deficits exist in the involvement of older adults in planning processes, outreach and service delivery, as well as workforce development and the measurement and reporting of outcomes.
- Recommendations to improve access and utilization of behavioral health services by California seniors include designating distinct administrative and leadership structures at county levels; enhancing older adult outreach and documentation of unmet needs; establishing standardized training for geriatric providers; standardizing data-reporting requirements; and increasing the level of integration between medical, behavioral health, aging and substance use disorder services (UCLA, 2018).

- Behavioral health problems in older adults are often under-identified by health care professionals. Older adults experience unique stressors (e.g., declining functional ability or socioeconomic status, and bereavement), which can result in isolation, loneliness and psychological distress that necessitate long-term care (World Health Organization, 2017).
- According to research presented by the National Institute on Aging (NIA), social isolation and loneliness have been linked to a variety of physical and mental conditions, including high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death. People who find themselves unexpectedly alone due to the death of a spouse or partner, separation from friends or family, retirement, loss of mobility, and lack of transportation are at particular risk (NIA, 2019).

Objectives

- Provide culturally competent outreach services to vulnerable seniors in SDC's disadvantaged communities
- Provide education and screenings to senior community members
- Collaborate with community organizations to address the behavioral health needs of SDC seniors and other community members facing inequities

FY 2019 Report of Activities

Throughout FY 2019, SMV clinicians collaborated with Serving Seniors to provide more than 760 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; referrals for prescriptions or medication adjustment; referrals or counseling to reduce the risk of hospitalization or 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 vulnerable, culturally diverse seniors and address barriers to accessing behavioral health care, including stigma, isolation and lack of available services. These services were further enhanced by case management services, free psychoeducation for staff, seniors and families, and 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.' Clinicians delivered lectures titled Mental Health for Today's Older Adult, Older Adults and Mood Disorders, Healthy Aging, and Tips and Tools for Mental Health to approximately 130 seniors and community members at events around SDC, including a Lunch and Learn event at North Park Senior Apartments, an in-service for staff members at Elderhelp of San Diego, a JFS Brunch Club event at a private residence and an event at Incarnation Lutheran Church in Poway. In addition, SMV staff — including team members from the SIOP — offered four educational sessions addressing depression in older adults and coping with life's transitions through Sharp's partnership with the City of San Diego. Lectures were delivered to approximately 60 community members at City Heights Weingart Library, Mountain View Library, Rancho Peñasquitos Library and Balboa Park Senior Lounge. Lastly, a clinician from SMV's Research team delivered a lecture on seniors and depression to 30 community members at Monarch Cottage senior living community in October.

In collaboration with Sharp's Senior Health Centers, clinicians from SMV's SIOP and Research teams delivered five lectures on topics including managing the holidays, brain health, and the impact of medications on brain function. Lectures were delivered to more than 50 community seniors at Sharp Senior Health Center Clairemont, Gary and Mary West Senior Wellness Center and Westminster Senior Apartments.

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 Sharp Senior Resource Centers' Senior Health and Resource Fair at Point Loma Community Presbyterian Church; SCHHC's Spring into Health event at John D. Spreckels Center and Bowling Green (Spreckels Center); the JFS Health Fair and Flu Shot Event at JFS College Avenue Senior Center and San Diego LGBT (Lesbian, Gay, Bisexual and Transgender) Community Center's 13th annual Senior Resource Fair. In FY 2019, more than 300 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 nearly 2,100 community members in FY 2019. Events included: Sharp Senior Resource Centers' and Sharp HospiceCare's annual aging conferences titled Health and Wellness in Aging: Know Your Options at La Mesa Community Center, Elks Lodge in Chula Vista and Point Loma Community Presbyterian Church; Sharp Women's Health Conference at the Sheraton San Diego Hotel & Marina; and the County of San Diego Aging and Independence Services' Vital Aging 2019: Live Well to Age Well events at the San Diego Convention Center and California Center for the Arts in Escondido. At these conferences, SIOP clinicians

presented on a variety of topics, including stress management; healthy, mindful aging; and dementia and brain health. SMV also participated in the Sharp-sponsored *Union-Tribune* PRIME Expo at Town and Country San Diego in October. At this event, SMV offered resources related to behavioral health, Alzheimer's research and enrollment in clinical trials to approximately 10,000 conference attendees.

In FY 2019, SMV partnered with Alzheimer's San Diego to provide a variety of screenings, behavioral health education and resources to community members. In May, SMV provided a resource table to 150 attendees at Carlsbad Library following a panel discussion on the link between Alzheimer's and genetics that was co-sponsored by Alzheimer's San Diego and the Caregiver Coalition. In August, SMV sponsored Alzheimer's San Diego's Date with a Cure event at Irwin M. Jacobs Qualcomm Hall as well as provided 500 attendees with behavioral health resources and information about participation in clinical trials. An SMV clinician also participated in a panel discussion about recent advances in Alzheimer's treatment during the event. In September, SMV partnered with Alzheimer's San Diego to present a screening of *Turning Point*, an award-winning documentary capturing the drama and dedication of scientists and clinical trial volunteers who are working to make Alzheimer's a distant memory. Approximately 100 community members attended the event at Sharp's corporate office location, which also included a panel discussion on Alzheimer's research featuring an SMV clinician. On a monthly basis, SMV and Alzheimer's San Diego provided free memory screenings — a wellness tool that identifies possible changes in memory and cognition — to nearly 160 community members who were concerned about memory loss or interested in establishing a baseline to detect future changes.

Additionally, throughout FY 2019, SMV clinicians provided educational materials and lectures on advances in Alzheimer's research and opportunities to enroll in clinical research studies to approximately 1,200 community members at locations across SDC, including Glenner Town Square, Carlsbad Tri-City Wellness Center, San Diego Convention Center, California Center for the Arts in Escondido, Spreckels Center, Poway Branch Library, Sharp Rees-Stealy Rancho Bernardo, San Diego City College, Fredericka Manor Retirement Community, Point Loma Community Presbyterian Church, La Mesa Community Center, Sharp Grossmont Hospital Senior Resource Center, and Gary and Mary West Senior Wellness Center. SMV clinicians also presented on clinical trials and Alzheimer's research throughout the year to nearly 70 attendees at Glenner Centers' Memory Cafés, which provide a safe, supportive environment that engages participants in cognitive activities designed to keep them mentally and socially active. In FY 2019, SMV participated in Memory Café events at Poway Senior Center, Silvercrest Residences in Chula Vista, Grace Point Church, El Cajon Library, Mission Hills-Hillcrest/Knox Library, and La Jolla Community Center. In addition, in February, an SMV clinician delivered a webinar on the benefits of Alzheimer's research through the Caregiver Coalition's website. Lastly, an SMV clinician provided training on identifying appropriate candidates for clinical trials and the benefits of clinical research to 10 social workers at Alvarado Parkway Institute in June.

FY 2020 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 vulnerable, culturally diverse seniors
- Through SMV's SIOP, provide education and support to community members around senior behavioral health issues
- Participate in Sharp's partnership with the City of San Diego to provide senior behavioral health education and resources to employees and residents in the city's nine districts
- In collaboration with Sharp Senior Health Center, provide education on senior behavioral health topics, including holiday blues and depression
- 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 2019 CHNAs, HASD&IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated.

Rationale

- The HASD&IC, SMV and SMC 2019 CHNAs identified education as one of the priority health needs affecting community members in SDC.
- According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 31% of respondents ranked education, including access, health literacy, workforce development, and mobility, among the top five SDOH with the greatest impact on their community.
- According to participants in a focus group conducted during the HASD&IC 2019 CHNA, when residents are unable to achieve higher levels of education, individual and community health are impacted in the following ways: limited or low wage employment opportunities for those with low educational attainment; constant stress related to housing or food among families who are not economically secure, which contributes to poor health; and limited career mobility in low-wage jobs, creating little potential for promotions or higher wages.
- A key strategy for behavioral health workforce development identified by participants in the SMC Aftercare Support Group conducted as part of Sharp's 2019 CHNA process involves increasing education for health care providers related to addiction.

This includes providing strategies for identifying when and how to intervene, holistic pain management alternatives, and training focused on compassion and empathy.

- According to San Diego Workforce Partnership (SDWP), a major challenge faced by education and training programs in the health care sector is accommodating the number of clinical training hours required for students in California to become certified. In addition, the health care industry is facing significant changes due to uncertainty related to legislation and technology, as well as the growing demand for services to support California's aging population (SDWP, 2017).
- A report from PolicyLink, a national research institute dedicated to advancing economic and social equity, suggests that building a diverse health care workforce in California — one that reflects the state's racial, ethnic and linguistic diversity — is a critical strategy for increasing access to culturally and linguistically appropriate services, eliminating racial and ethnic health inequities, improving the quality of care and reducing preventable costs (*Building an Inclusive Health Workforce in California: A Statewide Policy Agenda*, 2018).
- As of September 2019, there were 544 designated Mental Health Care Health Professional Shortage Areas (HPSAs) in California, representing approximately 7.9 million residents. The Kaiser Family Foundation estimates that 405 new practitioners would need to be added to the behavioral health workforce in order to remove HPSA designation from all areas (Kaiser Family Foundation, 2019).
- A report titled *California's Current and Future Behavioral Health Workforce* indicates that many psychiatrists statewide are aging out of the workforce, contributing to a projected 34% decline in the number of practicing psychiatrists between 2016 and 2028. Action is needed to increase diversity in the field of incoming behavioral health care workers, particularly among psychiatrists and psychologists. To ensure that California's diverse population receives culturally, racially, ethnically and linguistically appropriate behavioral health services, increased racial and ethnic diversity as well as greater female representation among providers is necessary (Healthforce Center at University of California, San Francisco (UCSF), 2018).
- The same report emphasizes the following strategies for improving access to behavioral health care treatment in California: greater cultural competency in the delivery of behavioral health care; adequate geographical distribution of facilities and training programs across the state; and increased provider participation in both public and private health insurance plans (Healthforce Center at UCSF, 2018).
- A report from the University of Washington's Center for Health Workforce Studies describes numerous challenges contributing to the nation's behavioral health workforce crisis, including 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).
- 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% between 2003 and 2013, for reasons including 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% of psychiatrists now practicing in cash-only private practices.

- According to the U.S. Bureau of Labor Statistics (BLS), employment of behavioral health social workers is projected to grow 11% from 2018 to 2028, much faster than the average for all occupations. Employment of substance use, behavioral disorder and mental health counselors is anticipated to increase 22%. Demand for employment in these occupations is expected to increase as greater numbers of people seek treatment for mental illness and substance use disorders, and as insurance policies provide greater coverage for addiction and behavioral health services (BLS, 2019).
- As the criminal justice system increasingly recognizes treatment for substance use disorders as a cost-effective alternative to incarceration, use of substance use programs is likely to increase as states opt to sentence offenders experiencing drug and substance use issues to treatment and counseling services rather than jail (BLS, 2019).

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 2019 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 chaplaincy, medicine and nursing. Academic institution partners included, but were not limited to: Alliant International University, Azusa Pacific University, California State University (CSU) Chico, CSU Long Beach, CSUSM, Fielding Graduate University, Grand Canyon University, Keck Graduate Institute, Lesley University, Mesa College, National University, Point Loma Nazarene University (PLNU), Rutgers University, Saint Xavier University, San Diego City College, San Diego State University (SDSU), Southwestern College, Touro University, University of California San Diego, and University of San Diego.

SMV provided clinical supervision and training for 29 psychology trainees, including 13 graduate students, nine doctoral interns, two postdoctoral fellows and five psychological assistants, as well as 25 MFT, eight Master of Social Work (MSW) and five Bachelor of Social Work student interns. In addition, SMV provided a nine-month internship for a student completing a dual master's degree in Music Therapy and Professional Counseling. In FY 2019, ancillary (non-nursing) students served approximately 34,000 hours on the SMV campus. In addition, more than 330 nursing students spent nearly

25,000 hours working clinical rotations of six- to eight- hour shifts 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 27,300 hours at SMV in FY 2019. Nursing students from various universities and colleges were also provided free meeting space as needed.

In FY 2019, SMV received more than 160 applications for nine doctoral intern positions available through Sharp's yearlong, American Psychological Association (APA) 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 360 detailed psycho-diagnostic assessments throughout the year. In addition, psychology trainees provided more than 5,000 hours of group therapy and approximately 2,000 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. SMV continued to mentor psychology assistant trainees during FY 2019, allowing the hospital to provide clinical programming on its inpatient units seven days per week.

At SMV and SMC, psychologists, licensed marriage and family therapists and licensed clinical social workers provided thousands of hours of direct clinical supervision to trainees. SMV clinicians 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: Acceptance and Commitment Therapy (ACT) with Older Adults; Addressing Substance Use Disorders and Treatment; Assessing Psychosis in Children and Adolescents; Art Therapy; Assessment and Treatment of Behavioral Disturbance in Dementia; Assessment and Treatment of Obsessive Compulsive Disorder; Assessment and Treatment of Self Injurious Behaviors; Child Abuse and Tarasoff Reporting; Community Health Needs Assessment; Culturally and Clinically Competent Work With Transgendered People; Discharge Planning and Utilization Review; Evaluating Complex Trauma in Children; Evaluating Personality Disorders in Adolescents; Giving and Receiving Feedback in a Professional Setting; Integrating Music Therapy with CBT and ACT; Mindfulness and Self-Care; Motivational Interview Training; Psychological Treatment of Functional Gastrointestinal Disorders; Providing Trans-affirmative Care; Rapid Case Conceptualization and Brief Intervention; Recovery Model and Aging; Sex and Aging; Speaking up for Safety; and Working with Interpreters.

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, staff huddles and other learning activities as part of their 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 and MSW students working specifically with outpatients also attended quarterly two-hour trainings.

In addition, SMV continued to participate in the Health Sciences High and Middle College (HSHMC) program in FY 2019. The program provided 19 students in grades 11 and 12 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 2019, HSHMC students spent more than 4,100 hours at SMV.

In FY 2019, SMV provided behavioral health resources to more than 175 students at the Mesa College Mental Health Fair and the San Diego City College Health and Wellness Expo. SMV also provided behavioral health resources to more than 100 students at Mesa College and HSHMC in recognition of Suicide Prevention Week in September. At the 2019 Agency Internship Fair hosted by SDSU, University of Southern California and CSUSM, SMV provided more than 350 behavioral health students, graduate students and clinicians with behavioral health resources and information about student internships.

SMV and SMC provided continuing education classes, conferences and trainings for behavioral health care professionals in FY 2019, including psychologists, psychiatrists, community physicians, social workers, nurses and other health and human service providers. In November, an SMV clinician provided behavioral health resources to 500 attendees at the San Diego In-Home Supportive Services Public Authority's Provider Appreciation Day event at the Balboa Park Club. Behavioral health resources were also provided to more than 400 attendees of the annual Early Childhood Mental Health We Can't Wait Conference in September, which was held at the Crowne Plaza San Diego.

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 as well as participation in student research. In FY 2019, SMV continued to assist with the development of geriatric behavioral health and dementia care curricula for SDSU's Responsive Integrated Health Solutions, a County of San Diego Behavioral Health contracted program within SDSU's Academy for Professional Excellence. In addition, clinicians and patients from SMV's SIOP continued to participate in research to help graduate psychology students from SDSU better understand the needs of people with serious mental illness, as well as barriers preventing this population from accessing cancer screenings.

Throughout FY 2019, 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, American Psychiatric Nurses Association, Association for Ambulatory Behavioral Healthcare, Association of California Nurse Leaders, Association for Contextual Behavioral Science – Aging Special Interest Group, Behavioral Health Recognition Dinner Planning Team, California Association of Marriage and Family Therapists San Diego Chapter, LWSD Check Your Mood Committee, CHIP Behavioral Health Work Team, CHIP ILA Work Team, CHIP SPC, HASD&IC, JFS Behavioral Health Committee, JFS Public Affairs Committee, NAMI, PERT, PLNU, San Diego County Older Adult Behavioral Health System of Care Council, San Diego Dementia Consortium, San Diego Coalition for Mental Health, SDMFC, SDPA Supervision Committee, SPC Media Subcommittee; Special Needs Trust Foundation, TAY Behavioral Health Services Council and VA San Diego Mental Health Council.

FY 2020 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
- Attain re-accreditation by the APA for the doctoral internship in clinical psychology

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
- CBT, DBT and electroconvulsive therapy programs
- Outreach to individuals impacted by trauma, including active duty military, veterans, family and community members, through the Trauma and PTSD Recovery IOP
- Services for veterans supported by the VA's 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
- FollowMyHealth®, a secure online patient website that gives patients convenient, 24-hour access to their personal health information
- Classes, events and physician referral through 1-800-82-SHARP

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
- TAY Program, including the SEEC

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



Giving Back and Giving Hope

Sharp Health Plan

Through community partnerships, Sharp Health Plan helps bring hope and support to San Diegans impacted by cancer.

Sharp Health Plan financially supports Friends of Scott — Friends to Children with Cancer, a local nonprofit foundation started by a former Sharp employee in remembrance of her son who lost his life to childhood cancer. This year, Friends of Scott hosted the 13th annual Unforgettable Prom, where past and current cancer patients and their guests spent a night at Balboa Park to enjoy a complete prom experience. Sharp Health Plan also supports the Susan G. Komen Foundation through participation on their development committee and support of community events such as the Race for the Cure and their More Than Pink dinner.

Section

12 Sharp Health Plan

Sharp Health Plan is committed to making a meaningful difference in the quality of life for our fellow San Diegans. Through financial assistance and volunteerism, Sharp Health Plan supports programs that improve the health and well-being of our community. — 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 is SHP required to conduct 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 (FY) 2019, a selection of which are highlighted in this section. SHP services include health plans for both large and small employers, individual family plans and Medicare.

FY 2019 Community Benefit Program Highlights

SHP provided a total of **\$68,869** in community benefit in FY 2019. See **Table 56** 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.

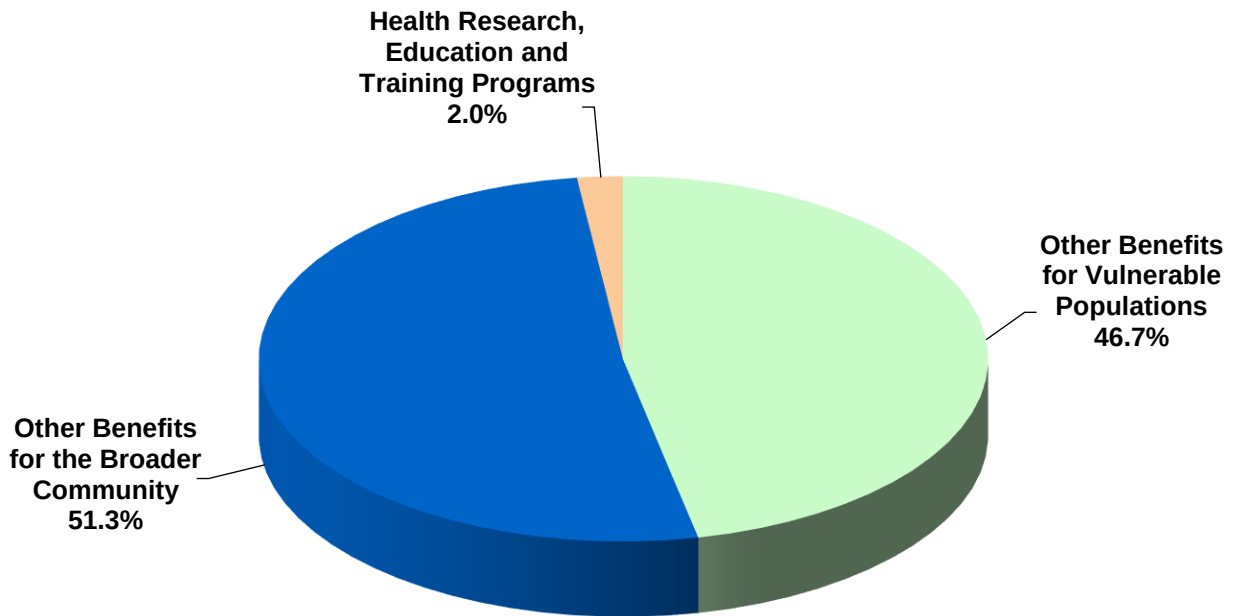
**Table 56: Economic Value of Community Benefit Provided
Sharp Health Plan — FY 2019**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2019 Unreimbursed Costs
Other Benefits for Vulnerable ¹³⁹ Populations	Donations to community health centers and other agencies serving the vulnerable, and contribution of time to Feeding San Diego, Stand Down for Homeless Veterans and the San Diego Food Bank ¹⁴⁰	\$32,150
Other Benefits for the Broader Community	Health education programs, donations to community organizations, meeting room space, and participation in community organizations ¹⁴⁰	35,326
Health Research, Education and Training Programs	Support of education and training programs for students, interns and health care professionals ¹⁴⁰	1,393
TOTAL		\$68,869

¹³⁹ "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs. <https://oshpd.ca.gov/ml/v1/resources/document?rs:path=/Data-And-Reports/Documents/Submit/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Legislature-Community-Benefit.pdf>.

¹⁴⁰ 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 2019**



Key highlights:

- **Other Benefits for Vulnerable Populations** included contribution of time to Stand Down for Homeless Veterans, Feeding San Diego 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 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 2-1-1 San Diego (2-1-1), Alliance for African Assistance, American Heart Association (AHA), Chicano Federation of San Diego County, Family Health Centers of San Diego (FHCS), Food Bank, Friends of Scott Foundation, Girl Scouts San Diego, La Maestra Community Health Centers, Susan G. Komen® San Diego and others. See **Appendix A** for a listing of Sharp HealthCare's (Sharp's) involvement in community organizations in FY 2019. The category also incorporated costs associated with community benefit planning and administration, including CHNA development and participation.
- **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-Based Nonprofit Organizations

Rationale references the findings of the Sharp 2019 CHNAs, Hospital Association of San Diego and Imperial Counties 2019 CHNA or the most recent San Diego County community health statistics unless otherwise indicated.

Rationale

- The Hospital Association of San Diego and Imperial Counties (HASD&IC) and Sharp 2019 CHNAs identified access to health care, aging concerns, behavioral health, cancer, chronic conditions, community and social support, economic security, education, homelessness and housing instability, and unintentional injury and violence as the priority health issues affecting members of the communities served by SHP.
- The HASD&IC 2019 CHNA process described the following strategies for addressing priority health needs: the implementation of overarching strategies to address the health needs; the development or expansion of resources to meet the needs; and the creation of systemic, policy and environmental changes to better support health outcomes. Each of these approaches require collaboration between health care professionals, community organizations, residents, and political, health care system, and community leaders.
- Focus groups conducted as part of the HASD&IC 2019 CHNA identified cancer as a condition that many members of the community fear, particularly brain, colon and breast cancers. Participants also described barriers to receiving cancer screenings and treatment, including: stigma surrounding a cancer diagnosis; fear about immigration status, particularly for asylum seekers; financial burdens, even for those with health insurance; and practical issues such as transportation to medical appointments.
- As part of Sharp's 2019 CHNA process, focus groups comprised of Sharp cancer patient navigators and clinical social workers identified the following health conditions and social determinants of health (SDOH) related to cancer: chronic diseases such as asthma or heart disease, which are often connected to stress; care challenges associated with behavioral health and substance use; barriers to care (cost, delays in receiving, care and fear related to diagnosis or immigration status; frustration with navigating health insurance; screening avoidance; logistics such as transportation or childcare; and language barriers); and fear of stigma due to cancer diagnosis.
- Focus group participants also described the following hospital discharge barriers and support needs: lack of patient or family support and education (particularly for caregivers); homelessness; insurance issues; limited follow-up care or access to medication; and a need for a "one-stop shop" incorporating financial navigators and legal support, as well as other resources like pain management or wigs.
- Participants in the Sharp Insight Community survey conducted as part of Sharp's 2019 CHNA process suggested the following cancer-related strategies for improving the health and well-being of the community: being more proactive about getting patients screened for cancer; providing free screenings and educational webinars;

providing more educational programs, including for cancer; increasing access to primary care services; reducing wait times for primary and specialty care appointments; investing more in post-acute care management; providing opportunities for technical education on many areas of medicine; and developing decision-making tools to assist with complex patient decisions.

- The American Hospital Association recognizes that collaborations, specifically partnerships between hospitals/health care and community organizations, are essential to addressing community health issues and creating a greater impact on health. Fostering effective and sustainable partnerships is integral for 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, American Hospital Association, 2017).
- According to the Nonprofit Finance Fund, changing incentives, poor health outcomes and rising costs have spurred a wave of partnerships between human services and health care organizations to address pressing issues related to health and SDOH. Because many human services organizations are chronically under-resourced, investments in capacity and capital are necessary to support effective partnership, including: financial management consulting to assist in mapping the growth and change implications of collaboration; funding reserves to help human services organizations mitigate risk and explore new approaches and partnerships; and data collection and analysis to measure outcomes and costs associated with new approaches (Nonprofit Finance Fund, 2018).
- According to data from the San Diego Hunger Coalition, 1 in 7 (14%) San Diegans experienced food insecurity. An additional 1 in 5 San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget (San Diego Hunger Coalition, 2019).
- In 2017, cancer was the leading cause of death for San Diego County (SDC) residents and was responsible for 23.2% of all deaths.
- In 2017, 19.1% of all cancer deaths in SDC were due to lung cancer, 8.4% to colorectal cancer, 8.1% to female breast cancer, 7.6% to pancreatic cancer, 6.2% to prostate cancer, 6.2% to female reproductive cancers, 5.8% to liver cancer, and 3.7% to leukemia.
- According to the American Cancer Society (ACS) 2017 *California Cancer Facts & Figures* report, 72.4% of breast cancer cases among non-Hispanic white women in SDC were diagnosed at an early stage, compared to 69.3% of African American cases, 68.1% of Hispanic cases and 70.4% of Asian/Pacific Islander cases. Data suggests that early breast cancer detection resources are needed in minority communities.
- According to findings from the ACS *Cancer Facts & Figures 2019* report, the 40% decrease in the female breast cancer death rate between 1989 and 2016 is attributed to improvements in early detection, namely screening and increased awareness. The rates of new cancer cases and cancer deaths vary significantly among racial and ethnic groups, with rates generally highest among African Americans and lowest for Asian Americans (ACS, 2019).

Objective

- Participate in community-sponsored events and support nonprofit community health as well as social service organizations that address identified community health needs through financial donations, board service and other contributions

FY 2019 Report of Activities

SHP supports San Diego's community-based organizations through a variety of activities, including: participation in and coordination of community-sponsored events; service on community boards and committees; and financial support and fundraising for health and social causes. In FY2019, SHP provided financial support to the following organizations: 2-1-1, AHA, Alliance for African Assistance, Alliance for Quality Education, ArtWalk, Asian Business Association of San Diego, Barney & Barney Foundation, Chicano Federation, County of San Diego, FHCS, Food Bank, Friends of Scott Foundation, Girl Scouts San Diego, Hands United for Children, Home Start, Inc., Japanese American Citizens League, La Maestra Community Health Centers, Las Patronas, Lightbridge Hospice, Lions Tigers & Bears, Living it Up LLC, Logan Heights Community Development Corporation, MANA de San Diego, Neighborhood House Association, Pacific Arts Movement, San Diego Association of Health Underwriters, San Diego Humane Society, San Diego Second Chance, San Ysidro Health, SAY San Diego, Serving Seniors, St. Paul's Retirement Home Foundation, Susan G. Komen San Diego, The Arc of San Diego, Union of Pan Asian Communities, University of San Diego, the YMCA and more. Among the many health issues addressed through SHP's support of these organizations, the impact of cancer on the San Diego community was a top priority.

Each day in SDC, six women are diagnosed, and one woman passes, from breast cancer. SHP is dedicated to investing in local organizations that improve health in SDC, including those that provide aid to individuals affected by cancer. Friends of Scott is a local nonprofit foundation founded by a former Sharp employee in remembrance of her son who lost his life to childhood cancer. The foundation's mission is to ensure support for children and families' emotional and financial needs while they cope with cancer, as well as bring childhood cancer awareness to the community. In FY 2019, SHP continued to financially support Friends of Scott's 13th annual Unforgettable Prom, where more than 200 past and current pediatric cancer patients and their guests spent an evening at Balboa Park to enjoy a complete prom experience, including free corsages and boutonnieres, prom dresses, accessories and tuxedo rentals.

Susan G. Komen San Diego is dedicated to saving lives by meeting the most critical needs in SDC and investing in breakthrough research to prevent and cure breast cancer. The organization is committed to improving laws and systems, removing barriers, and elevating those impacted by the disease. In FY 2019, SHP served on Susan G. Komen San Diego's development committee for the annual More Than Pink Dinner, which brought together 350 survivors, supporters, community members and corporate leaders. At the event, a cancer survivor and her physician— a Sharp-affiliated

radiation oncologist — discussed her journey with cancer. SHP also supported Susan G. Komen San Diego through participation on their development committee for the Race for the Cure event at Balboa Park in FY 2019.

SHP also supports community clinics that provide access and assistance to community members impacted by cancer. This includes La Maestra Community Health Centers, which partners with Every Woman Counts — a state-funded cancer detection program. The program ensures that low-income, under- or uninsured women in California ages 40 and older, have access to free breast health resources and services, including breast and cervical screenings, mammograms and Pap smears. In addition, La Maestra Community Health Centers' early breast cancer detection program, which is funded by Susan G. Komen San Diego, educates women at community events and faith-based and educational institutions who might not otherwise receive breast health education or screenings. In May, SHP supported La Maestra Community Health Centers' Treasure Island Casino Night, an annual fundraising event with entertainment, international food, dancing, casino games and more. The event benefitted La Maestra's Economic Empowerment Program, which empowers, supports and provides job training for women from low-income and immigrant or refugee households.

FHCSD is dedicated to providing affordable, caring, high-quality health care and supportive services to the community, including the uninsured, low-income and medically underserved. FHCSD offers a variety of services and programs to address the health care needs of San Diegans, including individuals affected by cancer, as well as collaborates with Every Woman Counts to provide community members with free cancer screenings and follow-up services. SHP proudly supports FHCSD's bimonthly Spirit of the Barrio luncheons, which inform, educate and entertain hundreds of community members through a diverse list of guest speakers and topics such as organ donation, homelessness and housing, community plan updates and more.

New in FY 2019, SHP joined Sharp's systemwide pilot partnership with 2-1-1's Community Information Exchange (CIE) to better understand and address the SDOH that influence the health and well-being of their members. Research continues to underscore that SDOH — the conditions where people live, learn, work and play — have a significant impact on the ability for individuals to access care and maintain their health. SHP joined the CIE pilot partnership in order to provide more informed, holistic care to their members with SDOH needs, and to connect them directly to community resources specifically for those needs.

More than 70 CIE community partners — including health care, food banks, housing and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared community member records enable CIE partners to evaluate an individual's SDOH needs and current use of community programs and services, and to make direct referrals to critical, community-based resources. Beginning in late fall 2019, SHP staff received training on CIE as a tool to serve members who could benefit from connection to community resources. Metrics of this partnership, including demographic and utilization data, as well as volume and

successful community referrals, are currently being collected and will help to assess the impact and value of the partnership at the end of its pilot year in early summer 2020.

FY 2020 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 activities for local nonprofit organizations — particularly organizations that support vulnerable communities throughout SDC
- 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 2019. Community organizations are listed alphabetically.

- 2-1-1 San Diego Board
- 2-1-1 Community Information Exchange
- A New PATH (Parents for Addiction, Treatment and Healing)
- Adult Protective Services
- Alliance for African Assistance
- Altrusa International Club of San Diego
- Alzheimer's San Diego
- Alzheimer's San Diego Client Advisory Board
- American Association of Critical-Care Nurses
- American Cancer Society
- American Case Management Association
- American College of Healthcare Executives
- American College of Surgeons – San Diego Chapter
- American Diabetes Association American Foundation for Suicide Prevention
- American Heart Association
- American Hospital Association
- American Hospital Association American Organization of Nurse Executives
- American Hospital Association Committee on Clinical Leadership
- American Hospital Association Health Research & Educational Trust Board of Trustees
- American Hospital Association Regional Policy Board
- American Liver Foundation
- American Lung Association
- America's Physician Groups (APG) Board of Directors
- APG California Policy Committee
- APG Executive Committee
- American Psychiatric Nurses Association
- American Red Cross
- Angels Foster Family Network
- ArtWalk
- Asian Business Association of San Diego
- Association for Ambulatory Behavioral Healthcare
- Association for Clinical Pastoral Education
- Association for Community Health Improvement
- Association for Contextual Behavioral Science – Aging Special Interest Group
- Association of Black Psychologists

- Association of California Nurse Leaders
- Association of Fundraising Professionals – San Diego Chapter
- Association of Women’s Health, Obstetric and Neonatal Nurses
- Azusa Pacific University
- Balboa Institute of Transplantation
- Barney & Barney Foundation
- Bayside Community Center
- Beacon Council’s Patient Safety Collaborative
- Behavioral Health Recognition Dinner Planning Team
- Borrego Health
- Boys and Girls Club of South County
- Cabrillo Credit Union Sharp Division Board
- Cabrillo Credit Union Supervisory Committee
- Cal Hospital Compare Board of Directors
- Cal Hospital Compare Safe Opioid Hospital Work Group
- California Academy of Nutrition and Dietetics – San Diego District
- California Association of Health Plans
- California Association of Hospitals and Health Systems (CAHHS)
- CAHHS 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 Department of Public Health (CDPH)
- CDPH Clinical Laboratory Technology Advisory Committee
- CDPH Healthcare Associated Infections/Antimicrobial Stewardship Program subcommittee
- CDPH Healthcare Associated Infection Advisory Committee
- CDPH Joint Advisory Committee
- California Emergency Medical Services Authority
- California Health Care Foundation (CHCF) California Health Information Association
- CHCF California POLST eRegistry Evaluation Team
- California Hospice and Palliative Care Association
- California Hospital Association (CHA)
- CHA Emergency Management Advisory Committee
- CHA Hospital Quality Institute Regional Quality Leaders Network
- CHA Managed Care Committee
- CHA San Diego Association of Directors of Volunteer Services
- CHA Workforce Committee
- California Immunization Coalition
- California Library Association
- California Maternal Quality Care Collaborative
- California Nursing Students’ Association
- California Perinatal Quality Care Collaborative
- California School-Age Families Education
- California Society of Health-System Pharmacists

- California Society for Clinical Social Work Professionals
- California State University San Marcos
- California Teratogen Information Service
- Cameron Family YMCA
- Caregiver Coalition of San Diego
- Case Management Society of America
- Celebrando Latinas
- Center for Community Solutions
- Central San Diego Black Chamber of Commerce
- Champions for Health
- Chicano Federation of San Diego County
- Chula Vista Chamber of Commerce
- Chula Vista Community Collaborative
- Chula Vista Police Foundation
- City of Chula Vista
- City of San Diego
- City of San Diego Park & Recreation
- Clairemont Lutheran Church
- Coalition for Compassionate Care of California
- Commission on Collegiate Nursing Education
- Community Center for the Blind and Visually Impaired
- Community Health Improvement Partners (CHIP) Behavioral Health Work Team
- CHIP ILA Work Team
- CHIP Suicide Prevention Council
- Consortium for Nursing Excellence, San Diego
- Coronado Chamber of Commerce
- Coronado Public Library
- Coronado SAFE (Student and Family Enrichment)
- Coronado Senior Center Planning Committee
- Council of Women's and Infants' Specialty Hospitals
- County of San Diego Aging and Independence Services
- County Service Area – 69 Advisory Board
- Downtown San Diego Partnership
- Downtown San Diego Silvercrest Residence
- East County Action Network
- East County Elder Abuse Council
- East County Senior Service Providers
- Emergency Nurses Association – San Diego Chapter
- Employee Assistance Professionals Association
- EMSTA College
- Family Health Centers of San Diego
- Father Joe's Villages
- Feeding San Diego
- Friends of Scott Foundation
- Gary and Mary West Senior Wellness Center
- Gender Odyssey

- George G. Glenner Alzheimer's Family Centers, Inc.
- Girl Scouts San Diego
- Girls Inc. of San Diego County
- Grossmont-Cuyamaca Community College District
- Grossmont College Occupational Therapy Assistant Advisory Board
- Grossmont College Respiratory Advisory Committee
- Grossmont Healthcare District (GHD) Community Grants and Sponsorships Committee
- GHD Independent Citizens' Bond Oversight Committee
- Grossmont Imaging LLC Board
- Grossmont Union High School District
- Hands United for Children
- Health and Science Pipeline Initiative
- Health Care Communicators Board
- Health Insurance Counseling and Advocacy Program
- Health Sciences High and Middle College (HSHMC)
- Health Services Advisory Group
- Healthcare Information and Management Systems Society Nursing Informatics Work Group
- Healthy Chula Vista Advisory Commission
- Home Start, Inc.
- Hospice and Palliative Nurses Association — San Diego Chapter
- Hospital Association of San Diego and Imperial Counties (HASD&IC)
- HASD&IC Board of Directors
- HASD&IC Community Health Needs Assessment Advisory Group
- HASD&IC Contracts Committee
- HSHMC Board
- Hunger Advocacy Network
- I Love a Clean San Diego
- Institute for Public Health, San Diego State University
- Integrated Healthcare Association
- Integrative Therapies Collaborative
- International Association of Eating Disorders Professionals
- International Bipolar Foundation
- Jacobs & Cushman San Diego Food Bank
- Japanese American Citizens League
- Jewish Family Service of San Diego (JFS)
- JFS Behavioral Health Committee
- JFS Public Affairs Committee
- John Brockington Foundation
- Kiwanis Club of Bonita
- La Maestra Community Health Centers
- La Mesa Lion's Club
- La Mesa Parks and Recreation Foundation
- Lantern Crest Senior Living Advisory Board
- Las Damas de San Diego International Nonprofit Organization

- Las Patronas
- Las Primeras
- Life Rolls On
- Lions Tigers & Bears
- Living it Up LLC
- Live Well San Diego Check Your Mood Committee
- Live Well San Diego – South Region
- Lightbridge Hospice
- Logan Heights Community Development Corporation
- MANA de San Diego
- 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
- Metro San Diego Community Development Corporation
- Miracle Babies
- MRI Joint Venture Board
- National Active and Retired Federal Employees Association
- National Alliance on Mental Illness
- National Association of Catholic Chaplains
- National Association of Hispanic Nurses, San Diego Chapter
- National Association of Orthopedic Nurses
- National Association of Neonatal Nurses
- National Association of Perinatal Social Workers
- National Eating Disorders Association
- National Hospice and Palliative Care Organization
- National Hospice Foundation
- National Institute for Children's Health Quality (NICHQ)
- National Hospice and Palliative Care Organization
- National Hospice Foundation
- National Institute for Children's Health Quality (NICHQ)
- NICHQ Best Fed Beginnings Learning Collaborative
- National University
- Neighborhood Healthcare
- Neighborhood House Association
- North San Diego Business Chamber
- Pacific Arts Movement
- Palomar Community College
- Paradise Village
- Partnership for Smoke-Free Families
- Peninsula Family YMCA
- Peninsula Shepherd Senior Center
- Perinatal Safety Collaborative
- Perinatal Social Work Cluster
- Philippine Nurses Association of San Diego County, Inc.

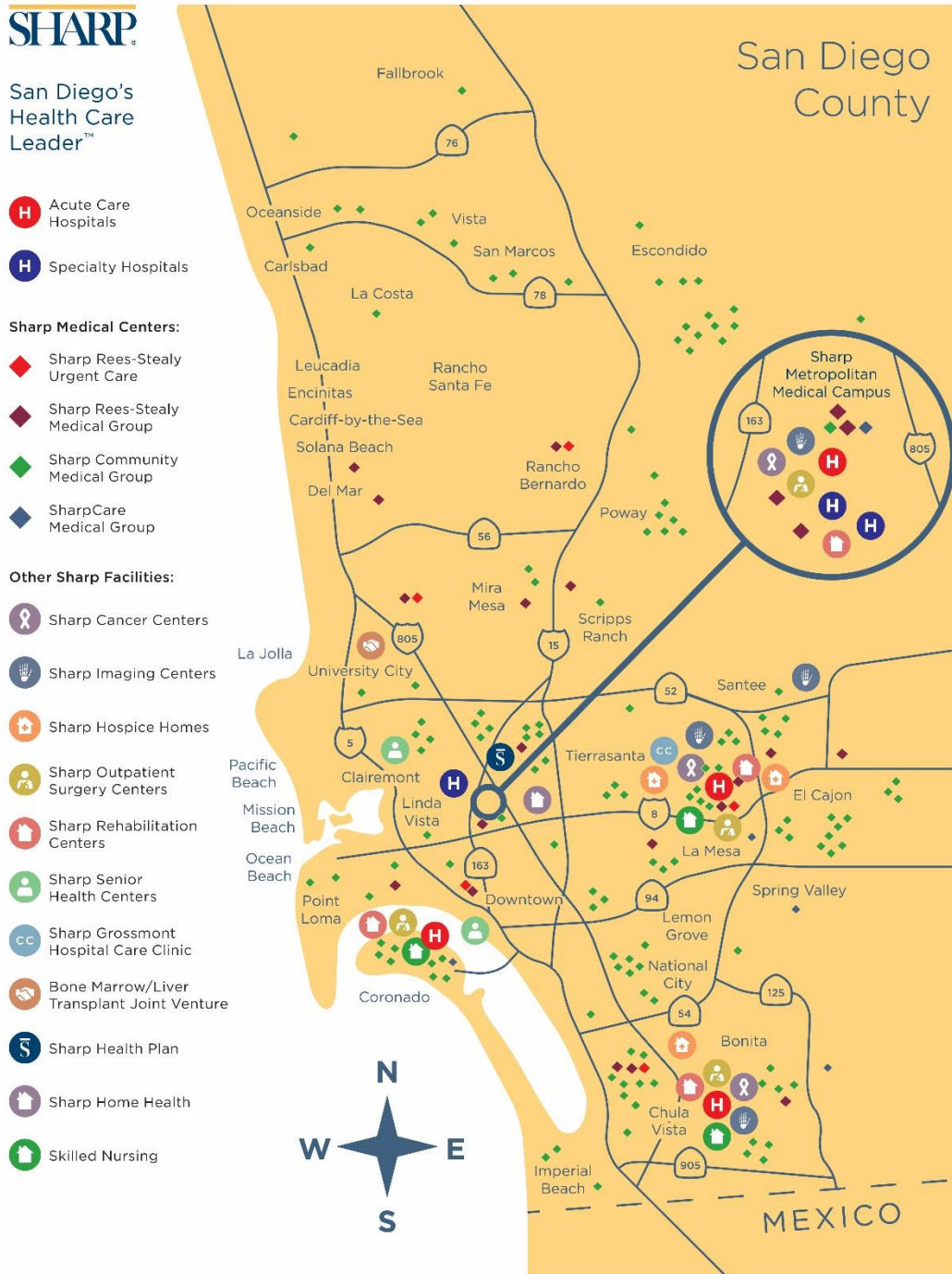
- Planetree Board of Directors
- Point Loma/Hervey Library
- Point Loma Nazarene University
- Practice Greenhealth
- Press Ganey
- Promises2Kids
- Psychiatric Emergency Response Team
- Public Health Emergency Hospital Preparedness Program
- Regional Care Committee
- Regional Perinatal System
- Ronald McDonald House Operations Committee
- Rotary Club of Chula Vista
- Rotary Club of Coronado
- San Diegans for Healthcare Coverage
- San Diego Adolescent Pregnancy and Parenting Program
- San Diego Association of Diabetes Educators
- San Diego Association of Governments
- San Diego Association of Health Underwriters
- San Diego Black Nurses Association, Inc.
- San Diego Blood Bank
- San Diego Blood Bank Board of Directors
- San Diego Brain Injury Foundation Board of Directors
- San Diego Coalition for Compassionate Care/San Diego Physician Orders for Life-Sustaining Treatment (POLST) Coalition
- San Diego Coalition for Mental Health
- San Diego Committee on Employment for People with disABILITIES
- San Diego Community Action Network
- San Diego Community College District
- San Diego Council on Literacy
- San Diego County
- San Diego County Breastfeeding Coalition
- San Diego County Civilian/Military Liaison Work Group
- San Diego County Coalition for Improving End-of-Life Care
- San Diego County Community Emergency Response Team
- San Diego County Council on Aging (SDCCOA)
- San Diego County Emergency Medical Care Committee
- 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 Public Health Nursing Advisory Board
- San Diego County Regional Human Trafficking And Commercial Sexual Exploitation of Children Advisory Council
- San Diego County Stroke Consortium
- San Diego Dementia Consortium
- San Diego East County Chamber of Commerce
- San Diego Eye Bank Nurses' Advisory Board

- San Diego Family Care
- San Diego Fire-Rescue Department
- San Diego Food System Alliance
- San Diego Freedom Ranch
- San Diego Habitat for Humanity
- San Diego Health Connect
- San Diego Health Connect POLST e-registry workgroup
- San Diego Health Information Association
- San Diego Housing Commission
- San Diego Human Dignity Foundation
- San Diego Humane Society
- San Diego Hunger Coalition
- San Diego Imaging – Chula Vista
- San Diego Immunization Coalition
- San Diego-Imperial County Council of Hospital Volunteers
- San Diego-Imperial County Firefighters Advisory Council
- San Diego LGBT Pride
- San Diego Magazine
- San Diego Mental Health Coalition
- San Diego Military Family Collaborative (SDMFC)
- San Diego National Association of Hispanic Nurses
- San Diego North Chamber of Commerce
- San Diego Organization of Healthcare Leaders
- San Diego Psychological Association Supervision Committee
- San Diego Regional Chamber of Commerce
- San Diego Regional Home Care Council
- San Diego Regional Human Trafficking and Commercial Sexual Exploitation of Children Advisory Council
- San Diego Rescue Mission
- San Diego River Park Foundation
- San Diego Second Chance
- San Diego Silvercrest Residence
- San Diego Square
- San Diego State University
- San Diego Unified School District
- San Diego Workforce Partnership (SDWP)
- San Ysidro Health
- Santee-Lakeside Rotary Club
- SAY San Diego
- Sepsis Alliance
- Serra Mesa Planning Group Board
- Serving Seniors
- Sharp and Children's MRI Board
- Sharp and UC San Diego Health's Joint Venture
- Soroptimist International of Coronado
- South Bay Community Services

- Southern Caregiver Resource Center
- Southwestern College
- Special Needs Trust Foundation
- Special Olympics
- Ssubi is Hope
- St. Paul's PACE
- St. Paul's Retirement Home Foundation
- St. Peter's by the Sea Lutheran Church
- Statewide Medical Health Exercise Program
- Suicide Prevention Council Media Subcommittee
- Susan G. Komen® San Diego
- Surfrider Foundation
- Survivors of Suicide Loss
- The Academy
- The Arc of San Diego
- The Salvation Army Ray & Joan Kroc Corps Community Center Advisory Council
- Transitional Age Youth Behavioral Health Services Council
- Trauma Center Association of America Board of Directors
- UC San Diego
- Union of Pan Asian Communities
- University of San Diego
- University of Southern California
- University of St. Augustine for Health Sciences
- USS Midway Museum
- VA San Diego Healthcare System
- VA San Diego Mental Health Council
- Veterans Home of California – Chula Vista
- Veterans Village of San Diego
- Vista Hill Foundation
- Vista Hill ParentCare
- We Honor Veterans
- Westminster Manor
- Women, Infants and Children Program
- Wreaths Across America — San Diego
- YMCA of San Diego County
- YWCA Becky's House®
- YWCA Board of Directors
- YWCA In the Company of Women Event

Appendix

B Map of Sharp HealthCare Locations



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C



A Health Care Organization Designed Not For Profit, But For People