

Sharp HealthCare Community Benefit Plan and Report

Fiscal Year 2020



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

SHARP

**Sharp HealthCare
Community Benefit Plan and
Report
Fiscal Year 2020**

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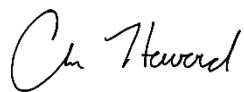
Community. It's a powerful word. It means different things to different people.

At Sharp HealthCare, the San Diego community defines our purpose and our commitment to be the best place to work, the best place to practice medicine and the best place to receive care. Since 1950, Sharp has held true to its commitment and has grown to serve San Diego County with seven hospitals, three affiliated medical groups, a health plan and more than 19,000 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.

This commitment was realized more than ever in 2020, as San Diegans experienced unprecedented challenges during the COVID-19 pandemic. Sharp team members responded quickly and creatively to provide uninterrupted care, programs and services to community members despite the difficult circumstances.

Each page of the *Sharp HealthCare Community Benefit Plan and Report*, Fiscal Year 2020 reflects our promise to the community both every day and in times of crisis. It is represented not only by uncompensated care dollars, but also by tens of thousands of hours devoted by Sharp team members to programs and services beyond our medical facilities — including free health screenings, resources and transportation to those in need, training and career pathway programs for students, and education and support to members of our community — including outreach and virtual programs to address community needs during the pandemic.

In fiscal year 2020, Sharp's community benefit contributions totaled \$463,505,105. This support represents our commitment to the San Diego community during both ordinary and extraordinary times. As we look ahead to the challenges in health care, our dedication is only further strengthened. We will continue to go above and beyond to provide care and programs that set standards, exceed expectations, and preserve the health and well-being of our community.

A handwritten signature in black ink, reading "Chris Howard". The signature is written in a cursive, flowing style.

Chris Howard
President and Chief Executive Officer

Preface

Sharp HealthCare prepared this Community Benefit Report for fiscal year 2020 in accordance with the requirements of Senate Bill 697 (SB 697), community benefit legislation enacted in 1994.¹

SB 697 requires not-for-profit hospitals to file an annual report with the Office of Statewide Health Planning and Development (OSHPD) about activities undertaken to address community needs within a hospital's mission and financial capacity. To the extent possible, the report must assign and report the economic value of the community benefit 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

AAHPM

American Academy of Hospice and Palliative Medicine

AAHRPP

Association for the Accreditation of Human Research Protection Programs

AAMC

American Association of Medical Colleges

AAP

American Academy of Pediatrics

ABASD

Asian Business Association of San Diego

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

Advance Directives

Advance health care directives

AFSP

American Foundation for Suicide Prevention

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

App

Application

APU

Azusa Pacific University

ART

Alzheimer's Response Team

ASA

American Stroke Association

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.

BIPOC

Black, Indigenous and People of Color

BLS

U.S. Bureau of Labor Statistics

BMI

Body Mass Index

C**CAG**

Caring Across Generations

CAHHS

California Association of Hospitals and
Health Systems

CalFresh

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

CAMSS

California Association Medical Staff
Services

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

CFR

Sharp Center for Research

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

CHS

Coronado High School

CIE

Community Information Exchange

CME

Continuing Medical Education

CMS

County Medical Services

CNI

Community Need Index

CO₂

Carbon Dioxide

COR

Clinical Oncology Research

Covered California

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

COVID-19

Coronavirus — an illness caused by a virus that can spread from person to person

CPR

Cardiopulmonary Resuscitation

CRRA

California Resource Recovery Association

CSA

Community Supported Agriculture

CSEC

Commercial Sexual Exploitation of Children

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

DCA

(California) Department of Consumer Affairs

DEXA Scanning

Dual-energy x-ray absorptiometry bone density scanning

DHHS

U.S. Department of Health and Human Services

DMCCP

Diabetes Management Care Coordination Project; a program of FHCS

DME

Durable Medical Equipment

DSDP

Downtown San Diego Partnership

E**EAP**

Employee Assistance Program

EBPI

Evidence-Based Practice Institute

ECAN

East County Action Network

ECSSP

East County Senior Service Providers

ED

Emergency Department

EDD

(California) 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 Option Act

EPA

U.S. Environmental Protection Agency

ES

Energy Star, an international standard for energy efficiency

EVC

Electric vehicle charger

EWA

Elder Workforce Alliance

F

FHCSD

Family Health Centers of San Diego

FOD

Foreign Object Damage

Food Bank

San Diego Food Bank

FPL

Federal Poverty Level

FRC

Family Resource Center

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

HAN

Hospice Action Network

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

HID

Highly Infectious Disease

HIT

Health information technology

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.

HP2030

Healthy People 2030 — a set of national health objectives to be achieved by 2030.

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**ICD-10**

International Classification of Diseases
– 10th Revision

ICU

Intensive Care Unit

IHI

Institute for Healthcare Improvement

ILA

Independent Living Association

ILFs

Independent living facilities

IOP

Intensive Outpatient Program at SMV

IPH

Institute for Public Health

IRB

Institutional Review Board

IV t-PA

Intravenous tissue plasminogen
activator

J**JAMA**

Journal of the American Medical
Association

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

Latinx

Of, relating to, or marked by Latin American heritage

Lbs.

Pounds

LBW

Low Birth Weight

LCSW

Licensed Clinical Social Worker

LED

Light emitting diode (lighting)

LEED

Leadership in Energy and Environmental Design

LGBTQ+

Lesbian, Gay, Bisexual, Transgender and Queer (or Questioning) and Others

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.

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**NAC**

National Alliance for Caregiving

NAMI

National Alliance on Mental Illness

National Council

National Council for Behavioral Health

NCHS

National Center for Health Statistics

NCI

National Cancer Institute

NCQA

National Committee for Quality Assurance

NHPCO

National Hospice and Palliative Care Organization

NIA

National Institute on Aging

NICU

Neonatal Intensive Care Unit

NIH

National Institutes of Health

NINDS

National Institute of Neurological Disorders and Stroke

NRI

Neonatal Research Institute

NRI-PAB

NRI Parent Advisory Board

NU

National University

O**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

PCP

Primary Care Physician

PCTI

Person-Centered, Trauma-Informed

PERT

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

PET

Positron Emission Tomography

Pharm.D.

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

PPD

Postpartum Depression

Project HELP

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

PTSD

Post-traumatic stress disorder

R**RN**

Registered Nurse

S**SAFE**

Student And Family Enrichment

SAMHSA

Substance Abuse and Mental Health Services Administration

SANDAG

San Diego Association of Governments

SB 697

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

SCANN

Southern California Association of Neonatal Nurses

SCHHC

Sharp Coronado Hospital and Healthcare Center

SCI

Spinal Cord Injury

SciTech

(San Diego) High School of Science & Technology

SCMG

Sharp Community Medical Group

SCVMC

Sharp Chula Vista Medical Center

SDC

San Diego County

SDCCC

San Diego Coalition for Compassionate Care

SDCCEOLC

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

SDCCOA

San Diego County Council on Aging

SDCMS

San Diego County Medical Society

SDG&E

San Diego Gas & Electric

SDOH

Social Determinants of Health

SDRHCC

San Diego Regional Home Care Council

SDRM

San Diego Rescue Mission

SDSU

San Diego State University

SDWP

San Diego Workforce Partnership

SEA

Sharp Equality Alliance

SGH

Sharp Grossmont Hospital

Sharp

Sharp HealthCare

Sharp Rehab

Sharp Rehabilitation Services

SHP

Sharp Health Plan

SIOP

Senior Intensive Outpatient Program at SMV

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

SPC

Suicide Prevention Council

Spreckels Center

John D. Spreckels Center & Bowling Green

SRSMC

Sharp Rees-Stealy Medical Centers

SRSMG

Sharp Rees-Stealy Medical Group

STEMI

ST-elevation myocardial infarction — acute heart attack

SWC

Southwestern College

T

TAY

Transitional Age Youth

TBI

Traumatic Brain Injury

ThinkFirst

ThinkFirst San Diego is a chapter of the ThinkFirst National Injury Prevention Foundation

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

USC

University of Southern California

USD

University of San Diego

V

VA

U.S. Department of Veterans Affairs

VASDHS

VA San Diego Healthcare System

VIPs

Voices for Injury Prevention — Sharp ThinkFirst San Diego'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

(Southern California) Vascular Outcomes Improvement Collaborative

W

WebEOC

Web Emergency Operations Center

WHO

World Health Organization

WHV

We Honor Veterans

WIC

Women, Infants, and Children

WME

World's Most Ethical

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. In fiscal year 2020, this commitment was realized perhaps more than ever in the midst of the COVID-19 pandemic. Quickly and creatively, Sharp team members implemented new methods to deliver vital education, resources and care to San Diegans during unprecedented circumstances.

Many in-person medical appointments transitioned to telehealth visits, while hospital-based education classes and support groups went online. In partnership with community donors and other health care providers, Sharp helped bring essential aid and support to enhance patient care in Tijuana, Mexico. Sharp also participated on several COVID-19 taskforces organized by the San Diego County Health and Human Services Agency. Additionally, Sharp provided ongoing, pandemic-focused health and safety information to the San Diego community through [sharp.com](https://www.sharp.com) and local news outlets.

The COVID-19 pandemic is among the most challenging times we have faced in recent memory. The *Sharp HealthCare Community Benefit Plan and Report*, Fiscal Year 2020 highlights the important role that we — the people of Sharp — play in caring for our community on a daily basis and in times of crisis. Sharp will continue to rise to these challenges through innovative responses that set standards, exceed expectations, and preserve the health and well-being of the San Diego community.

Section

1 An Overview of Sharp HealthCare

Caring for our community is a sacred trust we don't take lightly. From the extraordinary care at the bedside to the wellness programs we offer, the people of Sharp HealthCare work each day to meet the needs of our friends and neighbors.

— 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; 25 medical centers; five urgent care centers; three skilled nursing facilities (SNFs); 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, 2020, Sharp is licensed to operate 2,191 beds and has more than 2,300 Sharp-affiliated physicians and 19,000 employees.

FOUR ACUTE CARE HOSPITALS:

Sharp Chula Vista Medical Center (449 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, services for women and infants, 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, rehabilitative therapies, orthopedics, 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 (159 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 where people work together to do the right thing every day to improve the health of those they serve.

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, Equity and Inclusion
- 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 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 by 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 65 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:



Continually improve across the care continuum to be a leader in 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 an inclusive, values-driven culture that attracts, retains and promotes the best people who are committed to Sharp's mission, values and vision.



Achieve financial results to ensure Sharp's ability to deliver on its mission and vision as a high-quality, affordable health system.



Enhance market position, innovation and value proposition to be the integrated delivery system of choice.



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. 19 on *Forbes’* 2020 Best Employers in California list. Forbes previously recognized Sharp in 2019 as No. 31 on this list, 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 2020, Sharp ranked No. 42 in the large employer category as one of the “Best Places to Work” for information technology 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 2020, SMH was recognized on Newsweek’s second annual list of the top 1,000 hospitals worldwide. SMH was ranked No. 69 among all United States (U.S.) hospitals included in the ranking and No. 11 in California. In 2019, SMH was ranked No. 89 in the U.S. and SCVMC was ranked No. 137.



In 2015, and from 2017 to 2020, Sharp was ranked “San Diego’s Best Hospital Group” in the annual *San Diego Union-Tribune* Readers Poll. In 2017, 2019 and 2020, 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 2020 for the fourth year in a row, as well as “Best Weight Loss Clinic/Counseling,” “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” in 2020 as well as 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 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 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.



In 2020, SCHHC and SGH received Bronze Standard Level 3 accreditation as “Accredited Senior-Friendly Emergency Departments” by the American College of Emergency Physicians. The Geriatric Emergency Department Accreditation program was created to recognize EDs that prioritize the highest standards of care for older adults.



The ANCC Practice Transition Accreditation validates hospital residency programs that meet rigorous, evidence-based standards for quality and excellence. In 2020, the Sharp HealthCare Nurse Residency Program achieved accreditation with distinction from ANCC, becoming the second organization nationwide and the first in California to be accredited under the new 2020 standards.



Sharp was named one of the nation's "Most Wired" health care systems from 2012 to 2020 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, SMH in 2019 and SCHHC in 2020.



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 35% less energy than other buildings and

achieve a 35% reduction in greenhouse gas emissions. SCHHC first earned ES certification in 2007 and was re-certified for the ninth time in 2020. SCVMC was first certified in 2009 and was re-certified in 2020.



A Sempra Energy utility™ San Diego Gas & Electric (SDG&E) named Sharp the 2017 Grand Energy Champion at its annual Energy Showcase Awards. Sharp was recognized for making tremendous strides in reducing its consumption of electricity and natural gas, and in promoting energy-saving strategies 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 their environmental sustainability efforts and green initiatives.



In 2020, Sharp was named a "Recycler of the Year" by the City of San Diego Environmental Services Department's annual Business Waste Reduction and Recycling Awards Program for its outstanding waste reduction and recycling efforts. Sharp was previously recognized with this award in 2013, 2015 and 2016.



Sharp was named the 2017 Outstanding Recycling Program by California Resource Recovery Association (CRRA) — a 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 organizations in San Diego to receive a 2018 EMIES UnWasted Food award from the San Diego Food System Alliance for its collaboration as an innovator and early adopter with its 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 2020, 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 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 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 2020, Press Ganey recognized SMH six 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 annually 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; however, health plan ratings for the 2020-2021 plan year were canceled due to COVID-19. In addition, in 2020, SHP earned a three-year Wellness & Health Promotion Accreditation from NCQA. SHP was the only organization to earn a longer

accreditation status than the standard one-year period.



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 2021 Coverage Year Quality Ratings in the categories of "Summary Quality Rating" and "Getting the Right Care," and a five-star rating in "Plan Services for Members."



America's Physician Groups (APG) is a professional association, representing more than 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 2020.



The Women's Choice Award® is a symbol of excellence in customer experience awarded by the collective voice of women. In 2020, SMH was awarded in the categories of Comprehensive Breast Centers, Minimally Invasive Surgery, Obstetrics and Stroke Care, while OPP and SRSMG were recognized in Best Mammogram Imaging Centers. Previously, in 2019, SGH received the Women's Choice Award® as one of America's Best Hospitals for Heart Care and SMH (including SMBHWN) was ranked among America's Best Hospitals for Obstetrics, Patient Experience and Stroke Care. The Douglas & Nancy Barnhart Cancer Center at SCVMC was 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 2020, and the gold tier from 2017 to 2019.

 Global Healthcare Exchange (GHX) recognized Sharp as one of the 2016 GHX “Best 50” Healthcare Providers in Supply Chain Excellence 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 recipient — the company’s highest honor — the SGH landscaping team demonstrates Sodexo’s commitment to clients and customers as the heart of their business.

COVID-19 Programs and Support

In fiscal year (FY) 2020, the coronavirus (COVID-19) acutely impacted both clinical care and community health programs and services. However, Sharp and its employees have remained dedicated to improving the health and well-being of the community throughout these unprecedented times. In response to COVID-19, Sharp team members quickly adjusted activities and programs to meet emerging needs — delivering critical clinical care, resources and education to Sharp patients and employees, as well as the broader community.

To continue to provide and further support patient care, Sharp transitioned many in-person medical appointments to telehealth visits, and implemented protocols to ensure a safe, welcoming environment for patients seeking care on-site. In addition, Sharp teams conducted hundreds of outreach calls to patients who missed appointments due to COVID-19, including seniors, patients with diabetes, and patients in cardiac rehabilitation. The calls sought to address questions, ease concerns and anxiety, and recommend helpful resources. Further, patient support groups and on-site education classes were modified to virtual formats to sustain patient connection, ongoing learning and peer support. Finally, two of Sharp’s acute care hospitals — SMH and SGH — provided Family Resource Centers to support caregivers and family members with a loved one in the hospital.

The COVID-19 pandemic also has had a profound impact on the lives of Sharp frontline workers and other staff throughout the health system. In response, Sharp implemented several programs to support their team members, including on-site food pantries, micro-markets and meal-to-go programs. These initiatives sought to reduce the burden of

grocery shopping and provide employees with more free time for self-care and connecting with loved ones. A variety of other efforts to support the physical, mental and emotional health of Sharp team members were implemented during this time, including childcare; supply exchanges (e.g., diapers, toilet paper, and other nonperishable items); virtual Employee Assistance Program (EAP) services; employee appreciation packages with healthy snacks and teas; and programs to address teleworking, mindfulness and burnout.

In addition, Sharp implemented a systemwide effort to coordinate food donations from the San Diego community to Sharp employees. Community members and organizations ranging from mom-and-pop restaurants to national chains donated meals, snacks and beverages to demonstrate their appreciation for Sharp frontline employees. Sharp developed a network of coordinators at both the system level and at each Sharp entity to facilitate partnerships with community donors and to ensure that food donations were distributed fairly across Sharp and met packaging, handling and social distancing standards.

Sharp delivered broad community education on COVID-19 best practices and equity-related subjects through several local media outlets. Topics included social isolation; getting health care during the pandemic; establishing a routine for kids at home; handwashing and other recommendations to reduce the spread of COVID-19; celebrating the holidays during quarantine; coping with grief and loss during COVID-19, and more. Sharp also participated in numerous virtual community boards and committees — including multiple County of San Diego Health and Human Services Agency COVID-19 taskforces to strategize next steps and ensure safe, effective care for the broader community.

This report includes additional details on these and other efforts Sharp implemented to address the impact of COVID-19 on patients, employees and the San Diego community. Every day, Sharp strives to demonstrate exceptional commitment to community needs. During this challenging time, these efforts have been nothing short of extraordinary.

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 who lack the ability to pay. In accordance with federal law, Sharp does not refuse any patient requiring emergency medical care.

Sharp provides services to help every uninsured patient who receives 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 patients 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 informed and supportive discussions with the patient about health care coverage and to empower them with options. Between October 2015 and September 2020, Sharp helped more than 80,000 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 FY 2020, Sharp secured this benefit for more than 1,000 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 uses the ClearBalance specialized loan program to assist patients who struggle to resolve high medical bills. The program helps both insured and uninsured patients 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, ClearBalance has assisted more than 4,700 Sharp patients.

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. Savings generated by this program are used to offset patient care costs for Sharp's most vulnerable patient populations, as well as to help patients afford medication through Sharp's Patient Assistance Program.

The Patient Assistance Program at Sharp helps those in need gain access to free or low-cost medications. Patients are referred by population health teams, physicians, pharmacists, case managers, social workers, nurses or other patients, or may be identified through internal data 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. Access to medication can help reduce hospital readmissions and the need for frequent medical services for vulnerable patients. In FY 2020, the Patient Assistance Program helped patients access more than \$6.7 million worth of prescriptions.

Throughout the year, Sharp assisted underinsured individuals who were unable to pay their medical bills. 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 2020, the Maximum Out of Pocket Program assisted with more than \$700,600 in adjustments to patient bills.

In addition, Public Resource Specialists from Sharp's Patient Access Services team offered extra guidance with payment-assistance options to uninsured and underinsured patients at all Sharp hospitals. Prior to the COVID-19 pandemic, these team members also made home visits to help patients complete the coverage application process after leaving the hospital. Since March 2020, this service has been put on hold due to the pandemic.

Since FY 2016, SGH's Patient Access Services team has worked closely with the hospital's Care Transitions Intervention program to evaluate patients for CalFresh eligibility — 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 Patient Access Services team expanded CalFresh consults to the remainder of Sharp's acute care hospitals. More than 800 Sharp patients have been granted CalFresh benefits as a result of this effort.

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. Beginning in March, many student training and internship programs at Sharp were either severely limited or paused entirely. Despite these challenges, in FY 2020, more than 2,670 student interns dedicated over 371,000 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 (e.g., nurse practitioner and physician assistant) and allied health (ancillary) professions such as rehabilitation therapies (e.g., 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, Palomar College, San Diego City College, San Diego Mesa College and Southwestern College; local and national universities such as California State University San Marcos, 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; vocational schools such as Concorde Career College; and programs including Grossmont Adult Education Health Occupation Center and the City of San Diego Fire-Rescue Department. **Table 1** presents the total number of students and student hours at each Sharp entity in FY 2020. **Figure 1** presents the distribution of students at Sharp by internship type in FY 2020.

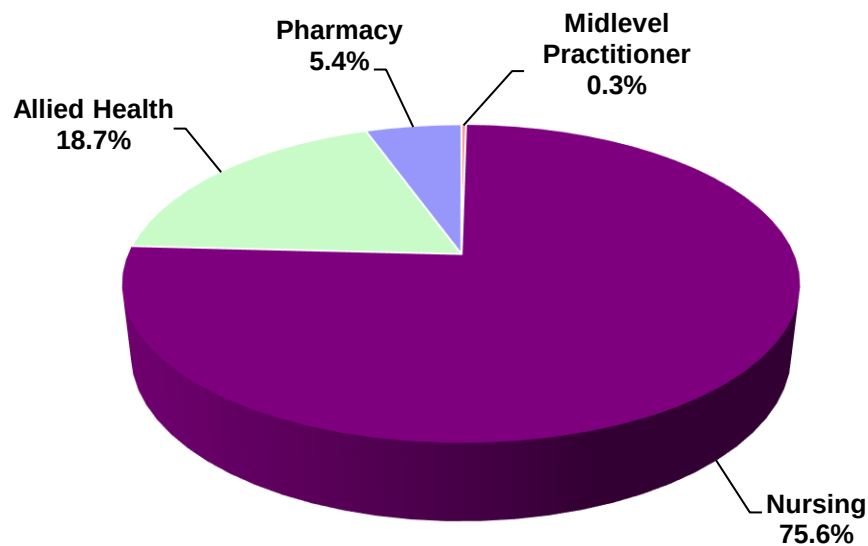
Table 1: Sharp HealthCare Internships — FY 2020

Sharp HealthCare Entity	Nursing		Midlevel Practitioner		Ancillary		Total	
	Students	Hours ³	Students	Hours	Students	Hours	Students	Hours
Sharp Chula Vista Medical Center	295	26,374	-	-	65	17,524	360	43,898
Sharp Coronado Hospital and Healthcare Center	320	23,144	-	-	25	7,018	345	30,162
Sharp Grossmont Hospital	510	43,888	2	300	171	43,198	683	87,386
Sharp Mary Birch Hospital for Women & Newborns	167	12,735	-	-	5	1,176	172	13,911
Sharp Memorial Hospital	313	31,156	2	278	182	52,114	497	83,548
Sharp Mesa Vista Hospital	318	20,505	1	150	69	57,430	388	78,085
Sharp HospiceCare	4	281	2	270	1	240	7	791
Sharp HealthCare ⁴	91	5,424	-	-	130	27,830	221	33,254
Total	2,018	163,507	7	998	648	206,530	2,673	371,035

³ Nursing hours include both group hours (groups of students with school instructor), as well as precepted hours (single student with a Sharp employee).

⁴ Sharp internship figures include students from Sharp Home Health, Sharp System Offices, SCMG, SHP and SRSMC.

Figure 1: Sharp HealthCare Interns by Student Type — FY 2020



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 2020, the program supervised 12 chaplain students on the campuses of SGH, SMBHWN, SMH and SMV. Graduates of Sharp's Clinical Pastoral Education program now serve various health care institutions and hospices in San Diego.

Sharp also provides specialized classes to prepare future preceptors for their mentoring role. Through the Precepting with Pride class, professionals who are new to the role of precepting learn about the essential components of role modeling and educating. In FY 2020, the class was offered in person and virtually. Sharp's Advanced Precepting with Pride class 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 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 SRSMBG sites. As a result of the COVID-19 pandemic, beginning in March, traditional in-person HSHMC learning opportunities were suspended through the remainder of FY 2020. HSHMC students visited the following campuses in FY 2020: SCVMC, SGH, SMBHWN, SMH, SMV, SMC and SRSMBG 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 2020, 227 HSHMC students — 134 Level I students and 93 Level II students — were supervised for approximately 33,360 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-five percent of HSHMC students are economically disadvantaged, and the school's free and reduced-price meal eligibility rate is higher than average 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 2020, 158 students graduated from HSHMC, and 90% of the graduating class went on to attend two- or four-year colleges. Further, 70% of students said they wanted to pursue a career in health care. HSHMC has a 98.8% graduation rate, which is higher than the state average (83%).

HSHMC has received numerous awards for its innovation, vision and impact. In FY 2020, HSHMC received the Shirley Hord Teacher Learning Team Award for excellence in professional learning, which includes successful implementation of continuous improvement resulting in increased teaching effectiveness. HSHMC also received the 2019 Innovation in Education Achieve Award from the Classroom of the Future Foundation for its innovative programs that directly correlate to positive student outcomes. In 2019, HSHMC also earned the distinction of becoming a Visible Learning+™ Certified School from the Visible Learning Partnership, a collaboration between Professor John Hattie of the University of Melbourne, Australia, and Corwin — a SAGE Publishing Company — for its impact on professional development. Visible Learning+™ is an evidence-based approach that focuses on what works best to accelerate student learning, including helping educators understand, measure and evaluate their impact on student growth and achievement. Sharp is honored to have partnered with HSHMC for more than a decade to provide students with opportunities to flourish in health care careers. Sharp will continue to monitor COVID-19 public health guidelines to support HSHMC students in FY 2021.

Lectures and Continuing Education

Sharp contributes to the academic development of students at colleges and universities throughout San Diego by providing guest lectures and presentations on health care topics. Sharp anticipated providing a variety of lectures and presentations throughout FY 2020, but its reach was severely limited by the COVID-19 pandemic.

For more than a decade, Sharp has collaborated with SDSU to offer a semester-long class titled Hospital and Ambulatory Care Management for its Master of Public Health students. The class covers a variety of topics, including but not limited to: strategy and the health care market, human resources, health plan design management, Accountable Care Organizations, hospital planning and construction, governance systems, executive function, finance, information systems, quality monitoring and continuous improvement, contract management, philanthropy, and nursing and physician organization and management. Typically, the class includes a tour of a hospital and a Sharp System Office, but these tours were canceled due to the COVID-19 pandemic. Lectures were provided by Sharp executives and leaders and were held at SDSU and Sharp System Offices prior to COVID-19, and virtually during the pandemic.

Sharp's Continuing Medical Education (CME) Department has received Accreditation with Commendation by the Accreditation Council for Continuing Medical Education and by the American Board of Medical Specialties Portfolio Program to provide continuing medical education for physicians. It is also accredited 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 2020, Sharp's CME Department invested more than 1,200 hours in live and online CME activities for San Diego health care providers. This

included in-person conferences on cardiovascular disease (CVD), oncology and diabetes; a national conference for primary care physicians; and a local conference for interprofessionals on patient safety. Additional presentations — both online and in-person — included COVID-19; physician wellness and leadership; managed care; infection prevention; and equity, diversity and inclusion. The latter presentation highlighted collaborative approaches to providing critical support to prevent and resolve crises among older adults who have experienced trauma.

CME also 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. In FY 2020, online learning module topics included sepsis, breastfeeding, breast cancer, burns, wounds, hypertension, depression, pain management, chest pain, Alzheimer's disease and related dementias, liver failure and disease, anemia, CVD, mental health, shock, infection prevention, COVID-19, health inequities, food insecurity, telehealth, mindfulness, caring for the caregiver, culture, pharmacy, pharmacy precepting and training, workplace violence prevention, psychosis and suicide, suicide in health care professions, active shooter training, health care system vulnerabilities, hospital codes, Centers for Medicare & Medicaid Services and much more. As a result of provider demand and the COVID-19 pandemic, the number of online CME modules increased 125% from FY 2019. Additionally, CME partnered with Sharp's Lean Six Sigma team as well as Sharp-affiliated physicians to complete 14 performance improvement projects. Project topics included improving quality and reducing costs, management, stroke, COVID-19, physician leadership, physician wellness, CT (computed tomography) in the ED and throughput, operating room innovation, patient satisfaction scores, telehealth, weight loss, dermatology, patient length of stay, and surgical care and recovery.

Each year, Sharp's CME Department identifies and addresses a public health priority in compliance with its Accreditation with Commendation. For the past several years, CME has worked with Sharp Community Benefit and used findings from Sharp's triennial Community Health Needs Assessments to inform the selection of these public health priorities. In FY 2020, the CME Department continued its collaboration with Sharp Community Benefit to address food insecurity through a four-part, CME-accredited online education series available to community physicians and providers throughout San Diego. This online module was developed in partnership with the San Diego Hunger Coalition and released in fall 2019. Since inception, nearly 40 local providers and health care professionals have completed at least one session in the online module, and 20 have completed the entire online series. Further, the Sharp CME and Community Benefit Food Insecurity Education Initiative, which began in 2018 with in-person and online education, will be featured in the second volume of the book series *Contemporary Perspectives in Business Leadership*. That volume, *Challenges and Opportunities in Healthcare Leadership: Voices from the Crowd in Today's Complex and Interprofessional Healthcare Environment*, which is set to be published in February 2021.

The CME Department has also identified dementia and stigma as priority public health issues to incorporate into provider education. The department collaborated with community organizations such as Champions for Health and the Alzheimer's Project Clinical Roundtable to develop an educational program on dementia, as well as partnered with both SRSMG and SCMG to review and update Sharp's dementia clinical guidelines. Further, the Alzheimer's Project Clinical Roundtable Physician Guidelines continue to be offered as an online activity through Sharp CME. To address stigma, the CME Department provided education on the following topics: marijuana, opioid use and health care delivery; dementia; mental health and long term care; delirium and psychiatric patients; caring for patients with substance use disorders; psychotic depression; Person-Centered, Trauma-Informed care — a collaborative approach to support, prevent and resolve crisis among older adults who have experienced traumatic life events; age-related driving impairments, medical conditions and safety reporting requirements; the impact of climate change on health and health care; effective conversations and strategies for difficult learners; the intersection of racism and human trafficking; COVID-19 and the Sharp Experience; slavery as a root cause of health inequities for African Americans; men's health equity; and migrant health issues at the U.S.–Mexico border. In addition, the CME department addressed obesity by offering a course for physicians called Motivational Interviewing for Overweight and Obese Patients in March.

Research

Sharp Center for Research

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

Human Research Protection Program

The CFR's HRPP is responsible for the ethical and regulatory compliant oversight of research conducted at Sharp. Sharp is accredited by the Association for the Accreditation of Human Research Protection Programs (AAHRPP) which 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 2020, a dedicated IRB committee of 16 — including physicians, nurses, pharmacists, individuals with expertise and training in non-scientific areas of research, 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, gastroenterology, heart and vascular, infectious disease, kidney, liver, neurology, newborn care, oncology (comprising the largest share of Sharp's clinical trials), orthopedics, and, most recently, COVID-19.

This year, the CFR expedited the opening of 23 new COVID-19 clinical trials in record-breaking time. The COVID-19 research program includes sponsor-initiated trials as well as novel studies designed by Sharp researchers, three of which received funding from the Sharp HealthCare Foundation. In addition, CFR staff developed innovative practices to safely recruit, enroll and obtain informed consent from participants. Further, they adapted practices to comply with sponsor and regulatory requirements for remote monitoring. The CFR accomplished all activities within the first six months of the pandemic while simultaneously maintaining other ongoing research studies, including 22 active oncology clinical trials. The team's efforts have resulted in greater access to cutting-edge COVID-19 treatments for patients at both Sharp and non-Sharp health care facilities. In May, *The Wall Street Journal* cited the CFR's work in an article exploring research underway on common blood-plasma treatment to fight COVID-19.

The HRPP educates and supports Sharp researchers as well as the broader San Diego health and research communities regarding the protection of human research participants. As part of its mission, the CFR hosts quarterly meetings on relevant educational topics for community physicians, psychologists, research nurses, study coordinators and students throughout SDC. In FY 2020, meetings included the following presentations: Investigator Responsibilities; New Principal Investigator Transition Guidance; Maximizing Research Budgets; Long-Term Nicotine Treatment of Mild Cognitive Impairment; Delayed Cord Clamping and Milking: Current Evidence and Future Research; Exparel® (non-opioid pain relief) in Total Knee Arthroplasty; Completing an IRB Application – Tips and Tricks from Sharp HealthCare's Regulatory Specialists; Outcome of Sharp HealthCare's IRB U.S. Food and Drug Administration Inspection; The Relationship Between Race and Ethnicity and Serious Safety Events in Hospitalized Patients; Prediction of Acute Care Service Utilization for Patients With Hematologic Malignancies; and Investigator Initiated Randomized Controlled Trial: MRSA (Methicillin-resistant *Staphylococcus aureus*) Bacteremia Treatment Comparison.

Outcomes Research Institute

Sharp's ORI measures long-term results of care and develops and disseminates best practices for health care delivery. 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 National University (NU).

The ORI shares its research studies with other community health and research professionals. In FY 2020, this included a poster presentation at the National Comprehensive Cancer Network 2020 Annual Conference in Orlando, Florida, titled "Impact of Social Determinants of Health on Unplanned Acute Care Service Utilization for Patients with Hematologic Malignancies." In addition, the ORI collaborated with Sharp researchers on several new COVID-19 studies. This included the quality improvement initiative, Point Prevalence Survey to Evaluate the Seropositivity for COVID-19 Among High Risk Healthcare Workers, which has been submitted for publication in the peer-reviewed journal *Infection Control & Hospital Epidemiology*.

In FY 2020, the ORI continued to collaborate with SMH on a behavioral medicine program designed to integrate psychological services for patients of the hospital's Heart Transplant and Mechanical Circulatory Support units — including pre-surgical psychological candidacy assessments and psychological testing, consultation and ongoing treatment. The program supports opportunities for ongoing outcomes research as well as the contribution of publications and presentations to support the broader health and research communities in the psychosocial management of heart failure patients. In addition, the program extends research opportunities to advanced graduate students in SMV's year-long clinical psychology practicum program. In FY 2020, the first study completed by program staff, Predicting Left Ventricular Assist Device Outcomes Utilizing the Stanford Integrated Psychosocial Assessment for Transplant Measure, was accepted for presentation at the International Society for Heart and Lung Transplantation Annual Meeting in Montreal, Canada. Although the event was cancelled due to COVID-19, an abstract of the study was published in *The Journal of Heart and Lung Transplantation* in April.

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 offered by the San Diego Consortium for Excellence in Nursing and Allied Health, which was established in 2006 to promote the

use of evidence-based practices in the health care 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, PLNU, SDSU, Azusa Pacific University, NU and USD. In 2020, the consortium formed a nonprofit corporation with formal board member roles, including team members from Sharp.

Sharp actively supports the EBPI by providing instructors and mentors as well as administrative coordination. EBPI fellows and mentors partner with one another through a variety of learning strategies. Mentors facilitate and support fellows as they navigate the health care system and implement the processes of evidence-based practice change. Mentors also assist fellows in working collaboratively with key project stakeholders. Historically, the EBPI has included six full-day class sessions featuring group activities, self-directed learning programs outside of the classroom, and structured mentorship throughout the program. The 2020 program launched in March and quickly transitioned to virtual learning in response to COVID-19.

The nine-month program culminated with a virtual conference and graduation ceremony in November 2020, during which the EBPI fellows and mentors shared their project results. Thirty project teams, composed of mentors and fellows, graduated from the program. Projects addressed issues in clinical practice and patient care including: reporting patient safety events and closed loop communication; interdisciplinary mobility plans; enteral feedings; diabetic ketoacidosis readmissions; delirium protocol; discharge education in the emergency department; human trafficking assessment; oncology intensive care unit chemotherapy certification rates; national early warning score to prevent delayed rapid response team events; and early implementation of pressure reducing mattresses.

Volunteer Service



Sharp Lends a Hand

In FY 2020, 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. Although the COVID-19 pandemic required many organizations to suspend or dramatically reduce their volunteer operations, SLAH worked to identify both in-person and virtual opportunities for Sharp team members to continue supporting the community.

SLAH selected 16 volunteer projects for FY 2020: San Diego Food Bank (Food Bank); Feeding San Diego (FSD); Mama's Kitchen; Vaughn's Valley Foundation and

Immunotherapy Foundation; Kitchens for Good; San Diego Wreaths Across America; USS Midway Foreign Object Damage (FOD) Walk-down; Habitat for Humanity ReStore; Surfrider Foundation's Beach Cleanup; I Love a Clean San Diego's Storm Drain Stenciling Day and Virtual Coastal and Creek to Bay Cleanup events; and the San Diego River Park Foundation's Point Loma Native Plant Garden, San Diego River Garden, Invasive Species Removal and Clean & Green River Cleanup events. Nearly 2,000 Sharp employees, family members and friends volunteered close to 3,200 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. In addition, the Food Bank enhanced its services to support community members experiencing food insecurity during the COVID-19 pandemic through Super Pantry hubs offering contactless food distribution and the Emergency Food Assistance Program. At nine events between November 2019 and September 2020, nearly 60 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 three events in October and January, nearly 60 SLAH volunteers sorted food, prepared bags for distribution, and cleaned produce for FSD.

Established in 1990, Mama's Kitchen is a community-driven organization that enlists volunteers to help prepare and deliver nutritious meals to community members affected by acquired immunodeficiency syndrome (AIDS) or cancer who are unable to shop or cook for themselves. Mama's Kitchen strives to help its clients stay healthy, preserve their dignity, and keep their families together by providing free and culturally appropriate home-delivered meals, pantry services and nutrition education. In December, February and August, 16 SLAH volunteers helped Mama's Kitchen serve meals preparing and packaging snack and vegetable items for delivery.

In an effort to support the local community during COVID-19, SLAH partnered with Vaughn's Valley Foundation and The Immunotherapy Foundation to help distribute food to seniors in need. In May, 12 SLAH volunteers helped transport prepackaged donated meals from two local Islands restaurant locations to St. Paul's PACE in Downtown San Diego, where they were distributed to seniors experiencing food insecurity and isolation.

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.

Kitchens for Good breaks the cycle of food waste, poverty and hunger through innovative programs in workforce training, healthy food production and social enterprise. At the core of its work, the organization provides culinary apprenticeships to individuals who have previously experienced food insecurity. Each year, Kitchens for Good assembles and distributes over 288,000 home-made meals to help relieve food insecurity for individuals throughout SDC, including children, seniors and the unsheltered. Through the Project Nourish program, volunteers help with the production of these meals. In July, four SLAH volunteers helped portion, seal and label meals for distribution.

In December 2019, 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 360 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 three events in November, January and March, 70 SLAH volunteers mimicked a real FOD walk-down, using hand tools and vacuums to clear the decks of debris.

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. In November, nine volunteers organized donated items and took inventory of stock for the Kearny Mesa retail center.

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 34,000 pounds (lbs.) of trash from local beaches. Data collected at these events are used to determine the primary local sources of pollution and create educational tools and policies to prevent trash from ever reaching the beach. In October and February, 18 SLAH volunteers participated in beach cleanup events in Ocean Beach where they helped pick up trash and complete data sheets detailing what they collected.

In November 2019, nine SLAH volunteers joined I Love a Clean San Diego for Storm Drain Stenciling Day. Volunteers met at Robb Athletic Field in Ocean Beach 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 18th annual Creek to Bay Cleanup in

June. This year's event was held virtually to encourage volunteers to focus on their local community. Three SLAH volunteers participated in the countywide effort to beautify beaches, bays, trails, canyons and parks at locations around SDC. In September, 19 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. This was also a virtual event, and participants were encouraged to walk the block with their household to stay close to home and protect the health of the community and the environment.

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. More than 40 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 October, December and March, and at the San Diego River Garden in Mission Valley in December and January. Activities included trail maintenance, watering, pruning and other light gardening projects. In November, nine SLAH volunteers joined the Clean & Green River Cleanup event, where they assisted with cleaning up storm water debris and litter from the riverbed. In addition, in February, during an Invasive Species Removal event in Mission Valley, nine SLAH volunteers helped remove non-native plants that can threaten native wildlife and ecosystems.

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 2020, Sharp hosted 45 blood drives at 12 Sharp locations to benefit the San Diego Blood Bank, including a systemwide drive held at Sharp's corporate office. This blood drive was designed as a community event, and featured prize giveaways, Arts for Healing, therapy dogs and meet-and-greets with Sharp executive leadership. In addition, SLAH encouraged Sharp employees to donate blood at local Red Cross locations. Despite the cancellation of numerous blood drives due to COVID-19, SLAH helped Sharp collect approximately 1,290 units of blood.

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 communities throughout the world. In FY 2020, program participation was severely limited due to COVID-19. However, prior to the pandemic, the Sharp Humanitarian Service Program funded 15 employees for various humanitarian efforts, including assistance to local refugees as well as service to communities across the globe.

Project Compassion is a San Diego-based medical mission organization that attends to the physical and spiritual needs of individuals throughout the world. For one week in November, a Sharp licensed vocational nurse joined a medical team with Project Compassion on a mission to Huatulco, Mexico. The team set up free clinics to provide

medical and dental care in four rural, remote communities with limited or no access to these services.

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 organization's founder, along with other Sharp nurses, Sharp-affiliated physicians, emergency medical technicians and paramedics, convened at a clinic in Bu Dang — a rural district in the Southeast region of Vietnam. The team provided tooth extractions; diabetes education and medication; and general wound and respiratory care to more than 1,000 people.

For six days in October, a Sharp employee assisted RefugeeNet — a nonprofit institution of the Episcopal Diocese of San Diego that has been helping the refugee community for more than 20 years. As refugee families in San Diego await approval of their citizenship status, RefugeeNet assists them with English-language learning, becoming familiar with American culture, and finding ways to become self-reliant in their new country. The Sharp employee provided after-school tutoring for refugee children in the City Heights neighborhood, helping them with homework assignments and language skills. The employee also assisted RefugeeNet with reorganizing its office following a recent move.

Mercy Outreach Surgical Team is a San Diego Rotary program that works with local Mexican Rotary clubs to provide general, plastic and ophthalmology surgery to impoverished children and adults. For one week in October, a Sharp pharmacist was among 50 Mercy Outreach Surgical Team volunteers — including physicians, nurses, surgical technicians, translators and others — who provided more than 300 free surgeries, including but not limited to correcting cleft lips and palates, scars and burns, strabismus (crossed eyes), hernias and the removal of extra toes or fingers. To facilitate these procedures, the team brought their own equipment and supplies, as well as donated supplies to the host hospital. Additionally, throughout the week, team members shared knowledge and best practices with their Mexican colleagues.

Community Walks American Heart Association Heart Walk.

Heart disease is the leading cause of death in the U.S. Sharp proudly supports the American Heart Association's (AHA's) annual San Diego Heart & Stroke Walk, which promotes physical activity to build healthier lives, free of CVD and stroke. In response to the COVID-19 pandemic, the AHA transformed the 2020 walk — originally scheduled to occur at Balboa Park — into a new digital experience. Participants received a 28-day virtual map that offered tips on healthy living and the opportunity to engage with others and recognize survivors. The map concluded on September 19 with a digital opening ceremony and the chance for participants to walk, run or cycle wherever they were.

In FY 2020, more than 100 teams across the Sharp system helped raise more than \$157,000 for the walk, through activities such as auctions, prize drawings and jeans

days at System Offices. More than 640 employees, family members and friends represented Sharp during the digital experience. For the past 24 years, Sharp has maintained its position as the first-place fundraising team in San Diego and, in 2020, was the third-place team in the AHA Western States Affiliate. Since Sharp's support of the AHA Heart & Stroke walk began, fundraising efforts have raised more than \$3.5 million in support of the San Diego community.

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 supporting 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. As a result of the COVID-19 pandemic, beginning in March, Sharp's in-person volunteer activities were either severely limited or paused entirely through the remainder of FY 2020. Sharp will continue to monitor COVID-19 public health guidelines to support volunteer opportunities as appropriate in FY 2021.

On average, more than 1,330 individuals actively volunteered at Sharp each month between October and March 2020.⁶ This included nearly 1,500 auxiliary members, individual volunteers from the San Diego community, and volunteers for Sharp's foundations. During this time, volunteers contributed nearly 114,000 hours of service to Sharp and its initiatives.⁷ More than 9,200 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 up to March 2020, as well as the total number of volunteer service hours provided to each Sharp entity, specifically for patient and community support. **Figure 2**⁹ displays the percentage of these volunteers by entity.

⁶ The total represents the average number of active volunteers at Sharp per month from October 2019 to March 2020. Total includes SRSMG volunteers.

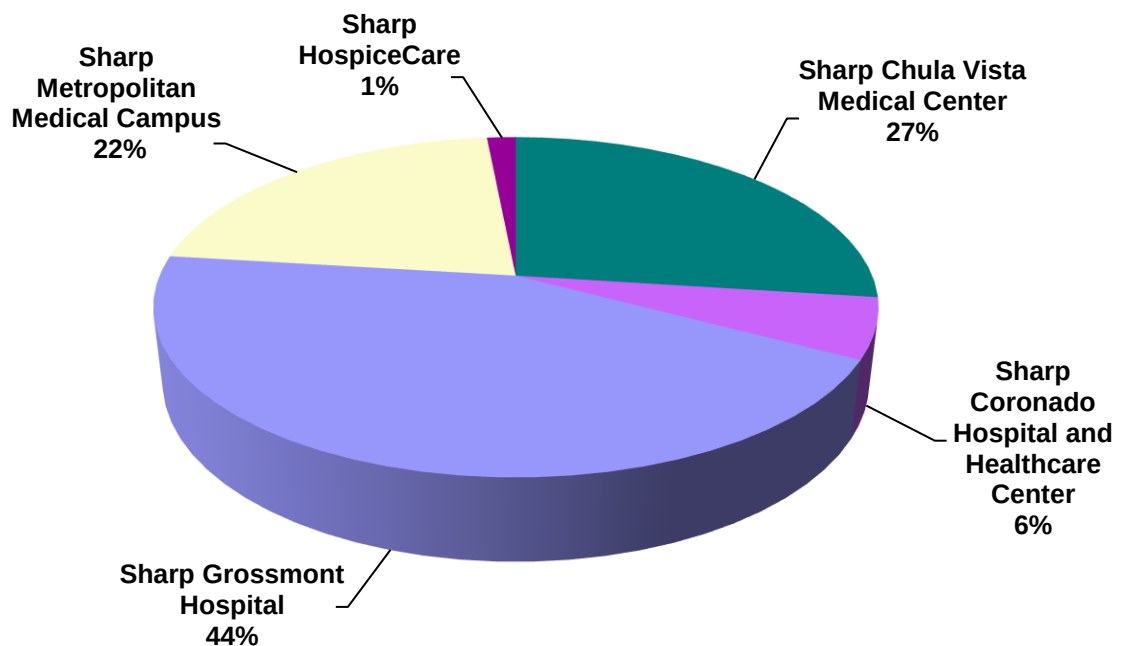
⁷ The total represents the number of volunteer hours at Sharp from October 2019 to March 2020. Total includes SRSMG volunteers.

⁸ Table displays the total number of volunteer hours and the average number of active volunteers at Sharp per month from October 2019 to March 2020. Table excludes numbers for SRSMG.

⁹ Figure displays the percentage of the monthly average (from October 2019 to March 2020) of Sharp volunteers by entity. Figure excludes numbers for SRSMG.

Table 2: Sharp HealthCare Volunteers and Volunteer Hours — FY 2020

Sharp HealthCare Entity	Average Active Volunteers per Month	Total Volunteer Hours
Sharp Chula Vista Medical Center	354	23,683
Sharp Coronado Hospital and Healthcare Center	75	6,221
Sharp Grossmont Hospital	578	45,931
Sharp HospiceCare	20	4,528
Sharp Metropolitan Medical Campus	282	32,776
TOTAL	1,309	113,139

Figure 2: Sharp HealthCare Volunteers by Entity — FY 2020

Sharp offers a systemwide Junior Volunteer Program for high school students interested in giving back to their communities and exploring future health care careers.

Participation in the program requires a minimum 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. On the inpatient units, they are exposed to clinical experiences that provide a glimpse into potential future careers. Junior volunteers may also help raise funds for hospital programs and provide clerical support to hospital departments. Between October and March, nearly 550 high school students contributed more than 27,000 hours to the Junior Volunteer Program. This included 65 junior volunteers who provided more than 2,680 hours of service at SMH and SMBHWN; more than 220 junior volunteers who dedicated nearly 8,140 hours of service at SCVMC; and more than 250 junior volunteers who contributed approximately 16,250 hours of service at SGH.

Volunteers also assisted the Discharge with Dignity program at SGH. The program provides patients with clothing, shoes and other necessary personal items upon discharge from the hospital. The program is designed for patients who may be experiencing homelessness, transferring to SNFs, or lacking friends or family to provide these items. In addition, SGH hosted a two-day clothing drive in July. Conducted in a drive-thru format, the event collected thousands of clothing items for the hospital's patients in need. During the drive, 20 SGH volunteers, including junior volunteers, helped unload and sort items donated by community members.

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.¹⁰ In addition, Sharp's various entity boards include volunteers who provide program oversight, administration and decision-making regarding the organization's finances. In FY 2020, nearly 130 volunteers contributed time to Sharp's boards.¹¹

In February, SGH presented at the California Hospital Association's 2020 Hospital Volunteer Leadership Conference, held in Newport Beach, California. The presentation highlighted the principles of volunteer administration; recruitment; the effects of health care service delivery system redesign on the volunteer sector; and best practices in retail operations. With a theme of engineering change and inspiring leadership, the three-day conference focused on how to best plan and motivate volunteer leaders to adapt to change.

The following section describes the achievements of various Sharp volunteer programs in FY 2020.

Sharp HospiceCare Volunteer Programs

Sharp HospiceCare provides a variety of 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 important relief to those near the end of life and their families and caregivers, as well as vital

¹⁰ Sharp employees' time on these boards is not financially valued in this community benefit report.

¹¹ Sharp volunteers' time is not financially valued in this community benefit report.

clerical and community support activities for the hospice organization. Beginning in March, Sharp HospiceCare significantly modified its volunteer program in response to COVID-19. Traditional in-person and hands-on volunteer activities were either severely limited or paused entirely through the remainder of FY 2020.

Between October and February, 14 volunteers completed Sharp HospiceCare's typical in-person, 24-hour training program to confirm their understanding of and commitment to hospice care prior to beginning their volunteer activities. These volunteers provided a variety of nonmedical services at SNFs, hospitals, patient homes and Sharp HospiceCare's LakeView, ParkView and BonitaView hospice homes. This included patient companionship, caregiver relief, light housekeeping, errands and participation in patient outings, as well as administrative support, special-event planning and community outreach. From March onward, Sharp HospiceCare continued to train 13 additional volunteers through a 30-hour, web-based platform due to COVID-19 restrictions. All subsequent patient and caregiver support volunteer activities were conducted by phone.

One teenager participated in Sharp HospiceCare's Teen Volunteer program in FY 2020. The teen completed special projects in Sharp HospiceCare administration, as well as performed activities at Sharp HospiceCare's hospice homes, including patient grooming as well as sitting with patients, listening to their stories and holding their hand.

From October to February, two nursing and six premedical students from SDSU and UC San Diego volunteered their time by supporting family caregivers in private homes. Eight former Sharp HospiceCare student volunteers are currently in medical school, which demonstrates the value of the hospice volunteer experience — including the enhanced understanding of death and dying — in the pursuit of a medical career.

Sharp HospiceCare's 11th Hour program ensures that no patient dies alone. Through the program, volunteers accompany patients who are in their final moments but who do not have a family member present. This includes holding the patient's hand, reading softly to them and remaining by their side. Volunteers may also provide emotional support to family members who are present. In FY 2020, 11th Hour program volunteers served 18 patients.

In FY 2020, Sharp HospiceCare trained five 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.

Eight volunteers supported Sharp HospiceCare's partnership with We Honor Veterans (WHV) in FY 2020. 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 2020, Sharp HospiceCare held pinning ceremonies for approximately 50 of its veteran patients. In November, volunteers pinned more than 85 veteran community members during community events, including the Caregiver Coalition of San Diego's Navigating Caregiving for Veterans and Military Families conference and the City of San Diego's Veterans Appreciation Dance.

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 for family members. In FY 2020, volunteers dedicated approximately 2,300 hours to sewing more than 580 bears for 150 families. In addition, Sharp HospiceCare supported social distancing by offering families curbside pick-up and drop-off delivery of their bears.

Volunteers played a significant role in enhancing both community safety and morale throughout the COVID-19 pandemic. Immediately following the outbreak, staff and volunteers hand-made more than 200 face masks for donation to Country Hills Health Care Center in El Cajon and St. Paul's Plaza in Chula Vista. Since March, more than 1,500 masks have been sewn and donated to patients and their loved ones as well as to Sharp team members and their families. In addition, volunteers created nearly 1,100 colorful greeting cards — including 575 cards for every Sharp HospiceCare patient and their family, as well as over 500 cards for staff and patients at community nursing and senior homes — to bring cheer and a comforting reminder that they are not forgotten during a potentially frightening and lonely time.

Sharp HospiceCare recognizes volunteers' valuable impact on patients and their families and caregivers. During National Hospice and Palliative Care Month in November, Sharp HospiceCare recognized its volunteers through special award and pinning celebrations. In place of National Volunteer Week, which is typically held in April, in August Sharp HospiceCare honored volunteers with a drive-by lemonade and cookie stand. Unexpectedly, the celebration also drew community members, including individuals experiencing homelessness, to whom Sharp HospiceCare happily served complimentary treats. Further, Sharp HospiceCare provided monthly continuing education and support groups to enhance volunteers' knowledge and skills. In response to COVID-19, this included the transition to newsletter-based education and support.

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

The Cushman Wellness Center Community Health Library and SMH Volunteer Department continued to offer the Health Information Ambassador program in FY 2020. The program brings the library's services directly to patients and family members at SMH, the Sharp Allison deRose Rehabilitation Center and SMBHWN's perinatal special care unit to help promote health literacy and empower patients in their own health care. Health Information Ambassadors are specially trained hospital volunteers responsible for bringing diagnosis-related resources to patients and family members upon request. The consumer health librarian receives these requests, then gathers consumer-oriented information from reputable health websites for the Health Information Ambassadors to bring 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 stay connected with the library for ongoing quality health information. To support their role, the Health Information Ambassadors use a pamphlet created by the consumer health librarian titled Health Literacy 101. 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. Prior to COVID-19, the Health Information Ambassadors visited more than 475 patient rooms and filled nearly 270 information requests.

Through the Community Care Partner (CCP) program at SMH, 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 monitor 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. Each year, CCP volunteers devote several hundred hours to serving hundreds of patients. However, in FY 2020, the COVID-19 outbreak restricted volunteers from entering the hospital, and severely limited the program's reach.

Established in 2007, the Arts for Healing program at SMMC brings a variety of arts experiences to patients facing significant medical challenges and their loved ones. The program intends to promote holistic comfort and an aesthetically enhanced hospital experience to help improve patients' emotional and spiritual well-being and reduce fear, stress, pain and feelings of isolation. When possible, the program also engages visitors, hospital staff and members of the community in art activities and events.

Arts for Healing is led by Sharp's Spiritual Care and Education Department and funded completely by donations. Arts experiences are facilitated by board-certified art and music therapists and a team of trained volunteers, and include activities such as painting, creative writing, singing, songwriting, card-making, knitting, live music and group drumming.

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 are facing life with newly acquired disabilities following a catastrophic event. At SMBHWN, the program serves mothers with high-risk pregnancies who are susceptible to stress and loneliness during extended hospital stays. Music therapy is also provided in the neonatal intensive care unit (NICU) to support families and promote infant development. In FY 2020, Arts for Healing facilitated the donation of 55 handcrafted blankets and quilts to patients receiving palliative care, end-of-life care and infusion therapy services at SMH as well as to families at SMBHWN. 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 and mood and anxiety disorders, as well as older adults receiving treatment for dementia or depression.

In FY 2020, the Arts for Healing program received its second set of grants from the Music Man Foundation to continue supporting the development and expansion of music therapy services at SMMC, including but not limited to the addition of weekly music therapy for the Child Partial Hospitalization Program at SMV and increased NICU music therapy services at SMBHWN. In addition, these grants have supported an evidence-based practice project to measure the impact of music therapy on patients. The project began in October 2019 and paused in mid-March 2020 due to COVID-19. However, initial data has suggested positive changes for patients after a single music therapy session, including decreased anxiety and pain and an improved sense of well-being. Team members resumed data collection in June and anticipate project completion in late 2020.

In FY 2020, Arts for Healing led arts experiences for hundreds of patients, guests, staff and community members during various holidays and events. This included Sharp's Annual Disaster Preparedness Expo in October; Saturday with Santa, a public event hosted each December by the SMH Auxiliary; Sharp's systemwide blood drive in January; and Valentine's Day. In December and February, Arts for Healing held a live concert performed by volunteer local musicians in the SMH lobby. Further, through its ongoing relationship with the San Diego Symphony, during those same months Arts for Healing coordinated performances by symphony musicians for patients, guests and staff at SMH and the Sharp Allison deRose Rehabilitation Center.

Beginning in mid-March, Arts for Healing activities were significantly impacted following the COVID-19 outbreak. Strict safety protocols prohibited volunteers and patient visitors from entering hospital facilities, resulting in the temporary suspension of most arts experiences and postponement of community events. Despite these circumstances, Arts for Healing staff worked diligently to keep the goals of the program alive by continuing to serve the emerging needs of Sharp patients and staff however possible.

Throughout the pandemic, Arts for Healing participated in the SMMC Employee Wellness Committee, contributed to staff blog posts, and led music and art activities at employee events to bring team members hope and encouragement and help relieve

stress and anxiety. In addition, music therapists played uplifting music at weekly nursing huddles as well as during high traffic times as employees arrived to work.

Music therapy services continued for patients and their families at the SMMC with adaptations based on COVID-19 safety guidelines. At SMH, music therapists continued serving patients at their bedside while also implementing new initiatives to support those experiencing isolation. This included involving family members in patients' music therapy experiences by phone or through video or audio recordings, as well as asking family members about their own well-being. In addition, Arts for Healing staff used hospital room technology to enable patients to listen to their music of choice. In August, Arts for Healing partnered with Project Music Heals Us — a New York-based nonprofit that provides inspiration, education and healing through live performances and interactive programming to marginalized communities throughout the country, with a recent focus on COVID-19 patients. At SMH, this included weekly, individualized virtual concerts for patients with heightened isolation precautions.

Since April, Arts for Healing has collaborated with chaplains from SMH's Spiritual Care and Education Department to create kits for SMMC patients to promote self-care and comfort during a time without the physical presence of their loved ones. The kits included a journal and pen with writing prompts as well as resources and handouts in English and Spanish covering a variety of support topics such as poetry, reflections, prayer, religion, meditation, stress relief, laughter and music.

In FY 2020, four employees and more than 40 volunteers facilitated art and music activities for approximately 22,000 patients, visitors and staff through the Arts for Healing program. Since its inception, the time and talent of the program's dedicated volunteers, board-certified art and music therapists and staff have reached more than 200,000 individuals.

Other Sharp Community Efforts

In FY 2020, 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 2020 point-in-time count conducted by the San Diego Regional Task Force on the Homeless, there are more than 7,600 individuals experiencing homelessness in SDC. Roughly 3,600 sleep in shelters, while nearly 4,000 are unsheltered. For the third year in a row, the number of individuals experiencing homelessness in the region has decreased by approximately 6%. Since 2011, Sharp has sponsored the Downtown San Diego Partnership's (DSDP) Family Reunification Program, which serves to reduce the number of unsheltered individuals in downtown San Diego. Through the program, homeless outreach coordinators from the DSDP's Clean & Safe Program identify unsheltered individuals who would be best served by returning home to loved ones. Family and friends are contacted to ensure that an individual has a place to stay and the support they need to get back on their feet. Once

that is confirmed, the outreach team provides the necessary transportation to reconnect the individual with their loved ones. With Sharp's help, the Family Reunification Program has reunited more than 2,700 individuals with friends and family across the nation.

In FY 2020, Sharp also collaborated with Monarch School, a K-12 school dedicated to helping students experiencing homelessness break the cycle of poverty through education. SMV staff supported Monarch School by donating supplies and funds for backpacks. In August, nearly 70 backpacks were filled with school supplies, hygiene kits and a toy for children in grades K-3. These donations helped support students' basic needs so they can focus on learning. In addition, in January, SHP staff donated, sorted and stuffed 1,250 basic hygiene kits for students at the Monarch School. Kits included soap, shampoo, conditioner, toothbrushes and toothpaste, along with motivational messages.

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 2019 the Downtown Sharp Senior Health Center provided more than 250 gift cards to local seniors. Gift cards were five dollars each and good towards a local pharmacy, grocery store or Subway® restaurant.

For several years, SCVMC has supported Operation Gobble, an event started by Assemblywoman Lorena Gonzalez that provides a turkey to those in need during the Thanksgiving holiday. In 2019, SCVMC provided 40 patients from the Barnhart Cancer Center's Infusion Center and Radiation Oncology department with turkeys.

In December, SCVMC partnered with the Chula Vista chapter of Optimist International for its annual holiday bike giveaway. Optimist International is a worldwide volunteer organization that helps children develop to their fullest potential. In FY 2020, the holiday bike giveaway provided bicycles to six children of the hospital's cancer patients.

Through the Chula Vista Family Collaborative's Adopt a Family Sponsorship, SCVMC shared the spirit of the holidays by giving back to a local family of four facing economic hardship. SCVMC staff donated shoes, gift cards, clothing, household necessities and other items on the family's wish list. In addition, SCVMC "adopted" cancer patients identified as having the greatest need and provided them and their families with items on their wish lists.

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, including Crisis House and All Kids Academy Head Start, Inc. Using personal resources supplemented by occasional fundraisers, hospital staff purchase holiday gifts for the families, including grocery gift cards, clothing, toiletries, household items, children's toys, a holiday meal and other items requested by the families. During the 2019 holiday season, Santa's Korner served approximately 150 individuals from 40 families.

Since 2014, SGH nurses have collaborated with Christie's Place — a nonprofit organization that supports women, children and families affected by AIDS — for 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 approximately 160 backpacks during a back-to-school party at Balboa Park. Due to the COVID-19 pandemic, the party was not held in FY 2020, and instead backpacks were gathered at SGH and delivered directly to Christie's Place in August.

The SGH Engineering Department led a variety of volunteer initiatives in FY 2020. For the past 10 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 program, volunteers collect and donate a variety of items to help meet the basic needs of low-income children and adults, and individuals experiencing. In FY 2020, volunteers filled two trucks with donated food and other essential items, including 75 hygiene kits (shampoo, soap, wipes, toothbrushes, etc.), 250 handmade sandwiches and 200 water bottles as well as clothing, socks, shoes, toys, towels, blankets, pet food and other essential 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 patients' rooms as well as offers single-stem roses in a small bud vase to passers-by. Throughout FY 2020, the team delivered vases of flowers along with an inspirational quote. And, and for the 12th Mother's Day in a row, vases of flowers were delivered to new mothers staying in the hospital. This year, given COVID-19 restrictions, SGH nurses delivered the flowers. 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 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 bouquets of balloons, a stuffed bear or a football. Due to COVID-19 restrictions, labor and delivery nurses delivered the Cheers Bouquets in FY 2020.

All Ways Green Initiative



For more than a decade, Sharp's All Ways Green initiative has sought to minimize adverse environmental impacts. The initiative creates and promotes healthy, green practices for employees, physicians and patients. Through education, outreach and collaboration with San Diego's earth-friendly businesses, Sharp works to identify and implement best practices in sustainability, 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 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. Special committees are responsible for each of these domains (see **Table 3**), while Green Teams at each Sharp entity are responsible for sustaining 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 uses a Sharp-developed report card that measures 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 to strategically plan initiatives that engage team members to reduce 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

In the U.S., health care facilities account for nearly 5% of the total area taken up by commercial buildings, but are responsible for more than 10% of energy consumption.¹² Hospitals are the second-most energy-intensive commercial buildings in the country¹³, using nearly three times the amount of energy as a typical office building.¹² Given the significant amount of energy and water required to operate today's hospitals and health facilities, it is important to understand what drives energy consumption and how to cost-effectively implement and optimize energy efficient solutions. A decrease in energy consumption not only reduces greenhouse gas emissions, but also reduces the cost of providing health care.

Natural gas and electricity are the major types of energy consumed in hospitals. Natural gas is used mainly for cooking and space and water heating, while electricity is used for cooling, lighting and the operation of clinical and administrative equipment. Approximately 70% of a hospital's energy consumption is due to lighting, heating, cooling and hot water production. Heating and cooling activities are driven by strict air quality requirements to maintain continuous safety and comfort.¹² In addition, hospital water use constitutes 7% of all water use in U.S. commercial and institutional buildings.¹⁴

Sharp's goal is to optimize the use of precious natural resources 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 using alternative energy sources. Sharp's Natural Resource Subcommittee continually addresses this call by investing in and 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. The subcommittee also educates employees about the energy-conscious practices in the workplace and at home to promote continuous energy and water savings.

Sharp adopted a focused water conservation program at all sites and 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 120 million gallons of water through its water filtration system, more than 100,000 kilowatt-hours (kWh) of electricity through the

¹² Bawaneh, K.; Ghazi Nezami, F.; Rasheduzzaman, M.; Deken, B. Energy Consumption Analysis and Characterization of Healthcare Facilities in the United States. *Energies* 2019, 12, 3775.

¹³ Energy Information Administration. 2012 Commercial Buildings Energy Consumption Survey: Energy Usage Summary. Available: <http://www.eia.gov/consumption/commercial/reports/2012/energyusage>.

¹⁴ Dziegielewski, et al. 2000. Commercial and Institutional End Uses of Water. American Water Works Association Research Foundation.

use of energy-efficient lighting, and over 750,000 therms of gas by using energy-efficient laundry equipment.

Since 2016, the SGH campus has been operating essentially off the electrical grid due to the Brady Family CoGen, a 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 and provide heating, air conditioning and hot and cold water to the hospital. The CEP is fully compliant with state and local air emissions standards.

In 2018, Sharp opened the Copley building, which includes administrative space for SRSMG, as well as the highly complex, consolidated Sharp HealthCare Laboratory that services the entire Sharp system. To reduce the Copley building's carbon dioxide (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. Fuel cells use the chemical energy of hydrogen or another fuel to produce clean and efficient electricity. The Copley building's fuel cell has reduced its CO₂ emissions by more than 90% while generating more than 3 million kWh of electricity per year.

In 2019, a temperature set-point (an agreed upon temperature that a building will maintain) initiative was completed throughout Sharp's facilities to standardize, optimize 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 reduces energy use by approximately 1% and 5%, respectively. Sharp collaborated with its community energy partners, including SDG&E and the Ecom-Energy consulting firm, to develop these guidelines based on best practices for energy-efficient temperature control in hospitals.

In FY 2020, Sharp continued to replace fluorescent light bulbs and lower performance light emitting diode (LED) lights with next-generation, high-performance LED lights and fixtures. Sharp began this initiative in 2013 and by the end of 2020 has completed retrofits at almost all locations. The new LED lighting is 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. Overall, these retrofits are projected to reduce Sharp's energy usage by 55%. The lighting projects completed in 2020 alone are expected to save more than 2.5 million kWh in electricity per year — enough to power approximately 380 cars — and reduce annual CO₂ emissions by approximately 1,770 metric tons. Sharp continues to seek innovative solutions to meet the lighting needs of its customers and staff in the most cost-effective, earth-friendly manner.

In January 2020, SCVMC opened the newly constructed Ocean View Tower. The state-of-the-art hospital was designed according to Sharp's sustainability standards and includes energy and water saving features such as high-efficiency boilers; more efficient

heating, ventilation and air-conditioning systems (HVAC) in non-patient care areas; and a cool roof, which saves energy by reflecting more sunlight and absorbing less heat than standard roofs. The Ocean View Tower is projected to be approximately 12% more efficient than Cal-Green requirements (California's mandatory green building standards code) and reduce annual CO₂ emissions by nearly 250,000 lbs. compared to buildings of similar size.

The state-of-the-art SRSMC Santee facility opened in September 2020. The building was designed with energy and water saving features, including drought tolerant landscaping, 35 electric vehicle chargers (EVCs), parking lot solar panels, and a battery storage unit, which optimizes energy management by storing energy generated from the solar panels. The new building earned Sharp the 2020 Zero Net Energy award by the San Diego Green Building Council.

All Sharp hospitals participate 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 sacrificing 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 earned ES certification in 2007, 2010 to 2013, and 2017 to 2020. In addition, SCVMC earned ES certification in 2009 to 2011, 2013, 2015 to 2018 and in 2020. Further, the SRSMC office building in downtown San Diego was one of the first medical office buildings in SDC to meet LEED (Leadership in Energy and Environmental Design) silver certification specifications.

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 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 list 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	✓	✓	✓	✓	N/A	✓	✓	N/A
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	✓	✓	✓	N/A	N/A	✓	✓	N/A
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

According to Practice Greenhealth, hospitals produce more than 5 million tons of waste each year and nearly 30 lbs. of waste per staffed bed each day. Sharp is committed to significantly reducing waste at each entity and extending the lifespan of local landfills.

In FY 2020, Sharp's waste minimization initiatives — including programs focused on recycling, donating, composting, reprocessing and reusing — helped divert more than 3,200 tons of waste (more than 37% of all waste). See **Table 5** for Sharp's waste diversion rates in FY 2020.

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 2020:

- Sharp's single-waste stream recycling program diverted more than 5.3 million lbs. of trash from local landfills, including non-confidential paper, cardboard, exam table paper, plastic, aluminum cans and glass containers.
- Sharp collected, reprocessed and sterilized more than 70,000 lbs. of surgical instruments for further use. Reprocessed items included compression devices, electrophysiology cables, ultrasonic scalpels and more.
- Sharp diverted more than 104,000 lbs. of plastic and cardboard from landfills through the use of reusable sharps containers.
- Sharp installed new touchless, filtered-water refill stations at its Spectrum system office to help reduce plastic water bottle waste.
- Sharp has significantly reduced paper waste through electronic bill pay, cloud-based document storage, and office supply reuse and repurposing programs.
- Sharp continued to participate in SDC's Hazmat Stakeholder meetings to discuss best practices for medical waste management with other hospital leaders in SDC.

Sharp was selected by the City of San Diego's Environmental Services Department as a Recycler of the Year in the 2020 Business Waste Reduction and Recycling Awards

Program. In 2017, Sharp was recognized by CRRA as the Outstanding Recycling Program for its innovative waste minimization initiatives.

Table 5: Sharp HealthCare Waste Diversion — FY 2020

Sharp HealthCare Entity	Total Waste Per Year (lbs.)	Diverted Waste Per Year (lbs.)	Percent Diverted
Sharp Chula Vista Medical Center	3,116,643	1,104,419	35.4%
Sharp Coronado Hospital and Healthcare Center	888,158	299,029	33.7%
Sharp Grossmont Hospital	4,580,402	1,448,332	31.6%
Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women & Newborns	4,660,799	1,882,263	40.4%
Sharp Mesa Vista Hospital	800,012	363,092	45.4%
Sharp Rees-Stealy Medical Centers	2,445,070	970,237	39.7%
System Offices	1,923,654	839,648	43.6%
Total Sharp HealthCare	18,414,738	6,907,020	37.5%

Table 6: Waste Minimization Efforts by Sharp HealthCare Entity

Waste Minimization Project	Entity							
	SCHHC	SCVMC	SGH	System Offices	SHP	SMH/ SMBHWN	SMV/ SMC	SRSMBG
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	✓	✓	✓			✓		
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 approximately a decade ago with a strategy to increase the selection of nutritious, organic and sustainable food items at each of its facilities. In collaboration with its food service partner, Sodexo, Sharp remains an innovator and early adopter 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) — an alternative model of agriculture that more closely connects food producers and consumers by allowing consumers to subscribe to the harvest of a particular farm.

In FY 2020, Sharp was the first health system in the country to implement the new Nourish menu for inpatients, which is based on the principles of culinary genomics — the preparation of food according to human genetics to optimize long-term health. This innovative, holistic menu was inspired by research performed in Blue Zones — regions of the world where a higher-than-expected number of people live longer lives. Currently available at SMH, SCHHC and SCVMC, the Nourish menu offers a variety of delicious, nutritious and visually appetizing meals. The menu has been strategically designed to expand Sharp's understanding of nutrition and ideally, change the way patients, staff and visitors think about food. Further, the menu specifically addresses prevalent diseases in the U.S. that may be mitigated through food interventions, including diabetes, CVD and obesity.

According to the U.S. Department of Agriculture, up to 40% of food produced in the U.S. goes to waste. Sodexo teams at SCVMC 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) and post-consumer food waste (food the consumer throws away) from entering landfills. In addition, the use of self-audit checklists help kitchen teams across the system 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. Through this collaboration, Sharp donates healthy and nutritious food items that can no longer be used in its kitchens 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 by increasing the availability of nutritious meals to people who might struggle to access healthy food. This

program also allows Sharp to save on waste disposal costs and keep food out of landfills.

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 the 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 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 2020, Sharp's composting programs diverted approximately 200 tons of waste from landfills.

In FY 2020, Sharp's use of imperfect produce in its kitchens — produce that is aesthetically less-than-perfect yet still nutritious and usable — prevented more than 7,000 lbs. of food from going to waste. SCHHC, SMH and SMV also continued to operate the first county-approved, hospital-based organic gardens. Produce from the gardens is used in meals served at the hospitals' cafés. In addition, 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. Further, in FY 2020, SGH recycled more than 7,400 lbs. of used cooking oil.

Sharp is an active member of San Diego's Nutrition in Healthcare Leadership Team. The group, which represents more than a dozen SDC hospitals and health care systems, collaborates to ensure that all food and beverages served in county 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).

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 honors the 1996 federal Bill Emerson Good Samaritan Food Donation Act, which encourages food donation to nonprofit organizations by protecting donors from liability. Sharp also 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	SRS MC
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 about the benefits of ride sharing and other environmentally friendly modes of transportation. Sharp's ongoing efforts to promote alternative commuter choices have led to its recognition as a SANDAG iCommute Diamond Award recipient between 2001 and 2010, and from 2013 to 2020.

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 SDC to offer EVCs to support the creation of a national EVC infrastructure and help reduce carbon emissions and dependence on petroleum. As part of the nationwide Electric Vehicle Project, Sharp has installed EVCs at its corporate office, the Copley building, SCVMC, SMMC and some SRS MC sites. Sharp will continue to expand EVCs at its other entities.

Sharp encourages employees to participate in commuter alternatives, 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.

Sharp provides bike racks at its entities as well as offers a bicycle commuter benefit, which provides employees who bike to work up to \$20 per month to use toward qualified costs associated with bicycle purchase, improvement, repair and storage. In addition, Sharp participates in the SANDAG iCommute Bike to Work Day event each May. In response to the COVID-19 pandemic, SANDAG replaced the 2020 event with a Biking to Work in the San Diego Region webinar. Several Sharp employees participated in the webinar which provided information about biking safely and legally, route planning strategies, and tips to make biking comfortable and fun. SANDAG also shared updates on planned bike infrastructure projects throughout SDC.

Furthering its commitment to improve commuting options for 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 information technology, 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 schedules help Sharp 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 initiatives are highlighted in **Table 8**.

In October, Sharp held its annual community disposal and recycling event at Sharp's Spectrum office location, which included free confidential paperwork destruction by Shred-it as well as hard drive disposal and shredding. The event also provided anonymous prescription drug disposal as part of the federal Drug Enforcement Administration's National Prescription Drug Take Back Day. Approximately 82 lbs. of medications were collected from the community during the event. In addition, drug take-back kiosks at SCHHC and SCVMC provide the community with options for the proper disposal of prescription medications that are expired or no longer needed. These kiosks provide a safe, convenient and responsible means of drug disposal while providing education to the general public about the potential for prescription medication abuse. In FY 2020, more than 400 lbs. of medications were collected through these kiosks.

**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. Sharp's disaster preparedness team provides education to staff, community members and community health professionals, as well as collaborates with numerous state and local organizations to prepare the community for a potential emergency or disaster.

In October, Sharp hosted its annual Disaster Preparedness Expo to educate San Diegans about effective disaster preparedness and response in the event of an earthquake, fire, power outage or other emergency. Held at Balboa Park, the free event educated approximately 1,000 community members about personal and family disaster planning, including an earthquake simulator and tips from the San Diego Humane Society on how to care for pets during a disaster.

In FY 2020, the disaster preparedness team offered 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 other agencies during a disaster. Traditionally held in-person, these trainings shifted to virtual formats following the COVID-19 outbreak.

Members of Sharp's disaster leadership team donate their time to various state and local organizations and committees. In FY 2020, this included the County of San Diego Emergency Medical Care Committee (EMCC), the California Hospital Association (CHA) Emergency Management Advisory Committee, the California Department of Public Health's Joint Advisory Committee, the Ronald McDonald House Operations Committee, and the SDC Civilian/Military Liaison Work Group. Sharp's disaster leadership also participated 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, Sharp's disaster leadership helmed a subcommittee to review hospital emergency food and water supply planning and identify tools and best practices to disseminate to community health care professionals. In addition, Sharp's disaster leadership participated in the Statewide Medical Health Exercise Program. This workgroup 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.

Further, 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 local hospitals, health clinics and other health providers, and provides resources, trainings and information to prepare non-hospital entities in SDC for a collaborative response to an emergency or disaster. 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. Many of these groups and committees were paused during the COVID-19 pandemic and the

California wildfires; however, the CHA Emergency Management Advisory Committee and the EMCC resumed operations virtually.

In FY 2020, COVID-19 and wildfires reinforced the importance of Sharp's existing relationships with other hospital systems in SDC, as well as with the Hospital Association of San Diego and Imperial Counties (HASD&IC) and CHA. These relationships supported the development of a new work group dedicated to collaboratively addressing such public health threats. Through ongoing weekly virtual meetings, Sharp, Scripps Health, Palomar Health, UC San Diego Health, Kaiser Permanente San Diego, HASD&IC and CHA share best practices in patient care; strategies to ensure provider safety and well-being; and plans for a continuously successful disaster response while adhering to social distancing guidelines. The group is also developing mass fatality plans in the event that a future emergency or disaster — or simultaneously occurring events — require greater response protocols than those currently in place.

Further, Sharp's disaster leadership steers the organization's Highly Infectious Disease (HID) Committee. The HID Committee prepares the Sharp workforce to care for patients infected with COVID-19 and remains in close contact with local, state and national health officials to report and monitor local cases; secure sustainable supply chains for necessary equipment and supplies; and disseminate relevant guidance and recommendations to Sharp's workforce. Through the HID Committee, additional collaborations have developed with fellow San Diego health care systems. New partnerships include an ethics work group to explore the potential need for medical supply rationing based on the severity of future emergencies or disasters, as well as regular meetings between SDC hospital Chief Medical Officers.

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.

The events of 2020 have demonstrated more clearly than ever the ways in which global pandemics can impact public health in SDC at any time. Sharp will continue to collaborate with other health care systems, first responders and community partners to deliver uninterrupted care in the face of an emergency or disaster.

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 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 equity, as well as through participation in community events that promote inclusivity and acceptance.

The SEA encourages diversity awareness through 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 treatment of each Sharp patient in a dignified and sensitive manner that responds to individual cultural health beliefs and preferences and communication needs to ensure health equity. The SEA also provides resources and recommendations to engage Sharp leadership in the process of ensuring inclusive values within the organization. Each Sharp entity has a designated SEA chapter to help fulfill this work.

In 2017, the SEA hosted its first Quarterly Breakfast Forum, which provided an opportunity for Sharp employees and Sharp-affiliated physicians to learn and engage in meaningful conversations about current topics regarding diversity and inclusion. Since then, the SEA has organized 10 forums including: 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; Weight Bias and the Stigma of Obesity; The Ethnohistoric Legacy of Slavery in America as a Root Cause of Health Inequities for African Americans and Post Traumatic Slavery Disorder; and Men's Health Equity: What is it and What Can We Do to Achieve it?.

In response to national events and protests surrounding racial injustice, in June the SEA provided a range of relevant online education, resources and support for Sharp team members. This included Safe Speak, a new series of virtual support sessions developed in partnership with the Sharp EAP. Safe Speak provides Sharp employees and Sharp-affiliated physicians with a safe space to connect with peers, speak openly, find support, brainstorm solutions, and share their own unique experiences related to racial inequality and injustice. Safe Speak sessions limit participation to support confidentiality and include a special focus on amplifying the voices of African American and Black colleagues.

In FY 2020, the SEA introduced a new, online forum called Current Conversations to allow for more educational and engaging conversations about current events. Current Conversations welcomes Sharp employees, Sharp-affiliated physicians and volunteers to participate in moderated virtual discussions on topics involving race and ethnicity, gender and identity, religion and cultural practices, and more. Unlike Safe Speak, participation in Current Conversations is unlimited and non-confidential. The first

Current Conversations included a four-part, monthly series, What's in a Name. From July to October, the series explored the terms people use to identify themselves across different ethnic, racial and sexual or gender orientations with a specific focus on the LGBTQ+ (lesbian, gay, bisexual, transgender and queer (or questioning) and others), Hispanic/Latino/Latinx, BIPOC (Black, Indigenous and People of Color), and Asian/Pacific Islander communities.

In September, the SEA hosted its first featured speaker presentation designed to engage Sharp employees, physicians and interested community members in collaborative discussions on various diversity topics. The free, webinar-based event included a talk on human trafficking with Russell Low, Doctor of Medicine, author of *Three Coins: A Young Girl's Story of Kidnappings, Slavery and Romance in 19th Century America*.

In addition, the SEA identifies and creates opportunities to publicly demonstrate Sharp's commitment to diversity and inclusivity. Since its inception, the SEA has represented Sharp at numerous public events that promote equality and acceptance for a variety of communities. In FY 2020, this included the Dr. Martin Luther King Jr. Parade in January and Pride Live: Together We Rise in July.

The SEA looks forward to expanding its reach across the Sharp system and in the San Diego community. In FY 2021, the SEA plans to integrate policies and procedures to help protect Sharp clinicians and staff from discrimination while providing patient care. The SEA will also enhance Sharp's employee diversity training to further strengthen cultural competency, inclusive thinking and workplace sensitivity. In addition, the SEA is developing specialized continuing education opportunities for clinicians to improve care for Sharp's LGBTQ+ patient population. Further, each Sharp hospital is working to obtain 2022 LGBTQ+ HealthCare Equality Leader designation through participation in the Human Rights Campaign Foundation's HealthCare Equality Index, a national benchmarking tool that evaluates health care facilities' policies and practices related to the equity and inclusion of LGBTQ+ patients, visitors and employees.

Employee Wellness: Sharp Best Health¹⁵

Sharp recognizes that improving the health of its team members improves 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 Sharp 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 stress management. Sharp Best Health also offers a

¹⁵ Sharp Best Health programs are not financially valued in this community benefit report.

comprehensive website on Sharp's intranet designed to help employees understand and engage in all of the health and wellness programs available to them.

Since 2013, Sharp Best Health has offered annual employee health screenings to raise awareness of important biometric health measures, educate team members on reducing health risks, and encourage employees to track changes in their metrics over time. In FY 2020, nearly 7,000 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, preventing burnout, and managing the challenges of living with a chronic health condition, such as diabetes or high blood pressure.

To promote overall health, the AHA recommends walking 10,000 steps each day. To align with this goal, in FY 2020, Sharp Best Health continued to offer Move More Rewards, an app-based program that encourages team members to track their steps, distance, calories burned, sleep patterns and other metrics using digital activity monitors. 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 2020, more than 2,800 participants across the Sharp system participated in Move More Rewards, walking an average of 8,200 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, National Nutrition Month, and National Mental Health Month. Prior to the COVID-19 pandemic, Sharp Best Health encouraged employees to hold walking meetings as a heart-healthy alternative to standard meetings. Also prior to COVID-19, Sharp Best Health partnered with the San Diego Humane Society to provide free, animal-based stress relief events at select Sharp locations. Dog walking events provided valuable human interaction for sheltered dogs and puppies, while promoting stress relief and physical activity for Sharp employees. Sharp Best Health also provided stress relief breaks for hospital employees, featuring small, pet-assisted therapy animals such as guinea pigs and rabbits.

Between October and March, Sharp Best Health provided on-site health and fitness classes for employees that included recipe demonstrations to encourage healthy meal preparation at home as well as a variety of fitness opportunities, such as softball, yoga, Zumba, circuit 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.

Prior to COVID-19, Sharp Best Health offered employees a variety of integrative therapies to help promote self-care. In partnership with SCHHC's 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 employee relaxation 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 March 2020, Sharp Best Health made the decision to temporarily discontinue in-person activities in response to COVID-19. To support physical and emotional well-being during this challenging time, Sharp Best Health provided Sharp team members with a variety of virtual wellness activities and resources. Offerings included mindful resilience training, a digital cookbook featuring recipes that use pantry staples, and pre-recorded fitness classes. Sharp Best Health also produced on-demand webinars on a variety of topics, including wellness resources for busy times; healthy eating at home; self-care during stressful times; staying active during the pandemic; and more. In addition, Sharp Best Health partnered with the Sewall Healthy Living Center to promote live, virtual fitness classes. Further, in collaboration with Sharp's EAP and CAREforYou,¹⁶ Sharp Best Health provided a series of virtual support sessions titled Self-Care for the Caregiver – Addressing Burnout.

Sharp Best Health also worked with individual entities to create quiet, restorative spaces for employees to relax and practice self-care at work. These areas offered relaxing music, refreshments and self-directed resources that were available for employees to visit at any time during their shift. In addition, Sharp Best Health collaborated with an outside organization called Better Lounge to deliver nearly 20 massage chairs to locations across the Sharp system to help combat stress and fatigue associated with the pandemic.

New in FY 2020, Sharp Best Health launched the Cultivating Joy series, an employee wellness initiative. The self-paced, online learning series was designed to equip participants with tools to help withstand life's difficulties, prevent burnout and nurture a sense of joy. Each module in the series focused on one of the six building blocks of resilience: purpose, self-compassion, positive relationships, self-care, gratitude and mindfulness. 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 2020, 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

¹⁶ Sharp HealthCare's CAREforYou Program provides resources and support to Sharp team members following unexpected and potentially distressing events.

manage stress and improve their well-being while moving at their own pace and setting their own goals. Whil has been used during staff meetings, department huddles and shift changes throughout the Sharp system. Since Whil's launch, more than 2,400 employees have become active users. In addition, prior to the COVID-19 pandemic, Sharp Best Health collaborated with certified mindfulness facilitators to provide on-site mindfulness programming at six Sharp locations, including series and drop-in classes, mindfulness clubs and mindful lunching events. These facilitators continued to offer mindfulness activities and resources to employees in a virtual format following the suspension of in-person activities.

Throughout the year, Sharp Best Health continued to provide Wellness on Wheels to increase employee access to quick and relevant wellness resources where they work, while accommodating their unique schedules and dedication to patient care. 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. During FY 2020, Wellness on Wheels topics included flu knowledge, appreciation practices for clinical employees, employee wellness offerings, heart health and healthy food choices. Although Wellness on Wheels was suspended for several months due to COVID-19, it was conditionally resumed to provide self-care resources and brief experiences that promote stress management and overall wellness.

In FY 2020, Sharp continued its partnership with Farm Fresh to You to give Sharp employees discounted access to customizable boxes of organic, locally grown produce, which are delivered to their home or workplace. 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.

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 2020, approximately 500 Sharp employees were actively using WW.

In addition to providing WW at work, during FY 2020, 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 a weight-loss program that emphasizes nutrition education and healthy lifestyle development. Participants create a semi-structured food plan and have access to a skilled health coach or registered dietitian to ensure continued support and accountability. Although in-person coaching was suspended in March due to COVID-19, Sharp Best Health continued to offer the New Weigh program throughout FY 2020 in a

10-week webinar format. During FY 2020, over 130 Sharp employees completed the program.

Nearly 1 in 7 community members faces 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 hosted holiday food drives to support the Food Bank's tremendous efforts, and in recent years, Sharp Best Health has transformed these events into Sharp SuperFood Drives. Throughout the 2019 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 3,450 lbs. of nutritious food for the Food Bank. In addition, team members donated over \$1,300 through the Sharp Virtual SuperFood Drive specifically benefiting the Food Bank. Combined, these donations and funds provided nearly 2,875 healthy meals for San Diegans in need.



Addressing the Community's Needs

In fiscal year 2020, 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 2020*, addresses the following community needs, in addition to needs created or exacerbated by COVID-19: 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 chronic 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

When navigating a pandemic, you quickly discover how efficiently a team can come together to serve its community. In response to COVID-19, Sharp Rees-Stealy has adapted and adjusted in many ways to help improve the lives of San Diegans during this challenging time. We have expanded our telemedicine services, worked with generous donors to provide food gift cards to patients in need, and transformed our in-person wellness education into virtual classes. It fills me with joy knowing our team members and providers continue to answer the call every day.

— Stacey Hrountas, Chief Executive Officer, Sharp Rees-Stealy Medical Centers

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) 2020 (October 1, 2019, through September 30, 2020). 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 2020*

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

- Access to care and financial support for uninsured and underinsured community members and individuals without a medical provider
- Programs and services to provide community and social support for individuals with socioeconomic hardships
- Education, screening and support programs for chronic health conditions and various other health needs including, but not limited to, cardiovascular disease, stroke, cancer, diabetes, obesity and unintentional injuries
- Health education, support and screening activities for seniors and others with aging concerns
- Safety and support programs for seniors and people with disabilities
- End-of-life and advance care planning services for hospice patients and their loved ones and the community
- Support of community nonprofit health and social service organizations
- Education and training for community health care professionals
- Student and intern supervision, education and support
- Collaboration with local schools to promote interest and provide career pathways in health care
- Cancer patient navigation services and participation in clinical trials
- Women's and prenatal/postnatal health services, support and education, including services for high-risk pregnancies
- 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 2020

The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2020.

- **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; education and flu vaccinations for seniors; telephone reassurance and safety check program for isolated or homebound seniors and community members with disabilities, including increased outreach during the COVID-19 pandemic; financial and other support to community clinics to assist in providing and improving access to health services; Project Hospital Emergency Liaison Program (Project HELP); Meals on Wheels; contribution of time to the San Diego Food Bank, Feeding San Diego, Mama's Kitchen, Kitchens for Good and Habitat for Humanity; financial and other support to the Sharp Humanitarian Service Program; support services — including participation in 2-1-1 San Diego's Community Information Exchange — for patients experiencing homelessness and other socioeconomic hardships.
- **Other Benefits for the Broader Community** included health education and information provided on-site, virtually and in partnership with community-based organizations; participation in community health fairs and events addressing the unique needs of the community; community flu vaccinations, health screenings and support groups; and prenatal telephone consultations to address the needs of expectant mothers and families during COVID-19. Sharp collaborated with local schools to promote interest in and provide pathways for careers in health care; 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, including COVID-19 response task forces. See **Appendix A** for a list of Sharp's involvement in community organizations. In addition, this category includes 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 2020

In FY 2020, Sharp provided a total of **\$463,505,105** 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 2020¹⁷

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2020 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹⁸	\$74,325,815
	Shortfall in Medicare ¹⁸	332,165,013
	Shortfall in CMS ¹⁸	9,979,695
	Shortfall in CHAMPVA/TRICARE ¹⁸	11,072,193
	Shortfall in Workers' Compensation	258,258
	Charity Care ¹⁹	27,099,893
	Bad Debt ¹⁹	1,573,516
Other Benefits for Vulnerable²⁰ Populations	Patient transportation and other assistance for the vulnerable ²¹	3,113,135
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 ²¹	1,411,780
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ²¹	2,505,807
TOTAL		\$463,505,105

¹⁷ Economic value is based on unreimbursed costs.

¹⁸ 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.

¹⁹ 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.

²⁰ "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>.

²¹ 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 2020**

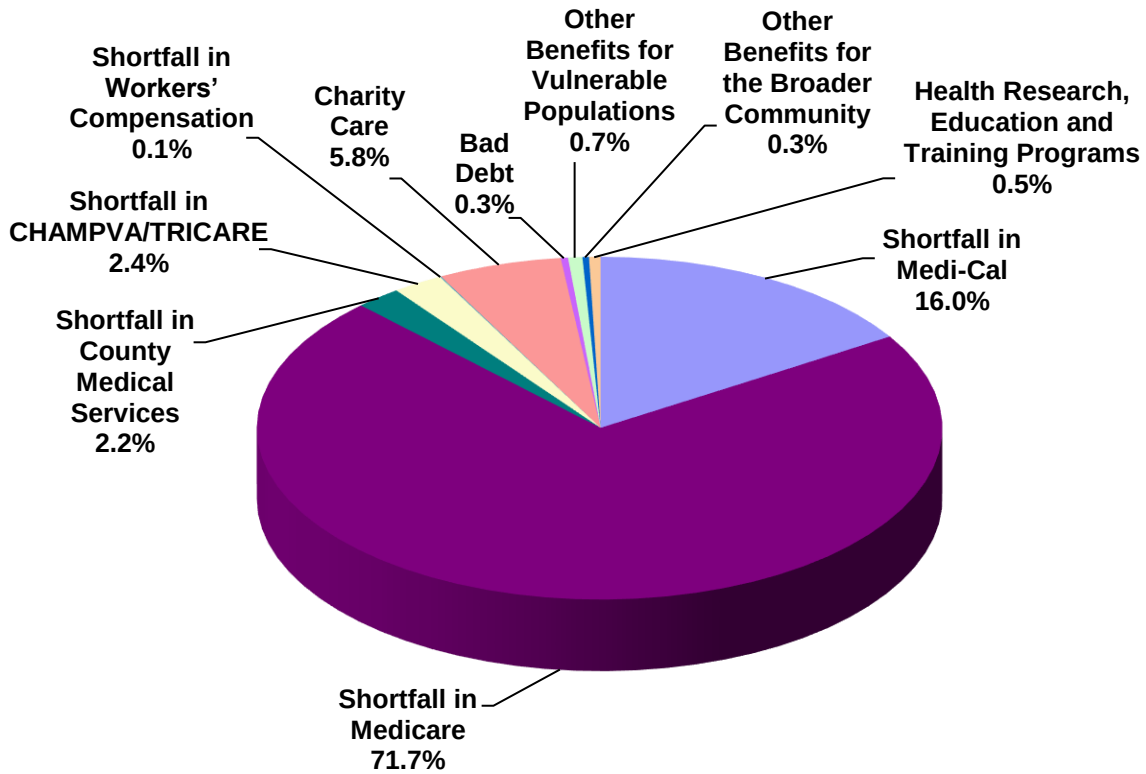


Figure 4: Sharp HealthCare Medical Care Services — FY 2020

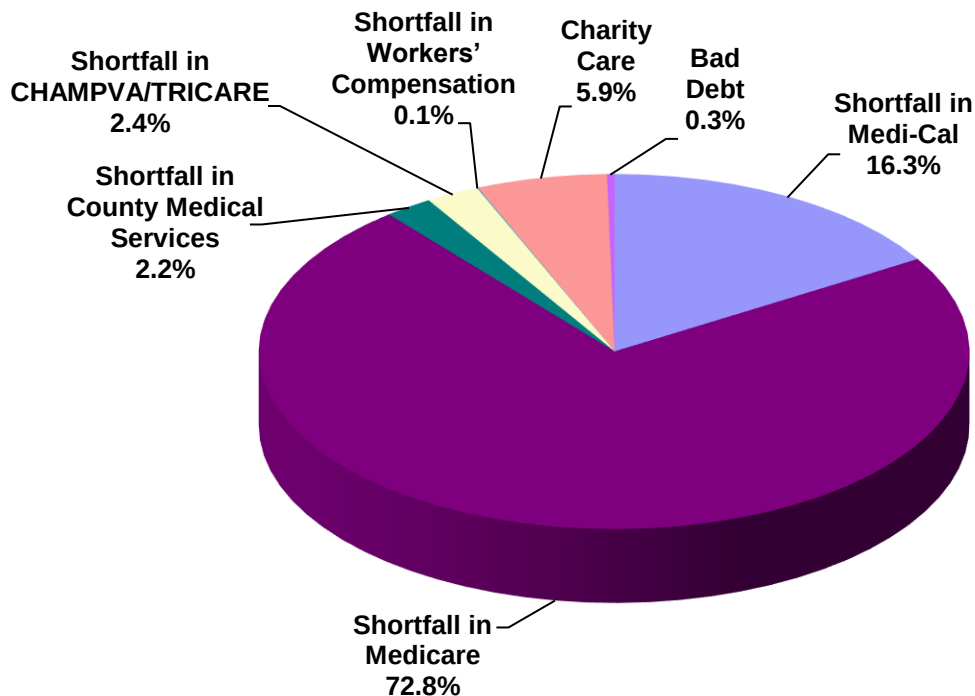
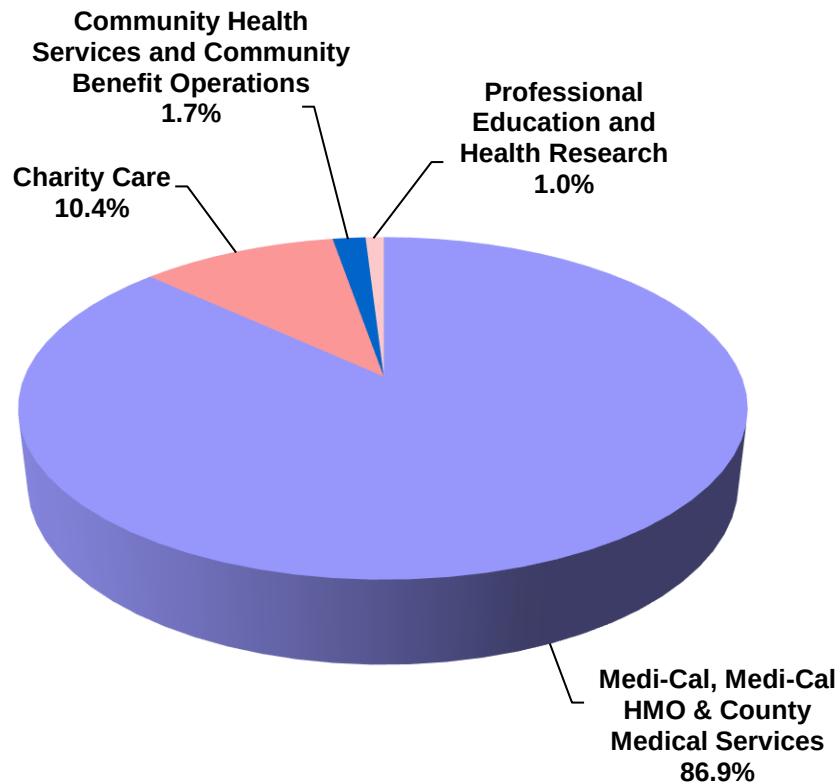


**Figure 5: Sharp HealthCare Community Benefit
by IRS Form 990 Schedule H Category — FY 2020**



In FY 2020, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of July 1, 2019, through December 31, 2021. This resulted in recognition of supplemental revenues totaling \$338.0 million and quality assurance fees and pledges totaling \$184.5 million in FY 2020. The net FY 2020 impact of the program totaling \$153.5 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 2020 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 2020.

**Table 10: Sharp HealthCare Unreimbursed Medical Care Services:
Medi-Cal Hospital Fee Program Impact — FY 2020**

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	\$195,932,382	\$136,232,633	\$226,598,623	\$11,330,450	\$1,573,516	\$27,099,892	\$598,767,496
Provider Fee			\$(142,293,113)				\$(142,293,113)
Net Unreimbursed Medical Care Services After Provider Fee	\$195,932,382	\$136,232,633	\$84,305,510	\$11,330,450	\$1,573,516	\$27,099,892	\$456,474,383

**Figure 6: Sharp HealthCare Unreimbursed Medical Care Services
Before Medi-Cal Hospital Fee — FY 2020**

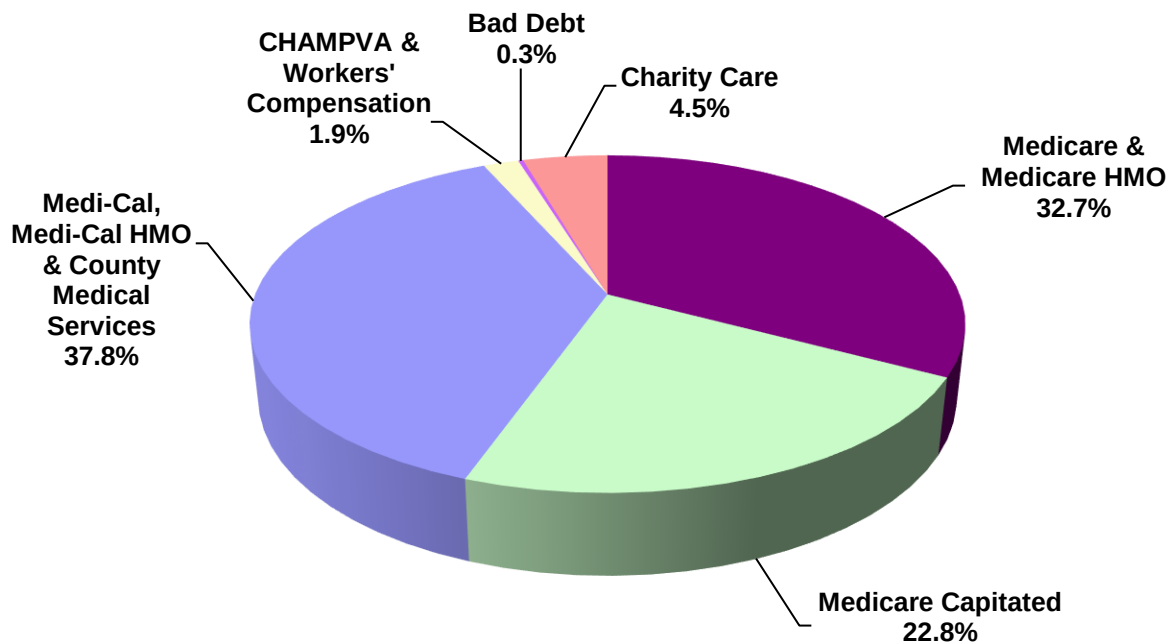


Table 11 lists community benefit costs provided by each Sharp entity and **Figure 7** shows the percentage distribution by Sharp hospital entity.

**Table 11: Total Economic Value of Community Benefit Provided¹⁷
By Sharp HealthCare Entities — FY 2020**

Sharp HealthCare Entity	Estimated FY 2020 Unreimbursed Costs
Sharp Chula Vista Medical Center	\$113,460,333
Sharp Coronado Hospital and Healthcare Center	17,545,873
Sharp Grossmont Hospital	128,540,994
Sharp Mary Birch Hospital for Women & Newborns	4,282,098
Sharp Memorial Hospital	173,120,386
Sharp Mesa Vista Hospital and Sharp McDonald Center	26,468,219
Sharp Health Plan	87,202
TOTAL FOR ALL ENTITIES	\$463,505,105

**Figure 7: Percentage of Community Benefit Provided by
Sharp HealthCare Hospital Entities — FY 2020**

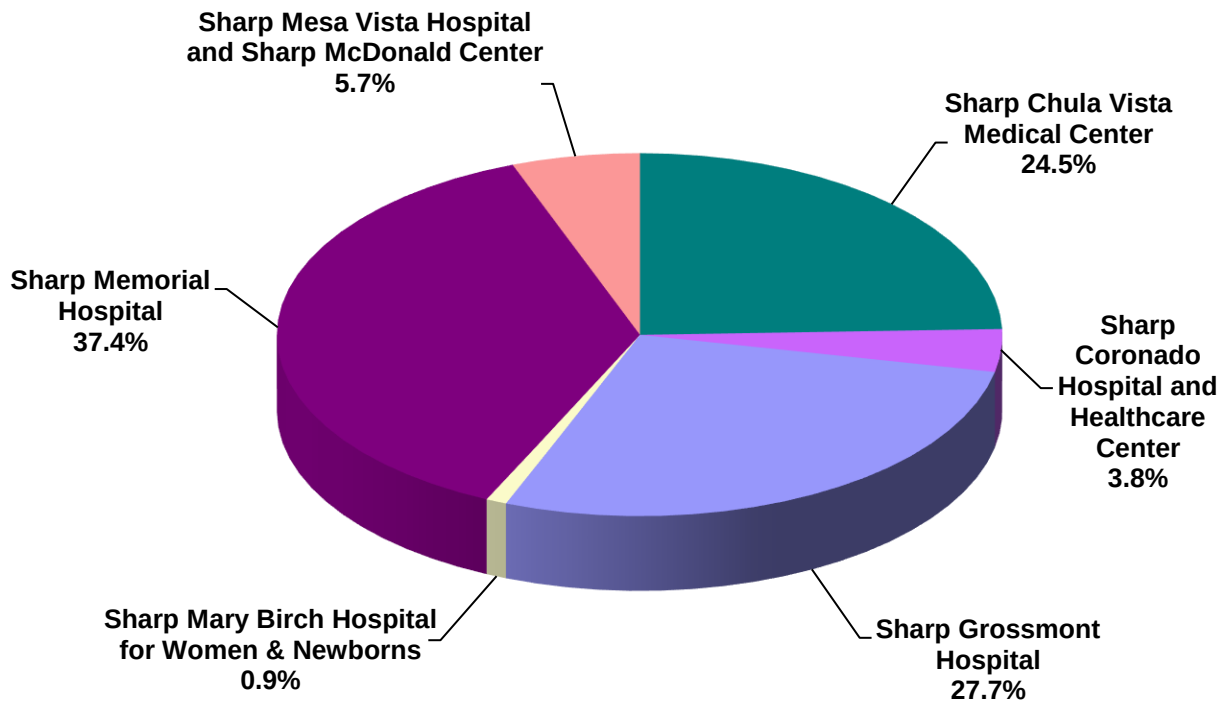


Table 12 includes a summary of unreimbursed costs for each Sharp hospital entity based on the categories specifically identified in SB 697. For a detailed summary of unreimbursed costs of community benefit provided by each Sharp entity in FY 2020, see tables presented in **Sections 4** through **11**.

Table 12: Detailed Economic Value of SB 697 Categories¹⁷ — FY 2020

Sharp HealthCare Entity	SB 697 CATEGORY				Estimated FY 2020 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	\$112,145,483	\$452,399	\$213,716	\$648,735	\$113,460,333
Sharp Coronado Hospital and Healthcare Center	17,289,851	88,912	64,913	102,197	17,545,873
Sharp Grossmont Hospital	125,922,187	1,161,487	422,712	1,034,608	128,540,994
Sharp Mary Birch Hospital for Women & Newborns	3,998,794	39,644	159,614	84,046	4,282,098
Sharp Memorial Hospital	171,176,351	1,004,851	405,831	533,353	173,120,386
Sharp Mesa Vista Hospital and Sharp McDonald Center	25,941,717	349,892	82,492	94,118	26,468,219
Sharp Health Plan	–	15,950	62,502	8,750	87,202
ALL ENTITIES	\$456,474,383	\$3,113,135	\$1,411,780	\$2,505,807	\$463,505,105



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 2020, 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

The toughest problems need an entire community's involvement to make meaningful change. Change starts one person at a time, but when many collaborate for the good of the whole, transformation is attainable and remarkable.

— Alison Fleury, Senior Vice President of Business Development, 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 uses its CHNA findings in combination with 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 perspectives of community health leaders and residents in order to identify and prioritize health needs for SDC, with a special focus on community members facing inequities and socioeconomic hardships. Further, the process seeks to highlight community health needs that Sharp hospitals could address 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 composed 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
- University of California 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 (SMBHWN), 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 hospitals.

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.²²
- 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 in CHNA development and implementation, including the integration of health conditions with social determinants of health (SDOH).²³

²² For Sharp's CHNA process, this included a special focus on the community members served by Sharp.

²³ '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>.

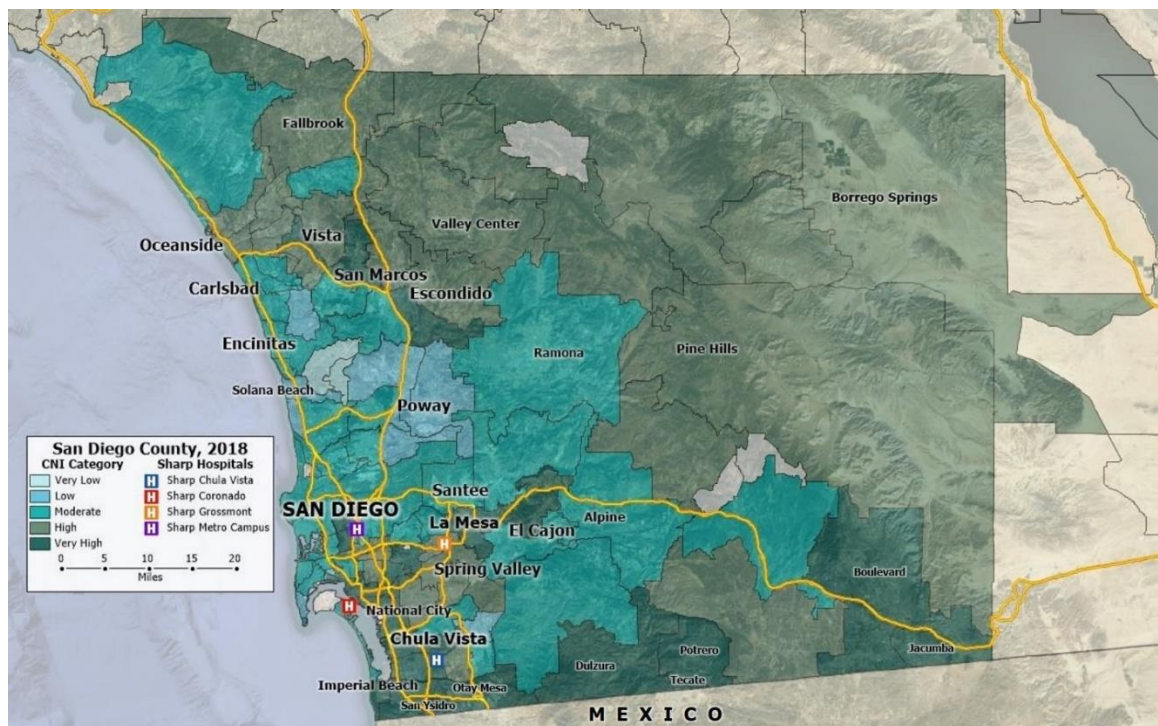
Community Defined

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 used the Dignity Health Community Need Index (CNI) to help identify communities with the highest level of health inequities and needs. The CNI measures this inequity on a scale ranging from very low health disparity to very high health disparity for every ZIP code in the United States (U.S.). This measurement is determined through an analysis of specific barriers to health care access, including education, income, culture/language, insurance and housing. For a detailed description of the CNI, please visit: <http://cni.dignityhealth.org/>.

Figure 8 below presents a CNI map of SDC. This information was used 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.

Figure 8: San Diego County, CNI Map²⁴



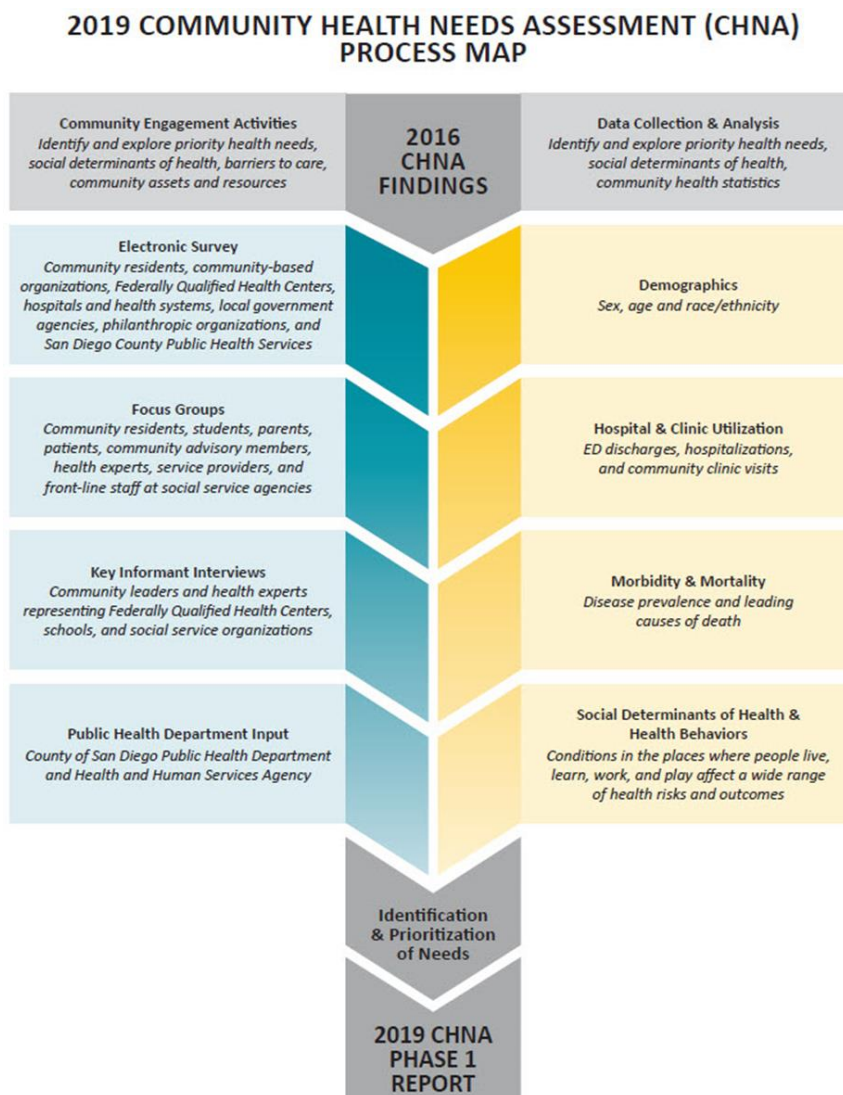
²⁴ Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018; OSHPD accessed via SpeedTrack®, Inc., 2017. Map produced by Sharp Strategic Planning Department, 2019.

Methodology

The HASD&IC 2019 CHNA process and findings provided the foundation for the Sharp 2019 CHNA process and 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.

Figure 9: HASD&IC 2019 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 and 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.

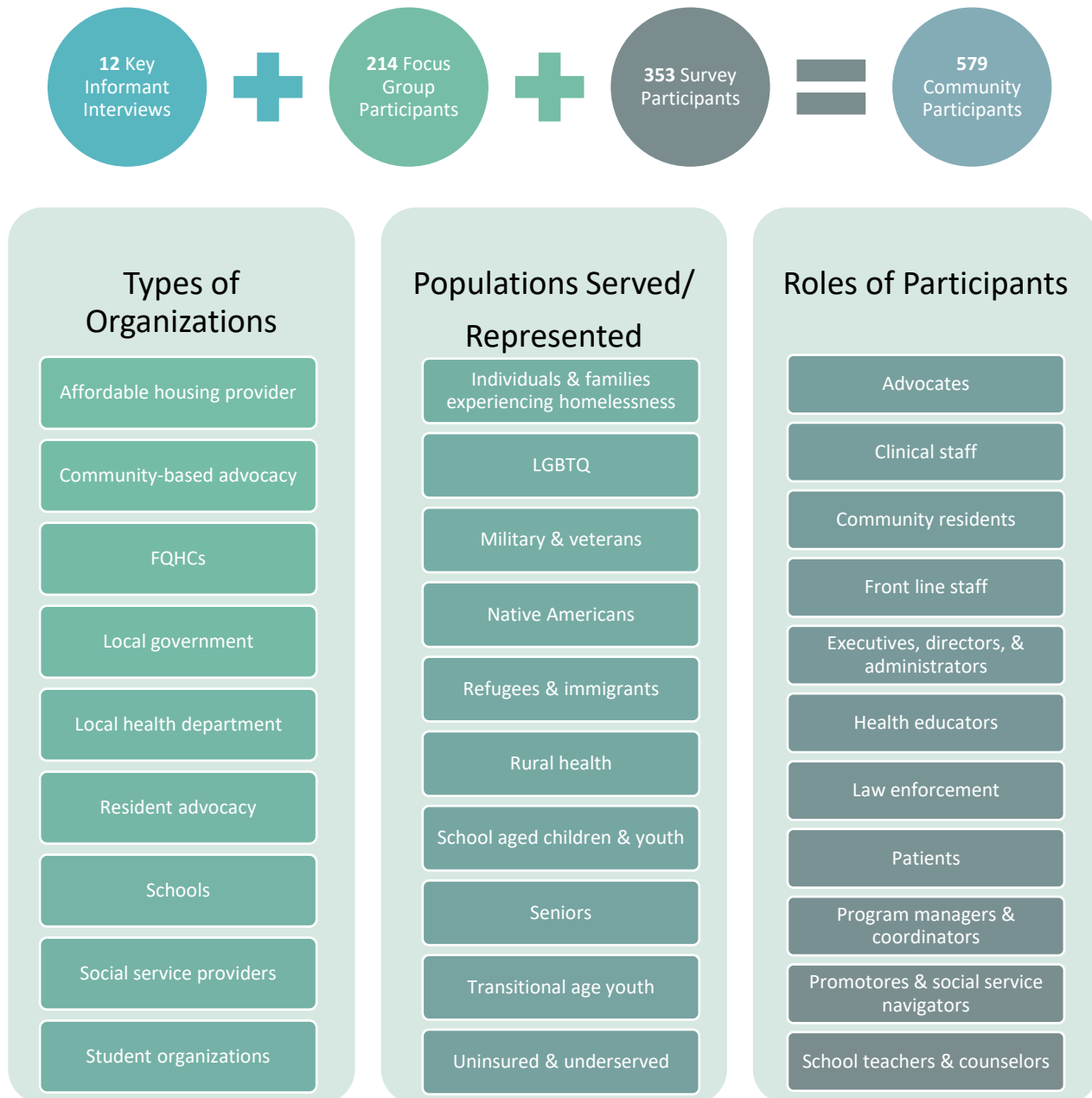
Data from national and statewide data sets were analyzed, including SDC mortality and morbidity data and data related to SDOH. In addition, Kaiser Permanente consolidated data from several national and statewide data sets related to a variety of health conditions and SDOH in SDC and conducted a comprehensive 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 process.

In addition, the Sharp Cancer Registry inpatient and emergency department data were analyzed and incorporated into Sharp's 2019 CHNAs.

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 and 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

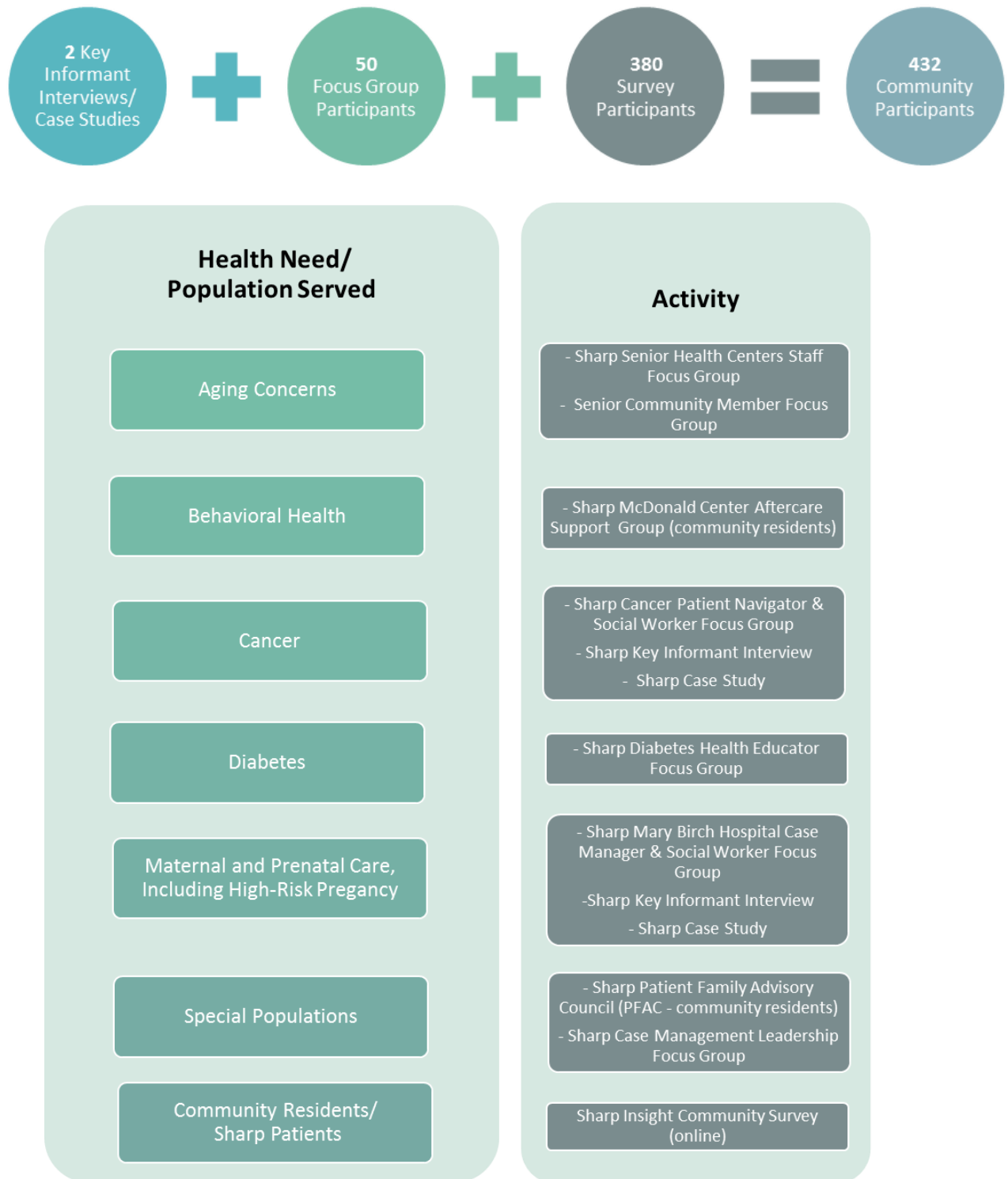


In addition, Sharp contracted separately with the IPH at SDSU to conduct community engagement activities to collect input specifically from Sharp providers as well as from patients and community members served by Sharp hospitals. This input focused on behavioral health, cancer, diabetes, maternal and prenatal care, aging concerns and the needs of patients and community members facing inequities and socioeconomic hardships. These efforts included focus groups and key informant interviews with approximately 50 Sharp providers and 14 patients/community members. Further, IPH developed case studies intended to represent 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 an 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.²⁵ 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.

²⁵ The Sharp Insight Community is a private online environment for Sharp patients and their families, community members, Sharp employees, and Sharp-affiliated physicians to share insight freely about important information that can help Sharp create a positive health care experience.

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 the highest priority health needs in SDC. Criteria included the severity of the need, the magnitude/scale of the need, existing disparities or inequities and change over time. Those health conditions and SDOH that met the largest number of criteria were then selected as 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

Figure 12 below illustrates the highest priority community health needs identified by Sharp's 2019 CHNA process (in alphabetical order by SDOH or health condition).

Figure 12: Sharp 2019 CHNA Top Community Health Needs²⁶



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

²⁶ Note: The findings of the HASD&IC 2019 CHNA process were identical to Sharp's 2019 CHNA findings, with the exception of Maternal and Prenatal Care, Including High-Risk Pregnancy.

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 services that address SDOH, which consequentially impacts their ability to maintain and manage health conditions.

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 its database using relevant search terms for each identified need. The number of local resources available 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, Sharp developed the CHNA Community Guide to provide community members with a user-friendly resource to learn about Sharp's CHNA process and findings, as well as Sharp's strategies to address identified health needs. The Sharp CHNA Community Guide also includes a direct link for community members to provide feedback on Sharp's CHNA processes. Sharp's most recent CHNA Community Guide is publicly available on Sharp's website: <https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm>

Sharp 2019 CHNA Phase 2: Sharp Insight Community Survey Findings

As part of its CHNA process, Sharp conducts a Phase 2 effort to collect feedback from participants in the initial (or, Phase 1) CHNA process. Feedback from individuals who participated in Sharp's 2019 CHNA community engagement activities is essential to help inform and improve future CHNAs, as well as Sharp strategies to address identified community health needs.

In May 2020, another electronic survey was distributed to the Sharp Insight Community to gather feedback on Sharp's 2019 CHNA findings, as well as the impact of the COVID-19 pandemic on those findings. The survey also solicited input from participants on critical issues raised during the 2019 CHNA community engagement, including access to health care, stigma, immigration and public charge.²⁷ More than 600 respondents completed the Sharp Insight Community 2019 CHNA Phase 2 survey. A brief summary of the survey findings is provided below:

- More than 80% of respondents strongly agreed or agreed that the needs identified in the 2019 CHNA represented the needs of communities with greater health inequities in San Diego.
- Most respondents (59%) indicated that they observed an impact on community health needs due to COVID-19, particularly a decrease in access to health care.
- Access to care, including fear of seeking care due to COVID-19, was a predominant concern (20%) affecting the overall health and well-being of communities facing inequities.
- Top challenges affecting access to health care included the inability to access health care (34%) and avoidance of health care (33%).
- Among the 19% of respondents who observed stigma in health care settings, behavioral health stigma (26%), other (18%), and racial disparities or bias (17%) were most frequently cited.
- Advertisement/media was identified as the top example (35%) of a community effort to reduce stigma.
- Respondents suggested health care staff education as the top strategy for hospitals and health systems to address stigma.
- Most respondents (68%) indicated they did not know if individuals in their community were having difficulty accessing health care due to their immigration status.

²⁷ For more information on public charge, please see <https://ilrc.org/public-charge>.

- Nearly 60% of respondents were aware of financial assistance programs, with advertisements/media being the most noted source of awareness.
- Social media, websites and email were the top suggestions to inform the public about financial assistance programs. Of respondents who selected “other,” most (68%) named advertisements/media as another way of informing the public about financial assistance programs.

Findings from the Sharp Insight Community 2019 CHNA Phase 2 Survey were shared throughout Sharp, including (but not limited to) Patient Experience, Clinical Effectiveness and Continuing Medical Education. Sharing these conclusions and recommendations helps guide and shape future Sharp initiatives to address identified community needs and health inequities.

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’ fiscal year (FY) 2021 – 2024 Implementation Strategies, which are publicly available online at: <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

Looking ahead, Sharp will collaborate with HASD&IC and other San Diego hospitals and health systems as chair of the 2022 CHNA Committee. As with previous cycles, the 2022 CHNA effort will focus on continued engagement with community partners to analyze and improve the CHNA process and refine hospital implementation strategies. This community engagement is especially critical as San Diego continues to navigate the COVID-19 pandemic and its impact on health equity in the region. The CHNA process will evolve to meet community needs and support the work of community-based organizations that provide critical services to San Diegans, particularly the more vulnerable members of our community.

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 improved health and well-being of all San Diegans. Further, Sharp is committed to providing a CHNA that is valuable to its community partners, and to strengthening that value and those partnerships in the years to come.

Naturally, the findings of Sharp’s 2019 CHNAs are a critical component of Sharp’s community benefit report process, which is outlined below.

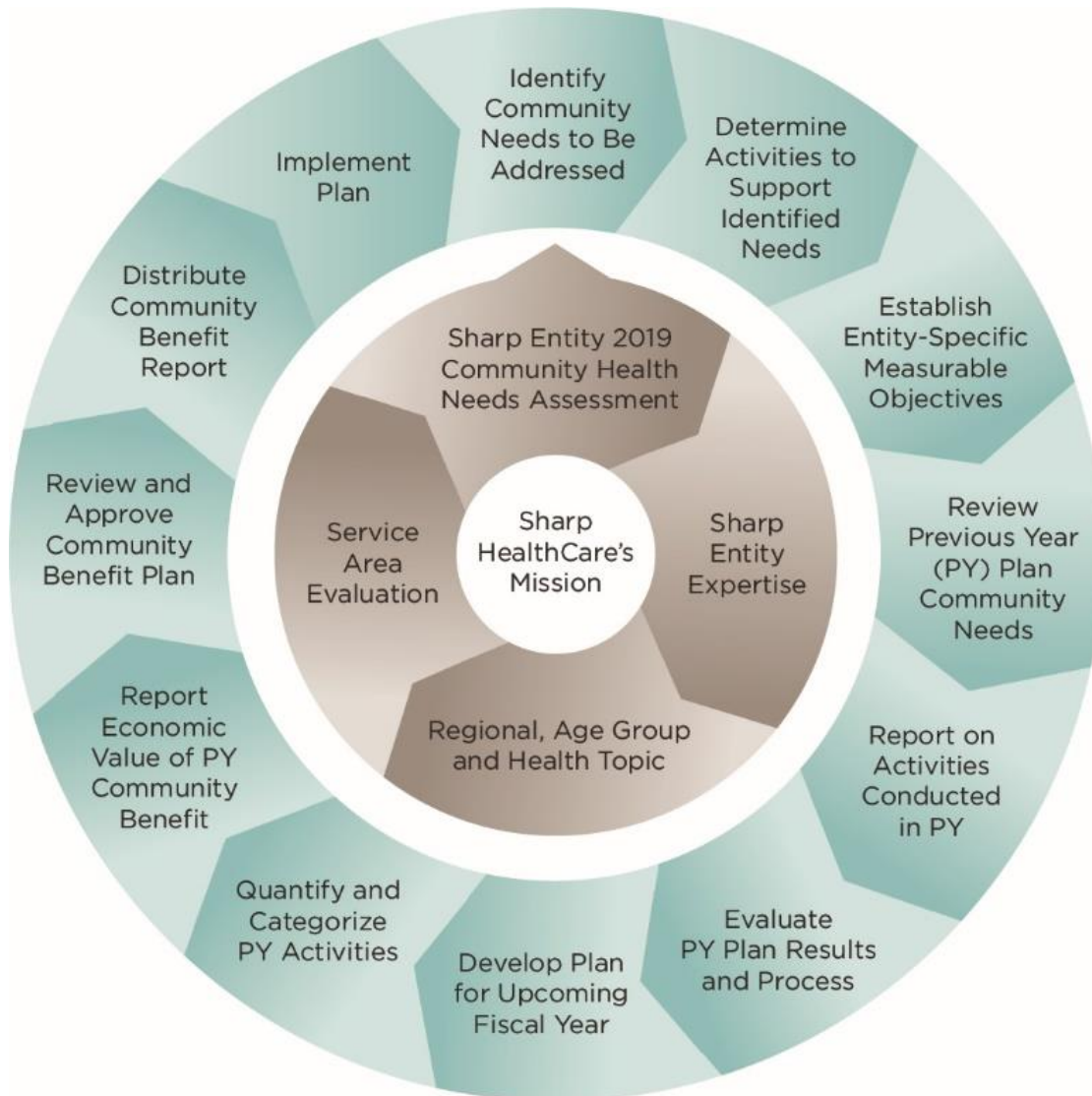
Steps Completed to Prepare Sharp's Community Benefit Plan and Report

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 its CHNA and evaluation of its service area and expertise/services provided
- Verifies the necessity of an ongoing focus on identified community needs or adds newly identified community needs
- Reports on activities conducted in the prior FY — **FY 2020 Report of Activities**
- Develops a plan for the upcoming FY, including specific steps to be undertaken — **FY 2021 Plan**
- Reports and categorizes the **economic value of community benefit provided in FY 2020**, according to the framework specifically identified in Senate Bill 697
- Reviews and approves a community benefit plan
- Posts the Community Benefit Plan and Report on Sharp's website (sharp.com) for public viewing and download
- Distributes the Community Benefit Plan and Report Executive Summary to community stakeholders, members of the Sharp Board of Directors and each of the Sharp hospital boards of directors
- Shares the Community Benefit Plan and Report process and findings through presentations across Sharp, including to management, entity boards and committees, and others upon request
- Implements community benefit activities identified for the upcoming FY

Figure 14 outlines Sharp's community benefit process.

Figure 14: Sharp HealthCare Community Benefit Plan and Report 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 American Hospital Association, the Association for Community Health Improvement, the California Hospital Association, HASD&IC, and a variety of local collaboratives including but not limited to the San Diego Regional Chamber of Commerce, 2-1-1 and the Community Information Exchange.



Supporting People With Cancer at Every Stage

Sharp Chula Vista Medical Center

Sharp Chula Vista Medical Center understands that cancer is a journey that goes beyond treatment. The hospital is committed to helping individuals who face all types and stages of cancer to cope and heal by offering free support groups. In a friendly, safe atmosphere, the hospital's support groups allow community members to discuss and share their concerns, experiences, coping strategies and thoughts on various cancer-related topics. Sharp Chula Vista has cancer support groups for men and women who are newly diagnosed, recovering from or living with advanced cancer, as well as children with an adult loved one facing cancer. In addition, the hospital supports community cancer organizations through the provision of free meeting space. Through these efforts, Sharp Chula Vista remains committed to each individual's cancer experience, every step of the way.

Section

4 Sharp Chula Vista Medical Center

I think of community as a group of people who rely on or support one another. They may be connected by geographic proximity, cultural similarities, common interests, or needs. A community could even be a group of people around the world who have never met face-to-face, but are connected by the internet, or a faith or service organization.

— Dan Dredla, VP of Patient Support Services and Development, Sharp Chula Vista Medical Center

Fiscal Year (FY) 2020 Community Benefit Program Highlights

Sharp Chula Vista Medical Center (SCVMC) provided a total of **\$113,460,333** in community benefit in FY 2020. 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 2020**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2020 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ²⁸	\$21,900,226
	Shortfall in Medicare ²⁸	80,544,280
	Shortfall in County Medical Services (CMS) ²⁸	150,720
	Shortfall in CHAMPVA/TRICARE ²⁸	2,031,542
	Shortfall in Workers' Compensation	30,771
	Charity Care ²⁹	6,727,997
	Bad Debt ²⁹	759,947
Other Benefits for Vulnerable ³⁰ Populations	Project HELP, patient transportation, and other assistance for the vulnerable ³¹	452,399
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 ³¹	213,716
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³¹	648,735
TOTAL		\$113,460,333

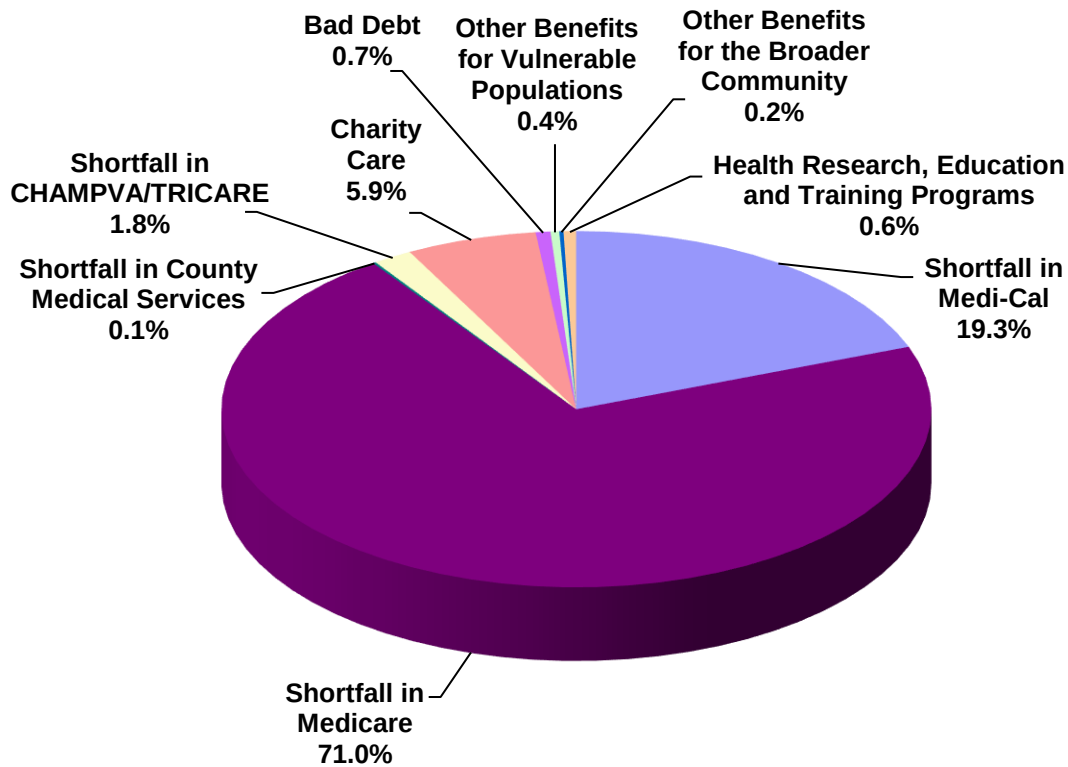
²⁸ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

²⁹ 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.

³⁰ "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>

³¹ 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 2020**



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 2020, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of July 1, 2019, through December 31, 2021. This resulted in recognition of net supplemental revenues for SCVMC totaling \$33.9 million in FY 2020. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2020 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 Hospital Emergency Liaison Program (Project HELP), which provides funding for medication and transportation 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 Feeding San Diego and the San Diego Food Bank (Food Bank); 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; language support groups held for English and Spanish speakers; flu vaccinations and health screenings for blood glucose, blood pressure, body composition, cholesterol, stroke, bone density, mood, and breast, cervical and colorectal 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 and provide career pathways in health care. In addition, hospital staff actively participated in community boards, committees and other civic organizations, including the American Cancer Society (ACS), American Heart Association (AHA), American Hospital Association Regional Policy Board, Las Damas de San Diego International Nonprofit Organization (Las Damas de San Diego Foundation), Chula Vista Chamber of Commerce, Regional Perinatal System, Rotary Club of Chula Vista, San Diego County Breastfeeding Coalition and San Diego Association of Directors of Volunteer Services. See **Appendix A** for a list of Sharp HealthCare's (Sharp) community involvement. The category also includes 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

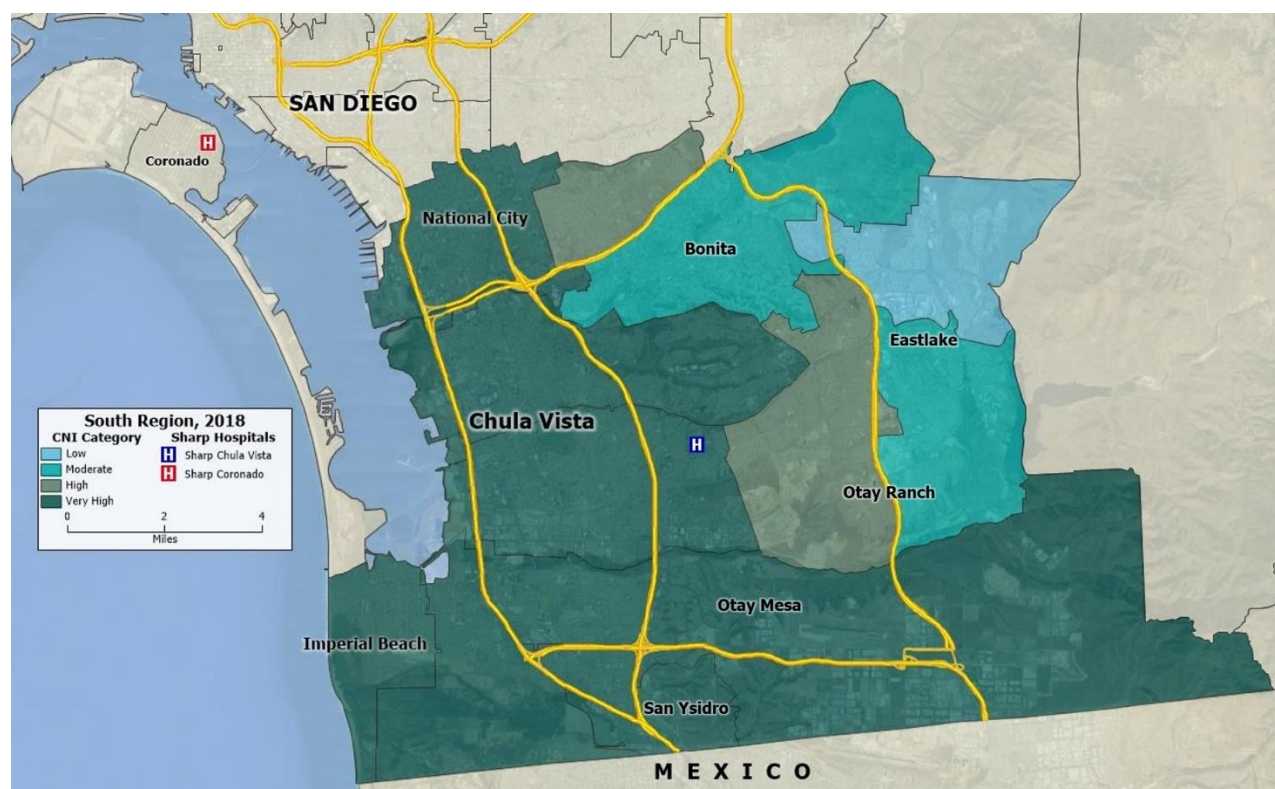
SCVMC is located at 751 Medical Center Court in Chula Vista, ZIP code 91911.

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, Coronado residents use Sharp Coronado Hospital and Healthcare Center.

For SCVMC's 2019 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was used to identify communities within SDC with greater health disparities. The CNI measures this inequity on a scale ranging from very low health disparity to very high health disparity for every ZIP code in the United States (U.S.). This measurement is determined through an analysis of 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 findings across San Diego's south region.

Figure 16: CNI Map — SDC's South Region³²



SCVMC has been providing health care to the south region community for more than 40 years. In the past decade, 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. To meet this increased need for care, SCVMC began construction on a new patient tower in 2016. The Ocean View Tower opened in January 2020 and provided an additional 106 beds, six state-of-the-art operating rooms, advanced health care technology and programs, and services to expedite and improve care for community members in the south region.

³² 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 (59.3%), and in 2020, there were 78,780 residents ages 65 and older, representing 14.2% of the population. Between 2020 and 2025, it is anticipated that the senior population in SDC's south region will grow by 22.8%.³³

In 2018, 13.2% of the south region population reported living below 100% of the federal poverty level (FPL), which was higher than the rate for SDC overall (12.5%). The unemployment rate in SDC's south region was 8.5%, which was higher than the rate for SDC overall (6.1%). In addition, 6.7% of households received Supplemental Security Income, also higher than the rate for SDC overall (5.0%).³⁴

According to estimates from the San Diego Hunger Coalition, as of August 2020, 33% of San Diegans experienced food insecurity³⁵ and 44% of children lived in food insecure households.³⁶ In addition, as of August 2019, statistics showed that 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.³⁷

In 2018, 10.7% of households in the south region received Supplemental Nutrition Assistance Program (SNAP) benefits, while 20.9% 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 19.0% of households lived at or below 138% FPL).³⁴ 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, 2018³⁴

Food Stamps/SNAP Benefits	Percent of Population
Households	10.7%
Families with Children	9.1%
Eligibility by FPL	
Population ≤130% FPL	19.3%
Population ≤138% FPL	20.9%
Population 139% – 350% FPL	38.4%

³³ SpeedTrack®, Inc.; U.S. Census Bureau.

³⁴ The County of San Diego Health and Human Services Agency (HHS), Public Health Services, Community Health Statistics Unit, December 2020, U.S. Census Bureau, 2014-2018 American Community Survey 5-year estimates.

³⁵ 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/>.

³⁶ San Diego Hunger Coalition (2020), San Diego County Food Insecurity Estimates, August 2020.

³⁷ San Diego Hunger Coalition (2019), *Hunger Free San Diego Issue Brief: 2017 San Diego County Food Insecurity*.

In SDC's south region in 2018, 94.6% of children ages 18 and under, 83.6% of young adults ages 19 to 25, 85.8% of adults ages 26 to 44, 88.7% of adults ages 45 to 64, and 98.2% of seniors ages 65 and older had health insurance.³⁴ Health insurance coverage for each age group was lower than the Healthy People 2030 (HP2030) national target of 92.1% health insurance coverage for all individuals under age 65, with the exception of children ages 0 to 17 years.³⁸ See **Table 15** for health insurance coverage in SDC's south region in 2018.

Table 15: Health Insurance Coverage in SDC's South Region, 2018³⁴

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	94.6%	92.1%
Young adults 19 to 25 years	83.6%	92.1%
Adults 26 to 44 years	85.8%	92.1%
Adults 45 to 64 years	88.7%	92.1%
Seniors 65+ years	98.2%	N/A ³⁹

According to the California Health Interview Survey (CHIS), in 2019, 22.2% of the south region population was covered by Medi-Cal.⁴⁰ See **Table 16** for details.

Table 16: Medi-Cal (Medicaid) Coverage in SDC's South Region, 2019⁴⁰

Description	Rate
Covered by Medi-Cal	22.2%
Not covered by Medi-Cal	77.8%

CHIS data also revealed that 15.8% 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**).⁴⁰

Table 17: Regular Source of Medical Care in SDC's South Region, 2019⁴⁰

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	84.2%	84.0%
Has no usual source of care	15.8%	16.0%

³⁸ The U.S. Department of Health and Human Services' HP2030 initiative represents the nation's prevention agenda for the third decade of the 21st century. HP2030 has four overarching goals: to attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and attain health literacy to improve the health and well-being of all; to create social, physical, and economic environments that promote attaining the full potential for health and well-being for all; to promote healthy development, healthy behaviors, and well-being across all life stages; and to engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve health and well-being of all.

³⁹ HP2030 does not include targets for individuals ages 65 and older.

⁴⁰ 2019 CHIS.

Cancer and diseases of the heart were the top two leading causes of death in SDC's south region in 2018.⁴¹ 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, 2018⁴¹

Cause of Death	Number of Deaths	Percent of Total Deaths
Diseases of the Heart	788	25.0%
Malignant Neoplasms (Overall Cancer)	662	21.0%
Cerebrovascular Diseases	211	6.7%
Alzheimer's Disease	195	6.2%
Diabetes Mellitus	168	5.3%
Accidents/Unintentional Injuries	143	4.5%
Chronic Lower Respiratory Diseases	132	4.2%
Essential Hypertension and Hypertensive Renal Disease	76	2.4%
Influenza and Pneumonia	70	2.2%
Chronic Liver Disease and Cirrhosis	47	1.5%
All Other Causes	666	21.0%
Total Deaths	3,158	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

⁴¹ The County of San Diego HHSA, Public Health Services, Community Health Statistics Unit (2020), *Leading Causes of Death Workbook 2011-2018*.

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, and maternal and prenatal care, including high-risk pregnancy. 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 by 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. Lastly, unintentional injury is addressed through Sharp's ThinkFirst San Diego (ThinkFirst), a program led by Sharp Rehabilitation Services. ThinkFirst provides education on injury prevention and the lifelong effects of brain, spinal cord and other traumatic injuries to community members throughout SDC.

For each priority community need identified above, subsequent pages include a summary of the rationale for and importance of the need, objective(s), FY 2020 Report of Activities conducted in support of the objective(s), and FY 2021 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.
- 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.⁴²

- In 2018, cerebrovascular diseases including stroke were the third leading cause of death for SDC's south region.
- In 2018, there were 211 deaths due to stroke in SDC's south region. The region's age-adjusted death rate due to stroke was 44.1 per 100,000 population. This rate was the highest among all SDC regions and was significantly higher than the HP2030 target of 33.4 deaths per 100,000.⁴³
- In 2018, there were 1,070 hospitalizations due to stroke in SDC's south region. The region's age-adjusted rate of hospitalizations for stroke was 220.8 per 100,000 population — the highest among all SDC regions.
- In 2018, there were 407 stroke-related ED visits in SDC's south region. The age-adjusted rate of ED visits was 83.9 per 100,000 population.
- According to 2019 CHIS data, 23.3% of residents in SDC's south region had ever been diagnosed with high blood pressure, while 11.6% had borderline high blood pressure. In addition, 38.1% of south region adults reported being obese – much higher than the county overall (28.1%).
- 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 1 out of every 20 deaths (CDC, 2020).
- 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, 2020).

Objective

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

FY 2020 Report of Activities

In September 2019, the Joint Commission and AHA/American Stroke Association (ASA) certified SCVMC as a Primary Stroke Center. The program is nationally recognized for

⁴²Truven 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.

⁴³ 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. Data is based on "underlying cause of death" information from all death certificates filed in SDC in 2018. 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*." (California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System. Prepared by County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit, October, 2020).

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.

In FY 2020, Sharp's systemwide stroke program provided stroke education and screenings to community members throughout SDC, including the south region. The SCVMC Stroke Program offered stroke screenings as well as stroke prevention and awareness education to approximately 50 community members at Paradise Village Retirement Community's health fair in November. The SCVMC Stroke Program also participated in the 2020 San Diego Go Red for Women Luncheon, an empowering event that focuses on preventing heart disease and stroke. Held at the U.S. Grant Hotel in February, the SCVMC Stroke Program educated 50 community members on signs and symptoms of stroke, the importance of calling 911, stroke risk factors and B.E. F.A.S.T. (Balance, Eyes, Face, Arms, Speech, Time) — an easy technique to detect and enhance responsiveness to a stroke. Although the SCVMC Stroke Program planned to participate in numerous screening and educational events, beginning in March, events were either canceled or postponed due to the COVID-19 pandemic.

SCVMC continued to actively participate 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. In response to COVID-19, meetings were transitioned to a virtual format beginning in March. SCVMC also continued its 15-year collaboration with the County of San Diego Emergency Medical Services (EMS) to provide data for the SDC stroke registry.

FY 2021 Plan

The SCVMC Stroke Program will do the following:⁴⁴

- Provide stroke education, screening and outreach to community members in the south region
- Participate in Stroke Awareness Day at the Padres
- Participate in the San Diego County Stroke Consortium
- Provide data to the SDC stroke registry
- Provide stroke risk factor education to community health professionals at the Veterans Home of California, Chula Vista
- In collaboration with the San Diego County Stroke Consortium, participate in an EMS training video on stroke

⁴⁴ Where applicable, the SCVMC Stroke Program will perform these activities as COVID-19 public health and safety guidelines allow.

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.
- 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 composed 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.
- 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 2019 were (in rank order): breast (26% of all cancer cases), lung (10.2%), prostate (9.1%), colorectal (7.7%) and cancers of the hematopoietic and reticuloendo system⁴⁵ (6.4%). In total, there were 894 new cases of cancer at SCVMC in 2019.
- According to 2019 Sharp oncology data, 25.6% of the 414 SCVMC cancer patients who received the cancer psychosocial distress screening were identified as at-risk for anxiety or depression, and were referred to internal or external resources, such as social workers or community cancer resources.
- In 2018, cancer was the leading cause of death in SDC's south region.

⁴⁵ Cancers of the hematopoietic and reticuloendo system include various malignancies that impact the blood and immune system, such as Hodgkin's and non-Hodgkin's lymphoma, leukemia and myeloma (Sharp Cancer Registry, 2020).

- There were 788 deaths due to cancer (all types) in SDC's south region in 2018. The region's age-adjusted rate of death due to cancer was 161.4 deaths per 100,000 population, which is higher than the overall SDC age-adjusted rate of 132.2 per 100,000 population.⁴³
- In 2018, the south region's age-adjusted death rates were higher than the rates for SDC overall for the following cancers: bladder, colorectal, female breast and reproductive, kidney, liver, lung, Non-Hodgkin's lymphoma, non-Melanoma skin and pancreatic.
- In 2018, 17.5% of all cancer deaths in SDC's south region were due to lung cancer, 8.5% to pancreatic cancer, 7.9% to female breast cancer, 7.7% to liver cancer, 7.6% to colorectal cancer, 6.2% to female reproductive cancers, and 4.8% to prostate cancer.
- The ACS estimates that, in 2020, there will be 172,040 new cancer cases diagnosed and 60,660 cancer deaths in the state of California (ACS, 2020).
- According to findings from the ACS *Cancer Facts & Figures 2020* report, the 40% decrease in the female breast cancer death rate between 1989 and 2017 is attributed to improvements in early detection, namely screening and increased awareness of symptoms, as well as improved treatment. Older age and being female are the strongest risk factors for breast cancer. Potentially modifiable factors associated with increased risk include weight gain after the age of 18 and/or being overweight or obese, menopausal hormone therapy, alcohol consumption and physical inactivity (ACS, 2020).
- The same report indicates that people with lower socioeconomic status have higher cancer death rates than those with higher socioeconomic status, regardless of demographic factors such as race/ethnicity. Racial and ethnic disparities in the cancer burden largely reflect disproportionate poverty. Social inequalities, including communication barriers and provider/patient assumptions, can affect interactions between patients and physicians and contribute to miscommunication and/or delivery of substandard care (ACS, 2020).
- A recent study by the ACS found that at least 42% of newly diagnosed cancer cases in the U.S. — about 750,000 cases in 2020 — are potentially avoidable. This includes the 19% of all cancers caused by tobacco use as well as the 18% caused by a combination of excess body weight, alcohol consumption, poor nutrition and physical inactivity (ACS, 2020).
- 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. Clinical trials explore new ways to prevent, detect or treat disease, using new drugs or combinations of drugs, new surgical procedures or devices, or new ways to use existing treatments. Clinical trials offer hope for many people, and an opportunity to help researchers find better treatments for others in the future (NIH, 2019).

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 2020 Report of Activities

The Cancer Centers of Sharp HealthCare (Cancer Centers of Sharp) include the Douglas & Nancy Barnhart Cancer Center at SCVMC (Barnhart Cancer Center), David and Donna Long Center for Cancer Treatment at Sharp Grossmont Hospital, and Laurel Amtower Cancer Institute and Neuro-Oncology Center at Sharp Memorial Hospital. The Cancer Centers of Sharp are accredited by the American College of Surgeons Commission on Cancer as an Integrated Network Cancer Program, demonstrating Sharp's commitment to meeting rigorous standards and improving the quality of care for patients with cancer.

In FY 2020, the Barnhart Cancer Center hosted more than 20 free cancer-related seminars and classes, where community members received education and resources for awareness and prevention of cancer. 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); management of treatment-related lymphedema; and smoking cessation. Although the Barnhart Cancer Center expected to provide additional free classes for community members, due to the COVID-19 pandemic, classes were paused from March through the remainder of the year.

In April 2020, the Barnhart Cancer Center partnered with Look Good Feel Better — a non-medical, brand-neutral public service program that teaches beauty techniques to help people with cancer manage the appearance-related side effects of treatment. Lessons are provided on wigs and turbans, skin and nail care, cosmetics and more. Although the Barnhart Cancer Center planned to provide meeting space for the quarterly classes, due to the pandemic, in-person meetings were paused entirely. Despite the circumstances, Look Good Feel Better offered weekly virtual sessions through September, and the Barnhart Cancer Center promoted and provided patients with session information.

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 a breast and cervical cancer screening event for approximately 35 community members in October. 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 event offered a variety of free services, including blood pressure, body composition and bone density screenings; preventive health lectures on nutrition and

the importance of breast self-examinations; cancer education and resources; and mammograms, clinical breast exams and pelvic exams or Pap smears. Traditionally, SCVMC collaborates with these organizations each year to provide quarterly screening events; however, due to COVID-19, only one event was held in FY 2020. In addition, SCVMC continued 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.

Further, the Cancer Centers of Sharp, including the Barnhart Cancer Center, provided a free colorectal cancer screening event in December. To engage community members in the event, the Cancer Centers of Sharp distributed an online survey through the Sharp Insight Community — a private, online environment for Sharp patients and their families, community members, Sharp employees and Sharp-affiliated physicians. Thirteen individuals were selected based on screening criteria. Participants received fecal immunochemical testing kits in the mail, then returned the kits for analysis. Of the kits that were returned, one indicated positive results.

Throughout the year, the Barnhart Cancer Center provided education and resources on breast cancer at events throughout the community. This included 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 and breast self-exam reminder cards. In addition, cancer-specific education and resources on genetic testing, nutrition and patient navigator services were provided at these events. Events included the Chula Vista Chamber of Commerce Mixer and Paradise Village Retirement Community's senior health fair. The Barnhart Cancer Center also served health care professionals and physicians at Sharp's Continuing Medical Education event, titled Early Intervention and Prevention of Breast-Cancer Related Lymphedema. SCVMC also supported the Making Strides Against Breast Cancer Walk – San Diego, sponsored by the ACS at Balboa Park in October.

In FY 2020, the Barnhart Cancer Center reached more than 200 individuals through a variety of cancer support groups. 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. 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. These support groups were paused in March due to the COVID-19 pandemic; however, they were converted to virtual platforms in September. In addition, earlier in the pandemic, the Cancer Centers of Sharp collaborated to provide an assortment of online support groups and workshops, also promoted by the Barnhart Cancer Center. Support group offerings included general cancer, living with advanced cancer, men with any cancer diagnosis at any stage, head and neck cancers and breast cancer. Workshops included cancer and the arts, ACP, scanxiety (anxiety related to diagnostic scans), relaxation

skills, life after cancer, newly diagnosed with cancer and more. Lastly, the Barnhart Cancer Center hosted a holiday party for approximately 30 cancer patients and their families in December, which included holiday music and carolers, photos with Santa and treats, as well as cocoa, coloring and cookie decorating stations

Throughout the year, SCVMC provided free meeting space for a Las Damas de San Diego Foundation cancer support group. In collaboration with Las Damas de San Diego Foundation, the 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 support group paused entirely in March, in response to the pandemic.

The Barnhart Cancer Center also continued to offer a wig and prosthesis bank. In FY 2020, two trained wig fitters provided cancer patients with more than 50 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, including the Chula Vista Golf Course. In response to the pandemic, the wig and prosthesis bank has been paused since March.

The Barnhart Cancer Center offers a cancer patient navigator program through which its navigation team provides personalized education, support and guidance to patients and their loved ones from early detection through diagnosis and treatment. In FY 2020, the navigation team assisted more than 600 patients at the Barnhart Cancer Center, both in-person and virtually. The team includes nurses, 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. In FY 2020, more than 80 patients received Healing Touch services. Additional volunteers brought patients in the waiting room 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. Due to COVID-19, in March these volunteer programs were paused entirely through the remainder of the year.

In FY 2020, SCVMC helped raise community awareness of cancer through a variety of methods. At the Community Open House and Ocean View Tower grand opening in January, nearly 2,000 attendees received information about cancer care services available at the Barnhart Cancer Center. In honor of National Mammography Day in October, SCVMC physicians and staff joined the annual Sharp Goes Pink effort,

wearing pink to raise awareness of the lifesaving importance of mammograms. Throughout FY 2020, Sharp cancer specialists appeared in local English and Spanish-language media to educate community members about cancer. This included a discussion with NBC 7 San Diego and Telemundo about seeking cancer care during the COVID-19 pandemic.

For more than 20 years, the Clinical Oncology Research (COR) Department at Sharp has conducted clinical trials to facilitate the discovery of new and improved treatments for cancer patients and to enhance scientific knowledge for the larger health and research communities. Sharp's COR program includes a balanced portfolio of industry-sponsored, investigator-initiated and National Cancer Institute (NCI) funded studies. Industry-sponsored and investigator-initiated studies explore the efficacy and safety of novel cancer therapeutic agents or technologies to benefit the most common cancer types. NCI-funded studies focus on optimizing the standard of care. Due to implementation challenges, these studies are not widely available, and organizations undergo a rigorous process to participate as a member of the NCI's National Clinical Trials Network. The network offers a small amount of federal funds to support this work, and consequently, Sharp and other participating organizations conduct these studies at a financial loss. Sharp's COR has been consistently offering NCI-funded studies to the local community since 2007. Sharp's COR collaborates with 22 physician-investigators throughout SDC's south, east and central regions. This brings innovative treatments close to patients' homes and minimizes the travel time for their care. In FY 2020, the COR considered 944 patients for participation in oncology clinical trials. As a result, 63 patients were enrolled to participate in cancer research studies. Clinical trials focused on multiple types of cancer, including but not limited to brain, breast, colon, head and neck, lung, lymphoma, pancreatic, prostate and spinal cord.

FY 2021 Plan

The Barnhart Cancer Center at SCVMC will do the following:⁴⁶

- Partner with local organizations and agencies to provide underserved community members 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
- Offer complementary integrative therapies including Healing Touch, reiki and music for healing as well as aroma, hand and pet therapies
- Offer wigs, prosthetics, bras, hats and scarves for patients with cancer
- Offer monthly educational classes on nutrition for cancer prevention and nutrition during cancer treatment in both English and Spanish
- Collaborate with the Cancer Centers of Sharp to provide virtual workshops on various cancer wellness topics, including Spanish-language options
- Provide meeting space for quarterly sessions of the Look Good Feel Better program
- Offer monthly lymphedema education classes
- Offer monthly ACP classes

⁴⁶ Where applicable, SCVMC will perform these activities as COVID-19 public health and safety guidelines allow.

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.⁴²
- 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; poor 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 2018, diabetes was the sixth leading cause of death in SDC's south region.
- In 2018, there were 143 deaths due to diabetes in SDC's south region. The region's age-adjusted death rate due to diabetes was 29.3 per 100,000 population,

significantly higher than the overall SDC age-adjusted diabetes death rate (20.5 deaths per 100,000 population).⁴³

- In 2018, there were 983 hospitalizations due to diabetes in SDC's south region. The age-adjusted rate of hospitalization was 200.7 per 100,000 population. This rate was the highest among all SDC regions and was higher than the age-adjusted rate of hospitalization for SDC overall (127.9 per 100,000 population).
- In 2018, there were 1,124 diabetes-related ED visits in SDC's south region. The age-adjusted rate of diabetes-related ED visits was 230.8 per 100,000 population. This was the second highest rate among all SDC regions and was higher than the rate for SDC overall (158.9 per 100,000 population).
- According to 2018-2019 CHIS data, 13.4% of adults living in SDC's south region indicated that they had ever been diagnosed with diabetes, which was higher than SDC overall (9.3%) and the state of California (10.0%). Diabetes rates among seniors were particularly high, with 21.9% 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.
- According to a report from the California Department of Public Health (CDPH), the age-adjusted prevalence of prediabetes among California adults ages 18 and over was 14.9% in 2017, and the age-adjusted prevalence of Type 2 diabetes was 8.3% (CDPH, *Burden of Diabetes in California, 2019*).
- Data presented by the United Health Foundation (UHF) indicates that, in 2018, diabetes prevalence in California was highest among American Indian/Alaskan Natives (24.0%), followed by individuals of other race (19.5%), non-Hispanic Black individuals (14.8%) and multiracial individuals (12.8%) (UHF, 2019).
- 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 doubled in the last 20 years as the U.S. population has aged and become more overweight (CDC, 2020).
- According to the CDC's 2020 *National Diabetes Statistics Report*, 89.0% of adults diagnosed with diabetes from 2013 to 2016 were overweight or obese, and 68.4% had high blood pressure. Factors that may reduce the risk of diabetes complications include having a usual source for diabetes care; meeting recommended physical activity goals; managing or losing weight; managing A1C levels, blood pressure and cholesterol; and quitting smoking.
- The CDC estimates that 34.2 million people in the U.S. had diabetes in 2018. Of those individuals, 21.4% met laboratory criteria for diabetes but were not aware they had the disease (CDC, *National Diabetes Statistics Report, 2020*).
- According to the CDC, diabetes increases the risk of heart disease and stroke and can lead to other serious complications, such as kidney failure, blindness, and amputation of a toe, foot, or leg. People with diabetes spend more on health care, have fewer productive years and miss more work days compared to people who don't have diabetes. (CDC, 2020).

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 conferences to share best practices in diabetes treatment and control with the broader health care community

FY 2020 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 care and education specialists, 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 response to the COVID-19 pandemic, in March, the Sharp Diabetes Education Program (Sharp's systemwide diabetes education program) quickly transformed its supportive diabetes management services to connect and provide assistance to patients in need via telephone. Between March and May, the Sharp Diabetes Education Program provided more than 500 hours of free, unreimbursed telephone calls to support approximately 900 individuals with diabetes throughout SDC.

At SCVMC, the Sharp Diabetes Education Program participated in the Chula Vista Chamber of Commerce's Chamber Mixer in November and the Community Open House in January. At these events, the Sharp Diabetes Education Program offered more than 370 attendees diabetes risk assessments using the ADA's Diabetes Risk Test questionnaire as well as diabetes education and resources on a variety of topics, including 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. Blood glucose screenings were also provided to approximately 250 community members at these events. In addition, the Sharp Diabetes Education Program provided fundraising and team participation for the 2020 San Diego Heart & Stroke Walk Digital Experience in September. Although the Sharp Diabetes Education Program had anticipated participating in additional community events, conferences and educational presentations throughout FY 2020, most in-person activities were canceled or postponed beginning in March due to COVID-19.

The Sharp Diabetes Education Program continued to collaborate with Family Health Centers of San Diego's (FHCS's) Diabetes Management Care Coordination Project (DMCCP) to provide education to FHCS patients with diabetes. Through DMCCP,

Sharp's Certified Diabetes Care and Education Specialists provide weekly group health and nutrition education, healthy cooking demonstrations and physical activity classes to patients with diabetes at multiple FHCS sites, including those in the south region. In FY 2020, Sharp's Certified Diabetes Care and Education Specialists provided two lectures in English and one in Spanish to more than 30 community members at FHCS's Chula Vista site. Topics included creating an active lifestyle; nutrition and meal planning; medication; prediabetes; and diabetes risk factors, symptoms, treatment, self-management and goal-setting. In addition, project "graduates" offer peer support and education to current enrollees in both English and Spanish. The DMCCP also monitors participants' physical activity as well as their A1C and blood glucose levels, which the project has proven to successfully lower and maintain. In 2020, 60% of DMCCP enrollees saw an overall decrease in their A1C levels.

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 2020, 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 to prevent complications. At SCVHC, the Sharp Diabetes Education Program provided services and education to more than 460 underserved pregnant and breastfeeding women with diabetes in FY 2020.

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's Certified Diabetes Care and Education Specialists received training offered by Sharp's Equality Alliance regarding the different cultural needs of diverse communities to improve the delivery of inclusive and culturally

competent care.

In November, the Sharp Diabetes Education Program hosted a diabetes conference for physicians, nurses, dietitians, laboratorians, clinical and managerial leaders and other community health professionals interested in optimizing inpatient diabetes care. Held at the Hyatt Regency Mission Bay Spa and Marina, 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 A New Paradigm of Treating Type 2 Diabetics; Cardiovascular Risks for Type 1 and Type 2 Diabetics; Modern New Insulins – Are They Worth the Cost?; Facts About New Diets, Human Metabolism, and Weight Loss in Patients on Insulin; EndoTool Glycemic Management in a Modern Age; and Insulin Pumps and Glucose Monitors – A Day in the Life.

The Sharp Diabetes Education Program provided education to a variety of students throughout FY 2020. At Pechanga Arena San Diego, in February, the Sharp Diabetes Education Program presented on sports nutrition and diabetes to more than 110 Sweetwater Union High School District students who are a part of the Southwest Sports Wellness Foundation — a group that provides sports medicine care and improves access to health care services for student athletes, especially those without financial resources. Also in February, the program provided education on glycemic management in the hospital to approximately 15 San Diego State University (SDSU) nursing students. In February and March, the Sharp Diabetes Education Program provided both in-person and virtual diabetes education — which included information on different types of diabetes, diagnoses, current technology and medication, community resources for patients, and careers in diabetes education — to approximately 40 dietetic students at SDSU. The Sharp Diabetes Education Program also mentored two dietetic interns from the SDSU San Diego Women, Infants, and Children (WIC) program.

New in FY 2020, the Sharp Diabetes Education Program serves as an insulin pump training center to support endocrinologists and primary care physician (PCP) groups throughout SDC. Through this effort, the Sharp Diabetes Education Program trains community providers to use diabetes technology, including insulin pumps and blood glucose monitors, to improve patient care and health outcomes. Further, the Sharp Diabetes Education Program recently implemented an enhanced electronic medical record system to improve care coordination with more than 500 community endocrinologists and PCP groups.

FY 2021 Plan

The SCVMC and the Sharp Diabetes Education Programs will do the following:⁴⁷

- Provide prediabetes and diabetes information to community members at various community venues in SDC's south region, as well as through virtual platforms

⁴⁷ Where applicable, the SCVMC and Sharp Diabetes Education Programs will perform these activities as COVID-19 public health and safety guidelines allow.

- Offer a webinar discussing the relationship between COVID-19 and diabetes
- Explore collaborations to assist and educate community members experiencing food insecurity
- Explore opportunities to provide diabetes education to the Imperial Beach community
- Explore additional opportunities to provide community-based diabetes education classes
- Explore future collaborations with community clinics to provide education and resources to patients with diabetes
- Provide gestational diabetes services and resources to underserved pregnant and breastfeeding women, both at SCVMC and community clinics
- Offer blood glucose screenings for community members in the south region of SDC, as opportunities arise
- 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 about diabetes treatment and prevention to support community members with diabetes; particularly foreign language and culturally appropriate resources for diverse populations
- Participate in local and national 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
- Host a diabetes conference for health care professionals
- Explore collaborations with community 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
- Participate in 2-1-1 San Diego’s (2-1-1’s) Community Information Exchange (CIE) program to serve patients experiencing SDOH hardships by connecting them to community services

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 were identified in the SCVMC 2019 CHNA as priority health needs.

- 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 — 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.
- As part of the SCVMC 2019 CHNA, a focus group composed 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 when it comes to 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 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 2019 CHIS data, the self-reported obesity rate for adults in SDC's south region was 38.1%, higher than the rate for SDC overall (28.1%).
- In 2019, 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, 2020).
- 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. The age-adjusted prevalence of obesity among U.S. adults was 42.4% in 2017-2018 (CDC, 2020).
- In 2018, 13.0% of south region adults reported that fresh fruits and vegetables were only sometimes affordable in their neighborhood (CHIS, 2018).
- In 2018, 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, asthma and Parkinson's disease when compared to SDC overall.

- In 2018, there were 547 low birth weight (LBW) births in SDC's south region, accounting for 7.7% of the region's total births. In the same year, there were 107 very low birth weight (VLBW) births in the south region, or 1.5% of total births. In SDC overall in 2018, LBW births accounted for 7.0% of births while VLBW births accounted for 1.1% of all births.
- In 2018, 6,119 live births received early prenatal care in the south region, which translates to 85.8% of all live births in the region.
- According to Live Well San Diego's (LWSD's) *San Diego County Report Card on Children and Families, 2019*, breastfeeding enhances immunity to disease, decreases the rate and severity of infections in children, is associated with healthy development and decreased risk of childhood obesity, and reduces lifelong risks for chronic health problems. Mothers who breastfeed may have a reduced risk of some cancers, quicker postpartum recovery time, and less work missed due to child illness (LWSD, 2020).
- 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. 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
- Host and participate in community health fairs and events
- Provide fundraising support for nonprofit health organizations

FY 2020 Report of Activities

In FY 2020, SCVMC anticipated providing health education to a variety of groups, as well as hosting and participating in health fairs and events throughout the year. However, beginning in March, several events were canceled or postponed due to COVID-19. Despite these circumstances, SCVMC participated in the AHA 2020 San Diego Heart & Stroke Walk Digital Experience and conducted three blood drives during the year, where SCVMC team members donated nearly 70 units of blood. In September, SCVMC offered two webinars, one in English and one in Spanish, on how to keep older adults safe during the COVID-19 pandemic, as well as next steps if they are diagnosed with the virus. In addition, SCVMC provided webinars on treating knee, hip and shoulder pain to more than 70 community members in FY 2020.

In FY 2020, SCVMC led three educational sessions through Sharp's health and wellness partnership with the City of San Diego. An SCVMC dietitian provided a presentation titled Healthy Eating on the Go at the College-Rolando Branch Library in November, as well as a presentation titled Healthy Eating in a Fast Food World at Valencia Park/Malcolm X Branch Library in February. In December, the SCVMC

Cardiac Services team gave a presentation titled Heart Disease: What are the Risk Factors at the San Ysidro Branch Library. Nearly 20 community members attended these sessions.

In January, SCVMC hosted a Community Open House to celebrate the opening of its Ocean View Tower — a new hospital tower that features an additional 106 beds and advanced health care technology and programs. Nearly 2,000 community members attended the event, which provided tours of the new facility; a wellness fair; family activities such as coloring, pet therapy and fire truck tours; refreshments and a healthy snack station; health screenings and more. SCVMC screened approximately 500 community members for blood pressure, glucose, cholesterol, bone density and mood at the event. One individual received abnormal screening results and was referred to the ED for treatment.

In January, several Sharp-affiliated physicians and SCVMC employees, including pharmacists, nurses, and family volunteers, partnered with Cruz Roja (Red Cross) Tijuana — a humanitarian institution that offers emergency and disaster care, as well as promotes health and safety training for citizens of Tijuana — to provide a free health fair for low-income Tijuana residents. Basic medical care, psychotherapy evaluations, nutrition consultations, and donations of blankets, food and gently used clothing were provided to approximately 250 people. In addition, the team reviewed current health issues; diagnosed any new health conditions, recommended treatment, reviewed and educated individuals on existing medication, provided new medication as needed and referred individuals to local resources. Further, the team educated medical students in Mexico on the care they provided at the event.

From September to March, SCVMC's Women's & Infants' Health Services led free breastfeeding support groups twice a week in English and Spanish. The hospital's certified lactation educators provided breastfeeding education, support and guidance to new mothers. From mid-March through the remainder of the year, the support groups were paused due to the COVID-19 pandemic. In October, SCVMC's Women's & Infants' Health Services hosted its 19th annual Breastfeeding Support Group Halloween Costume Parade for more than 60 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. In addition, a Planning for Pregnancy Webinar was led by Sharp-affiliated physicians for community members in August. The webinar discussed diet, prenatal vitamins, finding the right doctor and more. SCVMC's Women's & Infants' Health Services was also actively involved in the San Diego County Breastfeeding Coalition; Association of Women's Health, Obstetric and Neonatal Nurses; and the Regional Perinatal System throughout FY 2020.

In FY 2020, SCVMC helped raise community awareness of important health issues through information segments with local and national news media. Experts included Sharp-affiliated physicians, nurses and respiratory therapists representing emergency medicine, infectious disease, cardiology, maternity and other specialties. Topics

included flu vaccination, preventing COVID-19, healthy eating, signs and symptoms of heart attack and more.

Throughout the year, SCVMC employees were active, contributing members of various community nonprofit organizations, including Rotary Club of Chula Vista, Chula Vista Chamber of Commerce, AHA, American Hospital Association Regional Policy Board, Community Emergency Response Team, and San Diego Association of Directors of Volunteer Services.

FY 2021 Plan

SCVMC will do the following:⁴⁸

- Provide health education seminars through virtual platforms
- Offer community educational outreach on a variety of health topics
- Offer resources and education on COVID-19 pandemic-related issues
- Conduct blood drives in partnership with the San Diego Blood Bank
- Assist community nonprofit organizations through coordination, support and fundraising activities

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

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 1 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, if 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,

⁴⁸ Where applicable, SCVMC will perform these activities as COVID-19 public health and safety guidelines allow. It is expected that in the near future, traditional events will continue to be restricted and impacted by the COVID-19 pandemic. The hospital will continue focusing its efforts, resources and community outreach on pandemic-related items, online technology and pooling resources with other Sharp entities to leverage the scale of activities.

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).
- A report from California's Department of Consumer Affairs (DCA) identified the following barriers to facilitating training programs in allied health professions: prohibitions on payment by program accrediting entities; lack of demographic and workforce data needed to recognize needs and opportunities; misalignment between allied health training programs and registered apprenticeship opportunities; lack of coordination between state authorities and health workforce training programs; funding; and difficulty finding clinical practicum sites and sponsors (DCA, 2019).
- Total employment in California is projected to grow 8.4% between 2018 and 2028, reflecting an increase of 1.6 million jobs statewide over the decade. The health care and social assistance sector is expected to be one of the fastest-growing industries in California, with 20.0% growth anticipated (California Employment Development Department (EDD), 2020).
- According to the U.S. Bureau of Labor Statistics' (BLS') *Employment Projections – 2019-2029 report*, health care support occupations and those associated with health care (including mental health) account for 13 of the 30 fastest-growing occupations from 2019 to 2029. Demand for health care services by aging baby boomers and people who have chronic conditions, will drive the projected employment growth (BLS, 2020).
- In a report titled *The Complexities of Physician Supply and Demand: Projections From 2018 to 2033*, the American Association of Medical Colleges (AAMC) projects that U.S. physician demand will grow faster than supply, leading to a projected total physician shortage of between 54,100 and 139,000 physicians by 2033. The shortage of PCPs is expected to range from 21,400 to 55,200, while the shortage of specialty care physicians is expected to range from 33,700 to 86,700 (AAMC, 2020).
- According to the Healthforce Center at the University of California, San Francisco (UCSF), although data suggest that the number of new registered nurse (RN) graduates entering the profession is larger than the number retiring, employers indicate reluctance to hire new graduates to fill vacant positions. In 2018, more than 25% of California's RNs had less than five years of experience in nursing, and employers may face difficulty supporting these nurses as they transition from novices to experts (UCSF, 2020).
- Forecasting performed by the Healthforce Center at UCSF indicates that 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 practicing 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).

- 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 recent report by the California Future Health Workforce Commission (CFHWC), *Meeting the Demand for Health*, identified several strategies to recruit and maintain California’s health care workforce, including but not limited to offering health career pipeline programs for students from low-income backgrounds; providing academic, advising and health career development support to underrepresented college students; expanding educational programs that train students to provide health care in underserved communities and providing scholarships for low-income students (CFHWC, 2019).
- A CHCF survey of frontline health care workers during COVID-19 reflects the mental and emotional toll of providing patient care during the pandemic. Three in ten providers indicated that they are at least “somewhat” likely to reduce their hours or change where they practice or work, while 2 in 10 say they are at least “somewhat” likely to retire early or stop providing direct patient care. And 1 in 10, is at least “somewhat” likely to leave the health care field temporarily or altogether (CHCF, 2020).

Objective

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

FY 2020 Report of Activities

In FY 2020, SCVMC collaborated with local, state and national schools, colleges and universities to provide hospital-based opportunities for students to explore and train for a variety of careers in health care. Although still significant, in FY 2020, student participation in these programs declined as a result of temporary interruptions to on-site learning caused by COVID-19. In FY 2020, SCVMC provided nearly 43,900 hours of training and supervision for approximately 360 students pursuing health care careers. Students came from colleges and universities throughout the community, including Azusa Pacific University, California College San Diego, California State University San Marcos (CSUSM), Capella University, CBD College, Colorado Technical University, Concorde Career College, EMSTA College, Grand Canyon University, Grossmont College, Keck Graduate Institute, National University, Old Dominion University, Olivet Nazarene University, Pima Medical Institute, Point Loma Nazarene University, San Diego City College, San Diego Mesa College, SDSU, Southwestern College (SWC),

Touro University, University of San Diego, Utah State University, West Coast University – Los Angeles Campus and Western University of Health Sciences.

This included nearly 300 nursing students who dedicated more than 26,300 hours to clinical rotations and individual training with hospital preceptors. Nursing students sought degrees ranging from associate level to Master of Science in Nursing and represented a range of specialties including social work, dietetics, clinical or medical laboratory science, health informatics and more.

SCVMC provided more than 800 hours of supervision, training, lectures and support to pharmacy students in FY 2020. The hospital hosted 26 pharmacy students in advanced pharmacy practice experience rotations as well as provided over 1,100 hours of training to eight post-graduate year one Doctor of Pharmacy (Pharm.D.) residents and one post-graduate year two Emergency Medicine Pharmacy Resident. During the COVID-19 pandemic, the residents rose to the challenge by assisting with pharmaceutical coverage for patient surges in the intensive care unit (ICU) and other floors, as well as preparing to administer vaccines to employees. SCVMC also provided information to hundreds of Pharm.D. candidates, residents, students and interns about the education and training opportunities offered 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. Beginning in March, this education was provided virtually in response to the COVID-19 pandemic. Furthermore, SCVMC conducted 36 half-day personal and live interviews for pharmacy residency candidates in February 2020, after receiving and processing more than 110 applications.

Each year, the SCVMC Social Services Department offers a nine-month internship for Master of Social Work (MSW) students through a longtime partnership with SDSU, CSUSM and University of Southern California (USC). In FY 2020, the department hosted two MSW students from SDSU. Students worked alongside licensed medical social workers to provide counseling, crisis intervention, bereavement, general emotional support, psychosocial assessment and problem solving; evaluate protective service concerns and mandated reporting for domestic violence and to Child and Adult Protective Services; provide educational services to enhance patient understanding of illness, disability and coping methods; act as a resource to physicians and hospital staff for patient treatment and discharge planning, including the discussion of environmental factors and age-related issues; and provide referrals to community agencies. Further, the students rotated through various hospital units and participated in and facilitated rounds and conferences to understand the social, emotional and developmental functions of patients and their environment.

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 in relaxation therapies, including hand massage, aromatherapy and music for healing. Students visit patient rooms on each nursing unit

as well as hospital waiting areas, the Barnhart Cancer Center and Birch Patrick Skilled Nursing Facility, where they nurture and interact with patients, families and visitors to help create a relaxing environment. SCVMC trained nine students through the Integrative Therapies Collaborative in FY 2020. In response to the COVID-19 pandemic, this program was paused entirely through the remainder of the year.

In December, SCVMC presented at the Health Center Partners of Southern California and Health Quality Partners of Southern California's 10th Annual Primary Care & Behavioral Health Integration Summit. Held at the Jacobs Center for Neighborhood Innovation, the summit provided an opportunity for providers from a variety of systems of care including primary care, mental health, and substance misuse treatment to come together, inspire and educate. The presentation, titled Healing Touch: Experience the Value of Energy Therapies, educated approximately 40 attendees on the practice of healing touch so that providers could support patients' and clients' health options and approaches. Also in December, SCVMC presented on Healing Touch for self-care to approximately 15 community mental health workers at Health Quality Partners of Southern California's office in San Diego. In June, SCVMC also presented on Healing Touch for self-care to approximately 50 community mental health workers through a virtual platform at the Community Health Improvement Partners Suicide Prevention Council's 8th Annual Stakeholders Meeting.

A team of medical professionals from the U.S., including nurses from SCVMC, worked with hospital teams in Mexico to identify ways to improve patient care for those with COVID-19. Best practices shared included good oral hygiene for patients on ventilators, sedation stewardship — preventing adverse outcomes from deep sedation of intubated patients — and the use of proning for patients who are not yet in acute respiratory distress. Proning, or placing patients face down to reduce pressure on the chest cavity, allows for better oxygenation of the lungs and removal of pulmonary secretions — crucial milestones for removing a ventilator and allowing a patient to breathe on their own. SCVMC taught a simplified manual pronation technique as an alternative to using mechanical beds to turn patients safely, to caregivers at hospitals in Tijuana and Mexicali, Mexico where mechanical beds were in short supply. Teams of nurse educators from SCVMC visited these hospitals to assess needs and identify best practices that could be adapted there. Team members provided physically distanced teaching sessions and follow-up assessments.

Throughout FY 2020, 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 two educational sessions to approximately 130 promotores (community health workers) at the San Diego Country Club in Chula Vista. Sessions included What Does it Mean to be a Domestic Violence Witness and What is the Right Diet for Your Heart Health. Sharp also offered one open enrollment Medicare presentation and three New to Medicare seminars in Spanish to more than 30 attendees, both in-person at the Chula Vista Public Library Civic Center Branch and virtually in response to the COVID-19 pandemic.

Throughout FY 2020, 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 and provides career pathways in health care through hospital internships. As a result of the COVID-19 pandemic, beginning in March, in-person HSHMC learning opportunities were suspended through the remainder of FY 2020. Despite these circumstances, in FY 2020, 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 nearly 4,600 hours at SCVMC during FY 2020.

In November, 60 Chula Vista High Tech Middle school students toured the Barnhart Cancer Center to learn about the cancer center team and the care delivered for patients with cancer and survivors. The cancer team and Sharp-affiliated physicians responded to student questions and set up four different stations where staff presented on physics and dosimetry, cancer treatment, nursing and a general overview of cancer care and radiation.

FY 2021 Plan

SCVMC will do the following:⁴⁶

- Provide educational and professional development opportunities to health profession students throughout SDC
- Partner with SDSU, USC and CSUSM to provide an MSW student internship program
- In collaboration with high schools, colleges and other organizations, provide hospital tours to promote student interest in health care careers
- Participate in the HSHMC program to provide job shadowing and mentorship for high school students
- 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 patient economic security: prioritizing the hiring and training of social workers; offering free post-surgery visits; providing follow-up phone calls to patients after discharge; making in-home care more accessible; ensuring access to 2-1-1's 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.
- An analysis of ICD-10 (International Classification of Diseases – 10th Revision) codes indicates that, in FY 2020, a total of 715 patients (329 inpatients and 386 outpatients) at SCVMC experienced homelessness — a 38.8% increase compared to FY 2019.
- In addition, a total of 87 SCVMC patients had an ICD-10 diagnosis for problems related to living alone in FY 2020.
- In 2018, there were 721 ED visits related to mood disorders in SDC's south region, and the age-adjusted rate was 143.2 per 100,000 population. Individuals ages 15 to 24 had a significantly higher rate of ED visits for mood disorders compared to all other age groups (277.9 per 100,000 population).
- There were 594 ED visits for substance-related disorders in SDC's south region in 2018 — a 16.2% increase from 2017. The age-adjusted rate of ED visits for substance-related disorders was 121.1 per 100,000 population.
- In 2019, 15.8% of south region adults, teens and children reported having no usual source of health care. In addition, 17.7% of south region residents reported that they had not visited a doctor at all in the previous year (CHIS, 2019).

- Although residents of SDC's south region accounted for 16.6% of the county's population in 2020, county data through the end of November 2020 shows that 30.8% of reported COVID-19 cases occurred in south region ZIP codes (Office of Statewide Health Planning and Development (OSHPD), 2020; County of San Diego HHSA, 2020).
- A survey conducted by the San Diego Association of Governments (SANDAG) to assess the impact of the COVID-19 pandemic on SDC residents found that, among approximately 3,500 respondents, 71% reported having immediate unmet needs, with the most common related to food, housing, utilities, and employment. Two-thirds (66%) of those surveyed reported that their employment was negatively affected by COVID-19 and more than half (52%) reported some type of housing instability due to the pandemic (SANDAG, 2020).
- According to estimates from the San Diego Hunger Coalition, as of August 2020, 33% of San Diegans experienced food insecurity and 44% of children lived in food insecure households (San Diego Hunger Coalition, 2020).
- As of October 2020, the average unemployment rate in the south region cities of Bonita, Chula Vista, Imperial Beach and National City was 9.8%. This is higher than the rate for SDC overall (7.7%) and the state average (9.0%) (Labor Market Information, California EDD, 2020).
- The Regional Taskforce on the Homeless' January 2020 *WeAllCount* campaign estimated that there were 7,619 homeless individuals in SDC, more than half of whom were unsheltered.
- In 2020, 6.3% of SDC's homeless population resided in the south region.
- According to OSHPD, the number of primary care clinics in California rose steadily between 2015 and 2019. During this period, the number of patients using these clinics increased by 18.0%, while the total number of primary care clinic encounters increased by 23.2% (OSHPD, 2019).
- According to findings from CHCF's California Health Policy Survey, in 2019, over half of respondents (51%) reported that difficulties affording health care led them to take some sort of action related to delaying or skipping medical treatment or medications. Of those who postponed or skipped care due to cost, 42% said their health condition got worse (CHCF, 2020).
- In addition, 12% of CHCF survey respondents reported being uninsured in 2019, with cost and unemployment or job loss cited as the most common reasons. In addition, 37% of uninsured adults reported worrying that signing up for health insurance would draw attention to their or a family member's immigration status (CHCF, 2020).
- The CHCF's report titled *Bed Check: Inpatient Psychiatric Care in Three California Counties* indicates that the number of people seeking care in California EDs for mental health needs increased 12% statewide from 2012 to 2017. In SDC, stakeholders have attributed the increased use of EDs to difficulties accessing outpatient behavioral health care, as well as increased use of methamphetamine among county residents. Although the county has made an effort to add emergency and crisis services, there is a need for additional services to alleviate the pressure on EDs (CHCF, 2020).

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 2020 Report of Activities

In FY 2020, 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 received additional resources including but not limited to medication assistance through community clinics and programs for various conditions through County of San Diego Public Health Services. In addition, in FY 2020, SCVMC provided nearly \$43,400 in free medications and transportation through its Project HELP funds as well as financial assistance for post-acute care services, such as durable medical equipment necessary for safe discharge. 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 a mental health evaluation, appropriate placement within the hospital and community, and referrals to community resources as needed. In FY 2020, more than 13,700 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 1,200 family conferences, nearly 2,400 psychosocial assessments and nearly 6,000 staff consultations. In addition, the number of interventions strictly for information and resources totaled nearly 3,800. Further, more than 1,200 patients received counseling and nearly 780 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 2020, 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 950 patients were treated specifically for issues related to homelessness, and many of those patients also received substance use treatment. In addition, SCVMC's efforts to establish medical homes has resulted in a dramatic decrease in the number of vulnerable community members using the hospital's ED as a primary source of care, indicating improved access and improved quality of care for these individuals.

Beginning October 2019, SCVMC's Birch Patrick Convalescent Center collaborated with a mobile dentist to provide in-house, comprehensive dental care. The contracted dentist provides preventative cleanings every six months as well as necessary dental work for more than 50 long-term residents.

In FY 2020, SCVMC collaborated with the FHCS's Downtown Homeless Navigation Center for increased support at discharge for individuals experiencing homelessness. In addition, 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. SCVMC also collaborated with the County of San Diego to house discharged COVID-19 patients and patients who may have been exposed to COVID-19 but were unable to self-isolate in the community. Further, due to COVID-19, the San Diego Convention Center became an additional shelter option for SCVMC patients at discharge.

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 this challenge 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 2020, SCVMC distributed more than 14,750 diapers to nearly 240 households of families in need through this partnership, serving nearly 300 children in the community.

Beginning 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 under which people live, learn, work and play — have a significant impact on a person's ability to access care and maintain 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 to meet those needs.

More than 100 CIE community partners — including health care organizations, the County of San Diego HHSA, housing networks, food banks and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared records enable CIE partners to evaluate an individual's SDOH needs and utilization history of community services, and to make direct referrals to critical, community-based resources. SCVMC case managers and social workers were trained on CIE in order to better serve vulnerable patients in the acute care setting, including those patients experiencing homelessness, food insecurity, and other SDOH hardships.

In its first pilot year, implementation and utilization of CIE was delayed due to logistical barriers as well as the COVID-19 pandemic. However, in the final quarter of FY 2020, SCVMC team members increased their CIE use and began connecting patients to community-based organizations via the platform. SCVMC team members connected patients to community resources for food, housing, transportation and legal services, among others. To date, the top three socioeconomic needs identified for Sharp patients enrolled in CIE include food, housing and utilities assistance — a reflection of the challenges faced by community members across SDC and that have been exacerbated by COVID-19. Metrics of this partnership, including demographic and utilization data, as well as volume and impact of community referrals, continue to be collected and will help assess the value of the partnership at the end of its second year in early summer 2021.

FY 2021 Plan

SCVMC will do the following:

- 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
- Provide safety net patients with opportunities for education on the proper use of the ED as well as help them establish medical homes
- Explore new funding opportunities for programs that assist safety net patients with establishing a medical home and connect them to community resources
- Provide assistance to those in need through Project HELP
- Participate in 2-1-1's CIE program to serve patients experiencing homelessness and other SDOH hardships by connecting them to critical community services
- Collaborate with a mobile dentist to provide in-house dental care for Birch Patrick Convalescent Center residents
- Partner with the Food Bank to provide free diapers to low-income parents in SDC

SCVMC Program and Service Highlights

- Ambulatory surgery center
- Bloodless surgery and medicine program
- Cancer care, including:
 - Chemotherapy
 - Commission on Cancer-certified Integrated Network Cancer Program
 - High-dose rate brachytherapy
 - Intensity modulated radiation therapy
 - Stereotactic body radiation therapy
 - Stereotactic radiosurgery
 - Surgery
 - Traditional radiation therapy
- Cardiology and heart care, including:
 - Cardiac catheterization
 - Cardiac rehabilitation
 - County-designated STEMI (ST-elevation myocardial infarction or acute heart attack) center
 - Echocardiography
 - Electrophysiology
 - Open heart surgery
 - Stress testing
 - Structural heart services
 - Vascular surgery
- Clinical laboratory services
- Diagnostic imaging, including:
 - Basic radiology
 - Computed tomography (CT)
 - General ultrasound
 - Interventional radiology
 - Magnetic resonance imaging (MRI)
 - Nuclear medicine
 - Vascular ultrasound
- Emergency services
- FollowMyHealth®, a secure on-line patient website that gives patients convenient, 24-hour access to their personal health information
- Home health⁴⁹
- Hospice⁵⁰
- Integrative and complementary medicine, including Healing Touch and aromatherapy
- Interventional radiology
- Intensive care
- Joint Commission-certified Primary Stroke Center program
- Laboratory services

⁴⁹ Provided through Sharp Memorial Hospital Home Health Agency.

⁵⁰ Provided through Sharp HospiceCare.

- Medical and Surgical ICUs
- Mindful Café, offering healthy and nutritious food options for patients, family and staff
- Outpatient pharmacy services
- Physical rehabilitation services, including:
 - Lymphedema therapy
 - Occupational therapy
 - Physical therapy
 - Speech pathology
 - Vestibular therapy
- Skilled nursing services at Birch Patrick Convalescent Center
- Surgical care, including:
 - Ear, nose and throat surgery
 - Eye surgery
 - General surgery
 - Gynecologic surgery
 - Hand surgery
 - Joint replacement
 - Minimally invasive surgery
 - Neurosurgery
 - Orthopedic surgery
 - Plastic surgery
 - Robotic surgery
 - Urologic surgery
- Women's & Infants' Services program, including:
 - Antenatal services
 - Breastfeeding support
 - Labor and delivery
 - Neonatal intensive care



Keeping Seniors Healthy and Active at Home

Sharp Coronado Hospital and Healthcare Center

COVID-19 did not stop Sharp Coronado Hospital from providing valuable health education to local seniors. In partnership with the John D. Spreckels Center and Bowling Green (Spreckels Center), the hospital developed virtual solutions to keep seniors healthy and active at home. In-person presentations were transformed to videos and shared with community members through the Spreckels Center's monthly e-newsletters. Topics included exercise and stretching to prevent and ease musculoskeletal pain, upper extremity health and aging, and natural headache relief. Staff also led an online class on breathing techniques to help calm the mind and body. Through creativity and collaboration in a time of crisis, Sharp Coronado Hospital reinforced its longstanding commitment to the health and safety of seniors.

Section

5 Sharp Coronado Hospital and Healthcare Center

Sharp Coronado Hospital has a rich history of community involvement for which we are so grateful. Together we actively partner with schools, community centers, service organizations and individual community members. Patient advisors work throughout the hospital with unit managers, ensuring our community voice is at the heart of everything we do!

— Susan Stone, Chief Executive Officer, Sharp Coronado Hospital and Healthcare Center

Fiscal Year (FY) 2020 Community Benefit Program Highlights

Sharp Coronado Hospital and Healthcare Center (SCHHC) provided a total of **\$17,545,873** in community benefit in FY 2020. 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 2020**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2020 Unreimbursed Costs
Medical Care Services	Shortfall in Medicare ⁵¹	\$14,778,597
	Shortfall in CHAMPVA/TRICARE ⁵¹	1,314,453
	Shortfall in Workers' Compensation	225,075
	Charity Care ⁵²	682,899
	Bad Debt ⁵²	288,827
Other Benefits for Vulnerable ⁵³ Populations	Project HELP, patient transportation, and other assistance for the vulnerable ⁵⁴	88,912
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 ⁵⁴	64,913
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ⁵⁴	102,197
TOTAL		\$17,545,873

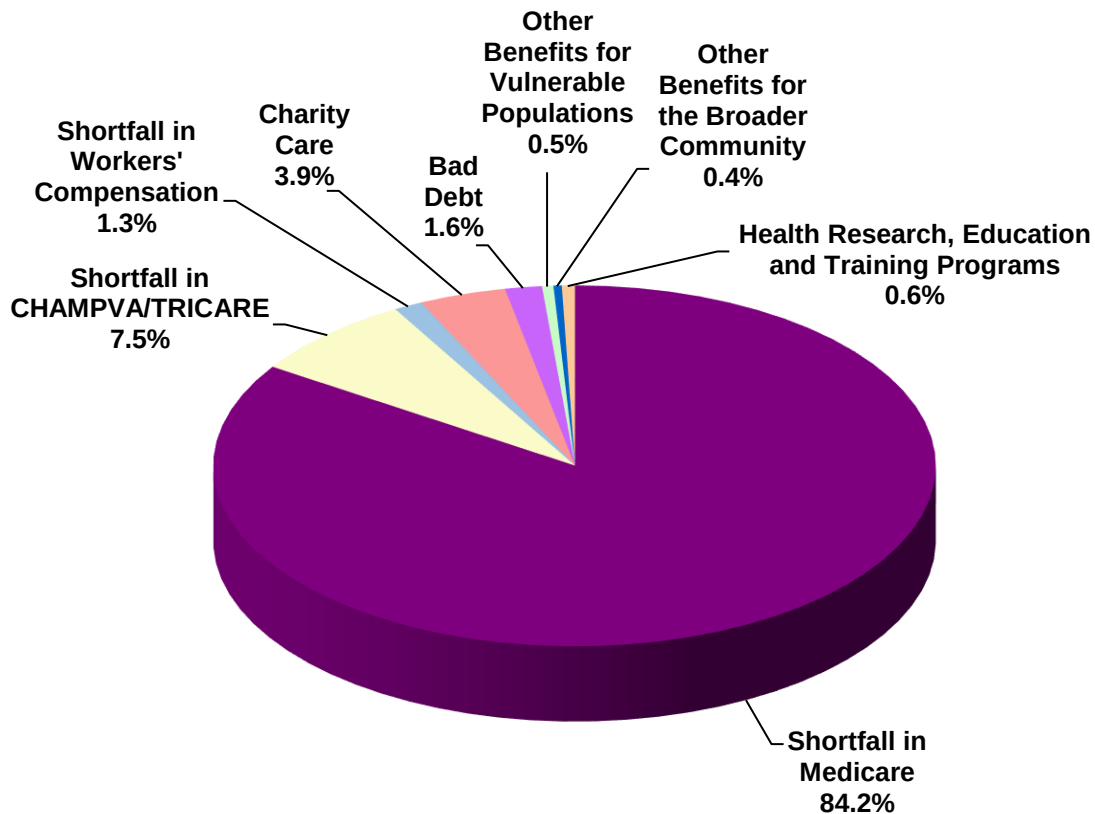
⁵¹ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

⁵² 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.

⁵³ "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>.

⁵⁴ 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 2020**



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 2020, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of July 1, 2019, through December 31, 2021. This resulted in recognition of net supplemental revenues for SCHHC totaling \$14.9 million in FY 2020. These supplemental revenues were funded through SCHHC's traditional and managed care Medi-Cal programs, which were only in shortfall positions of \$257,000 and \$1.9 million, respectively, prior to the fee. As such, the net impact of the program was to reduce SCHHC's shortfall in traditional and managed care Medi-Cal to \$0.00 (zero). This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2020 understate the true unreimbursed medical care services performed for the past fiscal year.
- **Other Benefits for Vulnerable Populations** included the Project Hospital Emergency Liaison Program (Project HELP), which provides funding for medication

and transportation to assist lower-income patients; contribution of time to the San Diego Food Bank (Food Bank); 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 and career pathways in health care, 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 San Diego Chapter of the California Association Medical Staff Services (CAMSS), Association of California Nurse Leaders (ACNL), County of San Diego Health Services Capacity Task Force, San Diego Blood Bank Board of Directors, University of San Diego (USD) Hahn School of Nursing and Health Science Advisory Committee, Rotary Club of Coronado, Coronado SAFE (Student and Family Enrichment), Coronado Chamber of Commerce, Grossmont College Respiratory Advisory Committee and the Planetree Board of Directors. See **Appendix A** for a list of Sharp's involvement in community organizations in FY 2020. This category also includes 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 the incorporated city of Imperial Beach. 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 used to identify communities within SDC with greater health disparities. The CNI measures this inequity on a scale ranging from very low health disparity to very high health disparity for every ZIP code in the United States (U.S.). This measurement is determined through an analysis of 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 findings across SDC.

Figure 18: CNI Map — SDC⁵⁵



Description of Community Health

In 2020, there were 494,281 residents ages 65 and older in SDC, representing 14.8% of the population. Between 2020 and 2025, it is anticipated that SDC’s senior population will grow by 17.4%. Further, individuals ages 65 and older make up 18.0% of Coronado Island’s population, while adults ages 45 to 64 make up 18.5%. Between 2020 and

⁵⁵ Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018.

2025, the senior population is projected to grow by 14.1% on Coronado Island and by 19.8% in SCHHC's service area, which includes Coronado Island, Imperial Beach and Otay Mesa, among other communities.⁵⁶ Given the unique geography and demographic composition of SCHHC, many of the hospital's services address the health needs of older adults.

In 2018, 12.5% of the SDC population reported living below 100% of the federal poverty level (FPL). The county's unemployment rate was 6.1% and 5.0% of households received Supplemental Security Income.⁵⁷

According to estimates from the San Diego Hunger Coalition, as of August 2020, 33% of San Diegans experienced food insecurity⁵⁸ and 44% of children lived in food insecure households.⁵⁹ In 2018, 7.2% of households in SDC received Supplemental Nutrition Assistance Program (SNAP) benefits, while 19.0% of the population lived at or below 138% FPL and were eligible for the program.⁵⁷ Please refer to **Table 20** for SNAP participation and eligibility in SDC.

Table 20: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2018⁵⁷

Food Stamps/SNAP Benefits	Percent of Population
Households	7.2%
Families with Children	6.8%
Eligibility by FPL	
Population ≤130% FPL	17.7%
Population ≤138% FPL	19.0%
Population 139% – 350% FPL	31.7%

In SDC in 2018, 95.5% of children ages 18 and under, 86.0% of young adults ages 19 to 25, 86.3% of adults ages 26 to 44, 90.8% of adults ages 45 to 64, and 98.7% of seniors ages 65 and older had health insurance.⁵⁷ Health insurance coverage for each age group was lower than the Healthy People 2030 (HP2030) national target of 92.1% health insurance coverage for all individuals under age 65, with the exception of

⁵⁶ SpeedTrack Inc.; U.S. Census Bureau.

⁵⁷ County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit. December 2020. U.S. Census Bureau, 2014-2018 American Community Survey 5-year estimates.

⁵⁸ Food security means access by all people at all times to enough food for an active, healthy life.

⁵⁹ <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/>.

⁵⁹ San Diego Hunger Coalition. (2020). San Diego County Food Insecurity Estimates August 2020.

children ages 0 to 18 years.⁶⁰ See **Table 21** for health insurance coverage in SDC in 2018.

Table 21: Health Insurance Coverage in SDC, 2018⁵⁷

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	95.5%	92.1%
Young adults 19 to 25 years	86.0%	92.1%
Adults 26 to 44 years	86.3%	92.1%
Adults 45 to 64 years	90.8%	92.1%
Seniors 65+ years	98.7%	N/A ⁶¹

According to the California Health Interview Survey (CHIS), in 2019, 20.0% of SDC's population was covered by Medi-Cal.⁶² See **Table 22** for details.

Table 22: Medi-Cal (Medicaid) Coverage in SDC, 2019⁶²

Description	Rate
Covered by Medi-Cal	20.0%
Not covered by Medi-Cal	80.0%

CHIS data also revealed that 13.5% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 23**).⁶²

Table 23: Regular Source of Medical Care in SDC, 2019⁶²

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	86.5%	84.0%
Has no usual source of care	13.5%	16.0%

Cancer and diseases of the heart were the top two leading causes of death in SDC in 2018.⁶³ 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

⁶⁰ The U.S. Department of Health and Human Services' HP2030 initiative represents the nation's prevention agenda for the third decade of the 21st century. HP2030 has four overarching goals: to attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and attain health literacy to improve the health and well-being of all; to create social, physical, and economic environments that promote attaining the full potential for health and well-being for all; to promote healthy development, healthy behaviors, and well-being across all life stages; and to engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve health and well-being of all.

⁶¹ HP2030 does not include targets for individuals ages 65 and older.

⁶² 2019 CHIS.

⁶³ County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit (2020), *Leading Causes of Death Workbook 2011-2018*.

SCHHC 2019 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

Table 24: Leading Causes of Death in SDC, 2018⁶³

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	4,988	23.1%
Diseases of the Heart	4,655	21.5%
Alzheimer's Disease	1,461	6.7%
Cerebrovascular Diseases	1,446	6.7%
Accidents/Unintentional Injuries	1,250	5.8%
Chronic Lower Respiratory Diseases	1,007	4.7%
Diabetes Mellitus	775	3.6%
Essential Hypertension and Hypertensive Renal Disease	453	2.1%
Influenza and Pneumonia	451	2.1%
Intentional Self-Harm (Suicide)	435	2.0%
All Other Causes	4,679	21.7%
Total Deaths	21,600	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

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 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 who compose the community served by SCHHC (adults ages 45 to 65 and older, 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 for community initiatives that comprehensively address these identified needs, as well as the identified need of behavioral health (including substance use). 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 2020 Report of Activities conducted in support of the objective(s) and FY 2021 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 composed of members of Sharp's Patient Family Advisory Council described the 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 when it comes to identifying 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 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 (e.g., 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.
- In 2018, cancer was the leading cause of death, and diseases of the heart were the second leading cause of death in SDC.
- In 2018, 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, influenza or pneumonia, and Parkinson's disease.⁶⁴
- In 2018, the number of osteoarthritis-related hospitalizations in SDC totaled 8,298 — an age-adjusted rate of 214.3 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 1,096.8 per 100,000 population.
- According to 2019 CHIS data, 28.1% of SDC adults reported being obese.
- In 2019, 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), 2020).
- 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. The age-adjusted prevalence of obesity among U.S. adults was 42.4% in 2017-2018 (CDC, 2020).
- 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. Preventable risk factors for osteoporosis include smoking, alcohol consumption, and medication and vitamin intake (NIH, 2019).
- According to Healthy People 2020 (HP 2020), 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

⁶⁴ The County of San Diego Health and Human Services Agency's (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.).

environment, including individual social experiences and relationships, community environment and societal factors.

- According to the CDC, each year at least 1.7 million American adults develop sepsis, nearly 270,000 of whom die as a result of the disease. To reduce the risk of sepsis, the CDC recommends taking care of chronic conditions; getting recommended vaccines; frequent handwashing; keeping wounds clean and covered; learning the signs and symptoms of sepsis; and seeking immediate medical care if sepsis is suspected (CDC, 2020).

Objectives

- Provide on-site, community-based and virtual education addressing CHNA-identified health needs, including chronic conditions (e.g., obesity, diabetes and CVD), cancer, aging concerns, unintentional injury and health literacy
- Host and participate in community health fairs and events
- Provide fundraising support for nonprofit health organizations
- 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 2020 Report of Activities

In FY 2020, SCHHC actively supported the health and well-being of more than 1,000 San Diego and Coronado community members through health education and screenings addressing a range of health needs, including many of those identified in the 2019 CHNA. Outreach took place on the hospital campus and at community health fairs and events, as well as through virtual platforms in response to COVID-19 social distancing guidelines.

This included approximately 100 attendees of the John D. Spreckels Center and Bowling Green's (Spreckels Center) annual Wellness Fair in October. During the event, SCHHC staff provided health screenings for blood pressure, blood glucose, cholesterol and body composition; chair massage and ear acupressure; and education on nutrition and diabetes. In addition, information was provided about the hospital's pharmacy services, including its free and secure medication disposal bin. The bin provides a safe, convenient and responsible means to dispose medications that are expired or no longer needed while reducing the risk of prescription medication abuse. Information was also provided about the Sharp Coronado Community Pharmacy Travel Clinic, which offers fee-based services to help community members plan for a safe and healthy travel experience. In addition, SMV staff joined the event to provide education, resources and screenings for behavioral health.

Also, in October, SCHHC reached more than 300 community members of all ages through a variety of health education and safety services at the City of Coronado Fire and Police Departments' Annual Public Safety Open House. Team members shared information about the hospital's fall prevention workshops as well as provided resources

on sepsis — a life-threatening response to an infection most commonly seen in those with weaker immune systems, including seniors and young children. Sepsis handouts in English and Spanish were shared to help community members recognize symptoms and understand what to do if they suspect the illness in themselves or a loved one. In addition, staff engaged children in building their own first-aid kits and shared information about the hospital's online emergency department (ED) appointment system to help improve access to the ED.

That same month, approximately 75 community members attended SCHHC's inaugural Women's Day of Wellness, a free event that offered a range of activities and services to support women's health and safety. This included blood pressure screenings; flu shots; stroke education; healthy cooking demonstrations; yoga, meditation and integrative spa therapy sessions; self-defense demonstrations; and information about Sharp's Global Patient Services which provides evacuation assistance during medical emergencies abroad.

As part of Live Well San Diego's Love Your Heart initiative, in February, SCHHC helped raise community awareness about heart health through the provision of approximately 25 community blood pressure screenings at the Logan Heights Branch Library. 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 further support of heart health, SCHHC participated in year-round fundraising activities — including t-shirt, food and raffle ticket sales — in support of the 2020 San Diego Heart & Stroke Walk Digital Experience.

In March, SCHHC participated in the Every 15 Minutes program in collaboration with the Coronado Fire Department, California Highway Patrol and other local agencies. The annual, two-day program challenges Coronado High School (CHS) students to think about drinking, driving, personal safety and the impact that their decisions have on family, friends and the community. Approximately 150 students participated in the event, which simulated a drunk driving accident and included a visit to SCHHC's ED to demonstrate how first responders and hospital staff would respond to a real-life incident.

In FY 2020, SCHHC continued to collaborate with the Spreckels Center to provide free health education to community seniors. Hospital team members provided educational sessions at the Spreckels Center in November, February and March, which reached approximately 50 community members. Topics included mindful eating during the holidays, addressing musculoskeletal conditions and understanding Medicare. Following the COVID-19 outbreak, hospital staff replaced the in-person classes with educational videos to share with community members through the Spreckels Center's monthly digital newsletter. Videos were shared with approximately 100 newsletter recipients and covered topics including exercise and stretching to prevent and ease musculoskeletal pain, upper extremity health and aging, and natural headache relief.

Weekly fitness and wellness classes were also offered throughout the year to promote stress relief and support range of motion, balance, flexibility and overall activities of

daily living. Classes were either free or charged a nominal fee and ranged from Qigong, Tai Chi, Pilates and yoga to strength and balance, mindfulness and meditation, and cardio circuit. Classes took place at the hospital's Sewall Healthy Living Center and Sandermann Education Center from October through March followed by a temporary break between April and June in response to COVID-19. In July, team members re-launched the classes with prerecorded, Zoom and outdoor options to keep community members active and socially connected while maintaining physical distance. Staff also hosted a Zoom class on breathing techniques to calm the mind and body and support mental and emotional well-being. SCHHC posted its new virtual fitness and wellness offerings on its Facebook page, which enabled participants to share the videos with family and friends, and helped the hospital expand its community reach.

SCHHC also provided two fall prevention workshops in fall 2019 and winter 2020, 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. Following the COVID-19 outbreak, SCHHC staff recorded lectures related to balance, pain and fall prevention, and shared them with class attendees to watch and practice from home. In addition, SCHHC hosted four orthopedic community seminars between November and March, which educated more than 100 community members about the prevention and treatment of hip, knee and other muscle and joint pain conditions.

In response to COVID-19, SCHHC leadership shared information about the virus and the hospital's response with local community groups. This included approximately 200 members of the Rotary Club of Coronado in April, and another 100 members of both the Coronado Real Estate Association and the Coronado Roundtable — a group of retired and semi-retired community members who meet monthly to discuss current events — in May. In August, SCHHC leadership spoke to the *Coronado Eagle & Journal* regarding COVID-19's impact on senior citizens in SDC and how to better protect this more vulnerable age group.

SCHHC keeps the community regularly informed of upcoming health classes and events through the internet, radio broadcasts, local journals and newspapers, posters in the hospital lobby, and fliers in physician offices and other community organizations. SCHHC also supports patients, family and community members with locating reliable health information related to their diagnosis. Individuals can search relevant literature from high-quality websites using the hospital's computer stations.

In FY 2020, SCHHC leadership and hospital staff contributed their time to several organizations, including the San Diego Chapter of the CAMSS, ACNL, County of San Diego Health Services Capacity Task Force, San Diego Blood Bank Board of Directors, USD Hahn School of Nursing and Health Science Advisory Committee, Rotary Club of Coronado, Coronado SAFE, Coronado Chamber of Commerce, Grossmont College Respiratory Advisory Committee 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. Beginning in March, meetings with the San Diego County Stroke Consortium were held virtually in response to COVID-19. SCHHC also continued its 15-year collaboration with the County of San Diego Emergency Medical Services to provide data for the SDC stroke registry.

FY 2021 Plan

SCHHC will do the following:⁶⁵

- Develop virtual community education and fitness opportunities, including pre-recorded classes and workshops for anytime viewing
- Provide education and screenings at community and hospital events to support the identified community health needs of obesity, cardiovascular health, aging concerns and unintentional injury
- Distribute senior-focused health literacy resources from the Institute for Healthcare Advancement at community health fairs and events
- Collaborate with the Spreckels Center to provide virtual health education to community members
- Collaborate with local schools and first responders to provide community safety activities
- Explore opportunities to provide virtual behavioral health screenings and resources to community members in collaboration with SMV
- Expand education and outreach to the Logan Heights and Imperial Beach communities
- Partner with the SunCoast Market Co-op to distribute educational videos on a variety of wellness topics through their community newsletter and other communications
- Participate in the San Diego County Stroke Consortium with other SDC hospitals
- 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.

⁶⁵ Where applicable, SCHHC will perform these activities as COVID-19 public health and safety guidelines allow.

- 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, as being 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 insecurity 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 Health and Human Services Agency (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) 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.
- An analysis of ICD-10 (International Classification of Diseases – 10th Revision) codes indicates that, in FY 2020, a total of 341 patients (60 inpatients and 281 outpatients) at SCHHC experienced homelessness — a 79.4% increase compared to FY 2019.
- A survey conducted by the San Diego Association of Governments (SANDAG) to assess the impact of the COVID-19 pandemic on SDC residents found that 71% of respondents reported having immediate unmet needs, with the most common related to food, housing, utilities, and employment. Two-thirds (66%) of those surveyed reported that their employment was negatively affected by COVID-19 and more than half (52%) reported some type of housing instability due to the pandemic (SANDAG, 2020).
- According to estimates from the San Diego Hunger Coalition, as of August 2020, 33% of San Diegans experienced food insecurity and 44% of children lived in food insecure households (San Diego Hunger Coalition, 2020).
- As of October 2020, the overall unemployment rate in SDC was 7.7%, which was lower than the unemployment rate for the state of California (9.0%) and the national rate (6.6%) during the same period (Labor Market Information, California Employment Development Department (EDD), 2020).

- The Regional Taskforce on the Homeless' January 2019 WeAllCount campaign estimated that there were 7,619 homeless individuals in SDC, more than half of whom were unsheltered.
- According to findings from the California Health Care Foundation's (CHCF's) California Health Policy Survey, in 2019, over half of respondents (51%) reported that difficulties affording health care led them to take some sort of action related to delaying or skipping medical treatment or medications. Of those who postponed or skipped care due to cost, 42% said their health condition got worse (CHCF, 2020).
- In addition, 12% of CHCF survey respondents reported being uninsured in 2019, with the most common reasons cited as cost and unemployment or job loss. In addition, 37% of uninsured adults reported worrying that signing up for health insurance would draw attention to their or a family member's immigration status (CHCF, 2020).

Objectives

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

FY 2020 Report of Activities

SCHHC provides supportive programs that address a variety of SDOH — the conditions under which 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 approximately \$14,400 in free medication and transportation in FY 2020. SCHHC also provided nearly \$98,000 in free valet services to improve patient, family and community member access to the hospital, including approximately \$3,550 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.

To help protect community members from the flu virus, in FY 2020, SCHHC provided free seasonal flu vaccinations to approximately 250 community members. This included residents of the Coronado Retirement Village, members of the Coronado Fire Department, attendees of SCHHC's annual community flu clinics and Women's Day of Wellness event, and family members of the hospital's long-term care residents. In

addition, SCHHC served as a blood donation site in support of Sharp's FY 2020 systemwide blood drive effort to collect life-saving blood for those with medical needs.

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, and community members with disabilities. 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, including meals with enhanced nutritional quality, free pet food, in-home safety assessments and sliding-scale payment options for those in need. Meals on Wheels volunteers also observe the client's environment for potential health and safety issues and are trained to obtain emergency response if needed. This partnership helps promote independence, reduce social isolation and improve the quality of life and health of participants. In FY 2020, SCHHC auxiliary members and volunteers provided nearly 4,780 meals to more than 40 community members.

In FY 2020, SCHHC continued to partner with the Food Bank to support community members experiencing food insecurity. In addition to donating surplus food from its kitchen throughout the year, SCHHC hosted a Sharp SuperFood Drive during the 2019 holiday season. The event collected more than 430 pounds (lbs.) of food which enabled the Food Bank to provide approximately 360 meals to San Diegans in need.

New in FY 2020, SCHHC's Mindful Café partnered with Grubhub food delivery service to increase community member access to healthy food during COVID-19. Community members could either place orders through the Grubhub application (app), or, if uncomfortable with using app technology, by calling the café directly. Between March and September, SCHHC's Mindful Café fulfilled approximately 80 Grubhub orders.

Beginning 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 a person's ability to access care and maintain 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 to meet those needs.

More than 100 CIE community partners — including health care organizations, the County of San Diego HHSA, housing networks, food banks and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared records enable CIE partners to evaluate an individual's SDOH needs and utilization history of community services, and to make direct referrals to critical, community-based resources. SCHHC case managers and social workers were trained on CIE in order to better serve vulnerable patients in the acute care setting, including those patients experiencing homelessness, food insecurity, and other SDOH hardships.

In its first pilot year, implementation and utilization of CIE was delayed due to logistical barriers as well as the COVID-19 pandemic. However, in the final quarter of FY 2020, Sharp team members increased their CIE utilization and began connecting patients to community-based organizations via the platform. To date, the top three socioeconomic needs identified for Sharp patients enrolled in CIE include food, housing and utilities assistance — a reflection of the challenges faced by community members across SDC and that have been exacerbated by COVID-19. Metrics of this partnership, including demographic and utilization data, as well as volume and impact of community referrals, continue to be collected and will help to assess the value of the partnership at the end of its second year in early summer 2021.

SCHHC supports community health through a variety of sustainable food and food waste initiatives. The hospital purchases 30% of its produce from local sustainable farms (with a goal of 50% of purchases by July 2021) 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. Although paused during COVID-19, the garden also serves as an educational tool to teach community members how to start an organic garden through free monthly gardening classes.

FY 2021 Plan

SCHHC will do the following:

- Administer Project HELP funds to those in need
- Provide free flu vaccinations at a variety of community sites, including a drive-thru option at SCHHC's annual community flu clinic
- Partner with the City of Coronado to host a community-based COVID-19 vaccination clinic at the Coronado Community Center
- Serve as a blood donation site in support of Sharp's systemwide blood drive effort
- In partnership with Meals on Wheels San Diego County, administer the Sharp Coronado Hospital Auxiliary Meals on Wheels Adopt-a-Route to provide daily meals and safety assessments for seniors in their homes
- Host a virtual holiday food drive to support the Food Bank
- Participate in 2-1-1's CIE program to serve patients experiencing homelessness and other complex patients by connecting them to critical community services
- Conduct 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 and Career Pathways in Health Care

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).
- A report from California's Department of Consumer Affairs (DCA) identified the following barriers to facilitating training programs in allied health professions: prohibitions on payment by program accrediting entities; lack of demographic and workforce data needed to recognize needs and opportunities; misalignment between allied health training programs and registered apprenticeship opportunities; lack of coordination between state authorities and health workforce training programs; funding; and difficulty finding clinical practicum sites and sponsors (DCA, 2019).
- Total employment in California is projected to grow 8.4% between 2018 and 2028, reflecting an increase of 1.6 million jobs statewide over the decade. The health care and social assistance sector is expected to be one of the fastest-growing industries in California, with 20.0% growth anticipated (EDD, 2020).
- According to the U.S. Bureau of Labor Statistics' (BLS') *Employment Projections – 2019-2029 report*, health care support occupations and those associated with health care (including mental health) account for 13 of the 30 fastest-growing occupations from 2019 to 2029. Demand for health care services by aging baby boomers, along with people who have chronic conditions, will drive the projected employment growth (BLS, 2020).
- In a report titled *The Complexities of Physician Supply and Demand: Projections From 2018 to 2033*, the American Association of Medical Colleges (AAMC) projects that U.S. physician demand will grow faster than supply, leading to a projected total physician shortage of between 54,100 and 139,000 physicians by 2033. The

shortage of primary care physicians is expected to range from 21,400 to 55,200, while the shortage of specialty care physicians is expected to range from 33,700 to 86,700 (AAMC, 2020).

- According to the Healthforce Center at University of California, San Francisco (UCSF), although data suggest that the number of new registered nurse (RN) graduates entering the profession is larger than the number retiring, employers indicate reluctance to hire new graduates to fill newly-vacant positions. In 2018, more than 25% of California's RNs had less than five years of experience in nursing, and employers may face difficulty supporting these nurses as they transition from novices to experts (UCSF, 2020).
- Forecasting performed by the Healthforce Center at UCSF indicates that 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 CHCF, *California Physician Supply: Headed for a Drought?*, the total supply of practicing 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).
- 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), *Meeting the Demand for Health*, identified several strategies to recruit and maintain California's health care workforce, including but not limited to offering health career pipeline programs for students from low-income backgrounds; providing academic, advising and health career development support to underrepresented college students; expanding educational programs that train students to provide health care in underserved communities and providing scholarships for low-income students (CFHWC, 2019).
- A CHCF survey of frontline health care workers during COVID-19 reflects the mental and emotional toll of providing patient care during the pandemic. Three in 10 providers indicated that they are at least "somewhat" likely to reduce their hours or change where they practice or work, while 2 in 10 say they are at least "somewhat" likely to retire early or stop providing direct patient care, and 1 in 10, is at least "somewhat" likely to leave the health care field temporarily or altogether (CHCF, 2020).

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 a focus on the Planetree philosophy of patient-centered care
- Disseminate best practices in clinical research findings to the health care community

FY 2020 Report of Activities

In FY 2020, SCHHC collaborated with local, state and national schools, colleges and universities to provide hospital-based opportunities for students to explore and train for a variety of careers in health care. Although still significant, in FY 2020, student participation in these programs declined as a result of temporary interruptions to on-site learning caused by COVID-19.

SCHHC provided training opportunities for 320 nursing students and 25 ancillary (non-nursing) students. Together, these students dedicated more than 30,100 hours on the SCHHC campus. Internships were completed by students from a variety of schools, including Azusa Pacific University, California College San Diego, California State University San Marcos, Concorde Career College, Keck Graduate Institute, National University (NU), Pima Medical Institute, Point Loma Nazarene University, Southwestern College, Touro University, University of Phoenix, University of the Pacific, USD and Western University of Health Sciences. In addition, SCHHC continued to partner with Midwestern University in Glendale, Arizona to provide physician-led mentorship opportunities for medical students, serving 14 students in FY 2020. In addition, in January, SCHHC provided a free hospital tour to eight nursing students and one faculty member from Brazil.

The Planetree philosophy of care holds 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 13 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 NU students a competitive advantage for entering the health care profession.

In October, SCHHC team members shared their expertise on the Planetree philosophy of care with approximately 1,000 community health care professionals at the annual Planetree International Conference on Patient-Centered Care in Orlando, Florida. Speaker presentations included Every Leader Deserves a Patient Advisor as well as

How to Create an Electronic Medical Record-Based Person-Centered Interdisciplinary Plan of Care. Poster presentations highlighted enhancements made to SCHHC's inpatient room orientation, steps for a successful Planetree department recertification, and the hospital's 2018 Planetree Expo and Recommitment Ceremony.

Also in October, a hospital pharmacist provided a poster presentation titled Longitudinal Results and Cost Savings Using a Bundle of C. Difficile Infection Prevention Strategies in a Long-Term Care Facility to approximately 500 attendees of IDWeek 2019 — an annual meeting of international infectious disease professionals. The pharmacist also submitted an article for publication in the October 2020 issue of the San Diego County Medical Society's *San Diego Physician* magazine titled "Antimicrobial Stewardship in Long-Term Care Facilities."

With funding from a state health science grant, SCHHC continued the CHS – SCHHC Internship Partnership. In FY 2020, nine students in grades 10 through 12 from CHS' Advanced Sports Medicine program spent approximately 200 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 2021 Plan

SCHHC will do the following:⁶⁵

- Collaborate with colleges and universities on internships, externships and other professional training opportunities for students
- Participate in the Health Sciences High and Middle College program to provide career pathways to ninth and 10th grade students
- Collaborate with CHS to provide learning experiences for students in grades 10 through 12
- 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 University of California 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 services⁶⁶
- Hospice⁶⁷
- Imaging services, including computed tomography (CT) 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 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 a dedicated imaging and women's services suite providing 3D mammography, dual-energy x-ray absorptiometry (DEXA) scanning and ultrasound
- Pathology services
- Pharmacy, including a prescription medication disposal kiosk, Community Pharmacy Travel Clinic, bedside prescription payment options, curbside delivery 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

⁶⁶ Provided through Sharp Memorial Hospital Home Health Agency.

⁶⁷ Provided through Sharp HospiceCare.

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



Inspiring Students From a Distance

Sharp Grossmont Hospital

Sharp Grossmont Hospital is committed to providing youth with valuable insight into the world of health care. In collaboration with Cajon Valley Union School District, the hospital introduced middle schoolers to a range of possible health care careers during World of Work Week — a K-12 curriculum that exposes students to both self and career exploration. Hospital staff engaged students in live presentations using an interactive educational video platform to support their distance learning needs. Both clinical and administrative staff described their roles, answered questions and completed personality tests with the students to help them discover career paths that align with their interests and strengths. Through this partnership, Sharp Grossmont Hospital inspires students to envision a future career in health care.

Section

6 Sharp Grossmont Hospital

An exceptional community citizen is one that selflessly considers the greater good of the community over one's personal needs.

— Scott Evans, Chief Executive Officer, Sharp Grossmont Hospital

Fiscal Year (FY) 2020 Community Benefit Program Highlights

Sharp Grossmont Hospital (SGH) provided **\$128,540,994** in community benefit in FY 2020. 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 2020**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2020 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for onsite workers to process Medi-Cal eligibility forms ⁶⁸	\$13,453,818
	Shortfall in Medicare ⁶⁸	101,236,040
	Shortfall in County Medical Services (CMS) ⁶⁸	90,875
	Shortfall in CHAMPVA/TRICARE ⁶⁸	2,532,007
	Charity Care ⁶⁹	9,695,820
	Bad Debt ⁷⁰	(1,086,373)
Other Benefits for Vulnerable ⁷¹ Populations	Patient transportation, Project HELP and other assistance for the vulnerable ⁷²	1,161,487
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 ⁷²	422,712
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ⁷²	1,034,608
TOTAL		\$128,540,994

⁶⁸ 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.

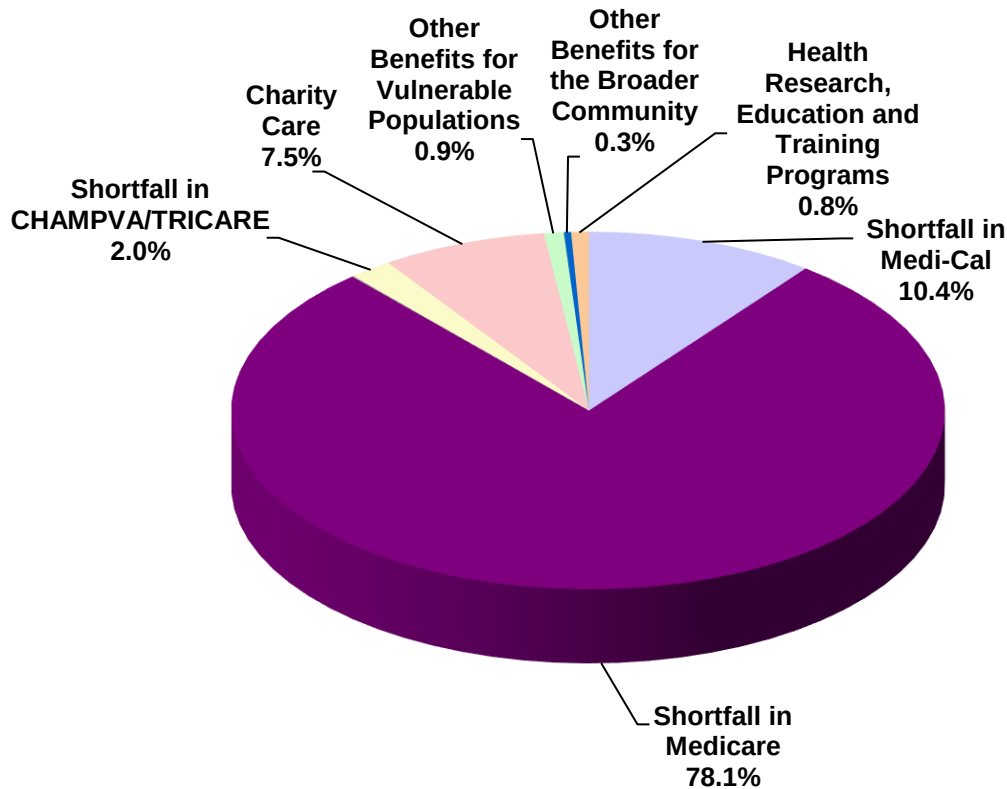
⁶⁹ Charity care and bad debt reflect the unreimbursed costs of providing services to patients who lack the ability to pay for services at the time the services were rendered.

⁷⁰ In FY 2020, due to COVID-19 and consequent dramatic drops in patient volume, a greater amount of historical bad debt was resolved into charity care than was offset by new patient volume and subsequent new patient bad debt.

⁷¹ "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>

⁷² 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 2020**



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 2020, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of July 1, 2019, through December 31, 2021. This resulted in recognition of net supplemental revenues for SGH totaling \$56.7 million in FY 2020. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2020 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 Hospital Emergency Liaison Program (Project HELP), which provides funding for medication and transportation to assist lower-income patients; flu vaccination clinics for vulnerable adults, including seniors; contribution of time to Habitat for Humanity, Mama's Kitchen, 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 balance and fall prevention, blood pressure and diabetes; 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 and provide career pathways in health care 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) Community Grants and Sponsorships Committee, Hospital Association of San Diego and Imperial Counties (HASD&IC), John A. Davis Family YMCA, La Mesa Park 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 includes 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

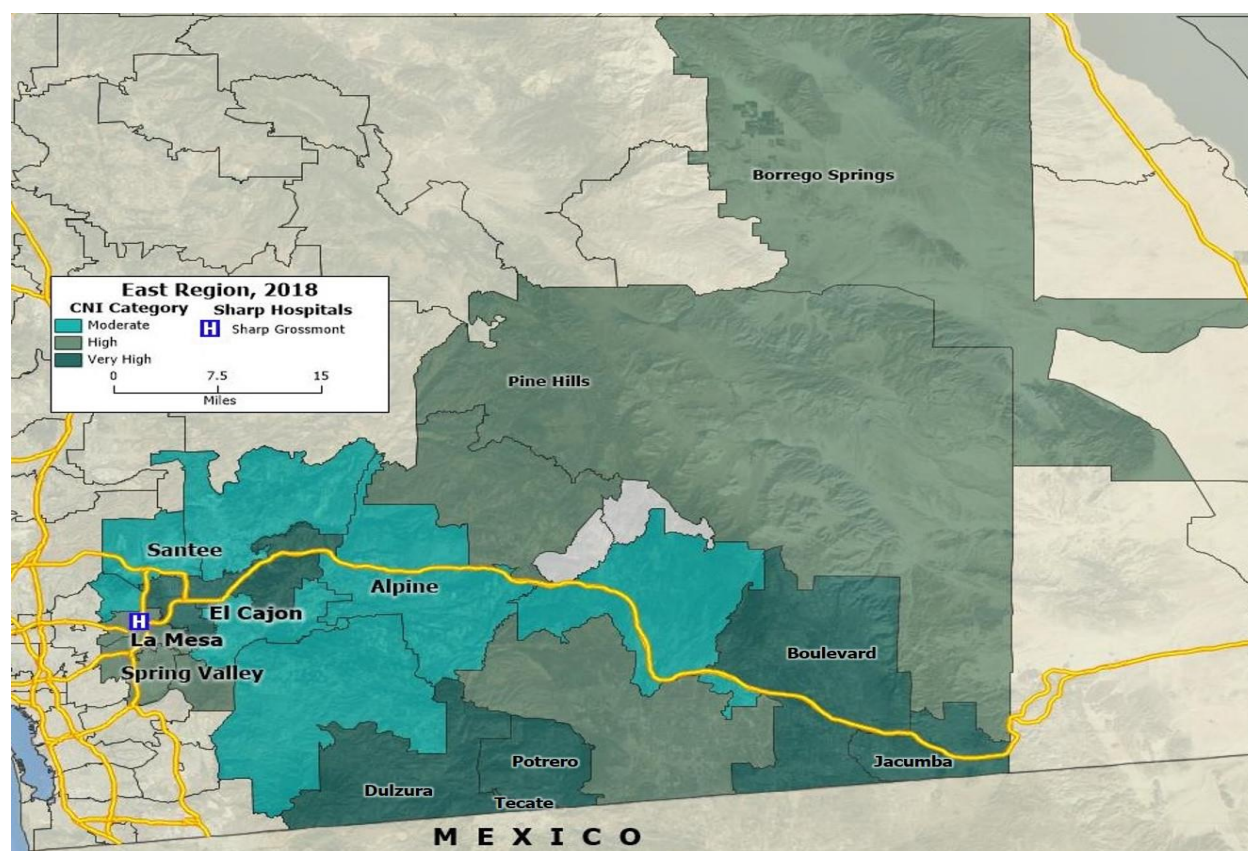
SGH is located at 5555 Grossmont Center Drive in La Mesa, ZIP code 91942.

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. In addition, much of the region includes remote, unincorporated communities. 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 used to identify communities within SDC with greater health disparities. The CNI measures this inequity on a scale ranging from very low health disparity to very high health disparity for every ZIP code in the United States (U.S.). This measurement is determined through an analysis of 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 findings across SDC's east region.

Figure 20: CNI Map — SDC's East Region⁷³



⁷³Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018.

Description of Community Health

In 2020, there were 84,442 residents ages 65 and older in SDC's east region, representing 16.2% of the total regional population. Between 2020 and 2025, it is anticipated that the east region's senior population will grow by 15.6%.⁷⁴

In 2018, 13.0% of the east region population reported living below 100% of the federal poverty level (FPL), which was higher than SDC overall (12.5%). The unemployment rate in SDC's east region was 7.4%, which was higher than the rate for SDC overall (6.1%). In addition, 7.2% of households received Supplemental Security Income, also higher than SDC overall (5.0%).⁷⁵

According to estimates from the San Diego Hunger Coalition, as of August 2020, 33% of San Diegans experienced food insecurity⁷⁶ and 44% of children lived in food insecure households.⁷⁷ In 2018, 11.3% of households in the east region received Supplemental Nutrition Assistance Program (SNAP) benefits, while 19.7% of the population lived at or below 138% FPL and were eligible for the program. These rates were higher than SDC overall (7.2% and 19.0%, respectively).⁷⁵ 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, 2018⁷⁵

Food Stamps/SNAP Benefits	Percent of Population
Households	11.3%
Families with Children	10.2%
Eligibility by FPL	
Population ≤130% FPL	18.3%
Population ≤138% FPL	19.7%
Population 139% – 350% FPL	33.4%

In SDC's east region in 2018, 95.1% of children ages 18 and under, 86.5% of young adults ages 19 to 25, 87.4% of adults ages 26 to 44, 92.1% of adults ages 45 to 64, and 98.8% of seniors ages 65 and older had health insurance.⁷⁵ Health insurance coverage for young adults ages 19 to 25 and adults ages 26 to 44 was lower than the Healthy

⁷⁴ SpeedTrack® Inc.; U.S. Census Bureau.

⁷⁵ County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Community Health Statistics Unit, December 2020, U.S. Census Bureau, 2014-2018 American Community Survey 5-year estimates.

⁷⁶ 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/>.

⁷⁷ San Diego Hunger Coalition (2020), San Diego County Food Insecurity Estimates, August 2020.

People 2030 (HP2030) national target of 92.1% health insurance coverage.⁷⁸ See **Table 27** for health insurance coverage in SDC's east region in 2018.

Table 27: Health Insurance Coverage in SDC's East Region, 2018⁷⁵

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	95.1%	92.1%
Young adults 19 to 25 years	86.5%	92.1%
Adults 26 to 44 years	87.4%	92.1%
Adults 45 to 64 years	92.1%	92.1%
Seniors 65+ years	98.8%	N/A ⁷⁹

According to the California Health Interview Survey (CHIS), in 2019, 19.0% of the east region population was covered by Medi-Cal.⁸⁰ See **Table 28** for details.

Table 28: Medi-Cal (Medicaid) Coverage in SDC's East Region, 2019⁸⁰

Description	Rate
Covered by Medi-Cal	19.0%
Not covered by Medi-Cal	81.0%

CHIS data also revealed that 10.2% 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**).⁸¹

Table 29: Regular Source of Medical Care in SDC's East Region, 2018-2019⁸¹

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	89.8%	84.0%
Has no usual source of care	10.2%	16.0%

Diseases of the heart and cancer were the top two leading causes of death in SDC's east region in 2018.⁸² 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

⁷⁸ The U.S. Department of Health and Human Services' HP2030 initiative represents the nation's prevention agenda for the third decade of the 21st century. HP2030 has four overarching goals: to attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and attain health literacy to improve the health and well-being of all; to create social, physical, and economic environments that promote attaining the full potential for health and well-being for all; to promote healthy development, healthy behaviors, and well-being across all life stages; and to engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve health and well-being of all.

⁷⁹ HP2030 does not include targets for individuals ages 65 and older.

⁸⁰ 2019 CHIS.

⁸¹ 2018-2019 CHIS (pooled data).

⁸² County of San Diego HHSA, Public Health Services, Community Health Statistics Unit (2020), *Leading Causes of Death Workbook 2011-2018*.

Table 30: Leading Causes of Death in SDC's East Region, 2018⁸²

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	893	22.4%
Diseases of the Heart	861	21.6%
Cerebrovascular Diseases	240	6.0%
Alzheimer's Disease	230	5.8%
Accidents/Unintentional Injuries	222	5.6%
Chronic Lower Respiratory Diseases	217	5.4%
Diabetes Mellitus	177	4.4%
Essential Hypertension and Hypertensive Renal Disease	86	2.1%
Intentional Self-Harm (Suicide)	73	1.8%
Chronic Liver Disease and Cirrhosis	72	1.8%
All Other Causes	921	23.1%
Total Deaths	3,992	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
- 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 behavioral health conditions. 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 (SRSMG) clinics throughout SDC — including SDC's east region — provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs. For additional details on SGH programs that specifically address the needs identified in the 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 2020 Report of Activities conducted in support of the objective(s), and FY 2021 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; poor 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 2018, cerebrovascular diseases (including stroke) were the third leading cause of death for SDC's east region.
- In 2018, there were 240 deaths due to stroke in SDC's east region. The region's age-adjusted death rate due to stroke was 38.7 per 100,000 population. This rate was the third highest among all SDC regions and was higher than the HP2030 target of 33.4 deaths per 100,000 population.⁸³
- In 2018, there were 1,262 hospitalizations due to stroke in SDC's east region. The region's age-adjusted rate of hospitalizations for stroke was 213.8 per 100,000 population — the second highest among all SDC regions.
- In 2018, there were 423 stroke-related ED visits in SDC's east region. The age-adjusted rate of ED visits was 71.2 per 100,000 population.
- According to 2019 CHIS data, 25.9% of residents in SDC's east region had ever been diagnosed with high blood pressure, while 7.5% had borderline high blood pressure. In addition, 35.8% of east region adults reported being obese — higher than the county overall (28.1%).
- 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 1 out of every 20 deaths (CDC, 2020).
- 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, 2020).

Objective

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

FY 2020 Report of Activities

February 2020, The Joint Commission and American Heart Association (AHA)/American Stroke Association (ASA) certified SGH's Stroke Center as a

⁸³ 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. Data is based on "underlying cause of death" information from all death certificates filed in SDC in 2018. 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*." (California Department of Public Health (CDPH), Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System. Prepared by County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit, October 2020).

Comprehensive Stroke Center, the highest designation for stroke care. The program quickly and effectively treats all types of stroke, including the most complex cases, and 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 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.

Although the SGH Stroke Center planned to participate in several screening and educational events, beginning in March, events were either canceled or postponed due to the COVID-19 pandemic. Despite these challenges, in July, the SGH Stroke Center provided virtual stroke education to community members at Westmont of La Mesa, a senior living facility. Topics included the signs and symptoms 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.

The SGH 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. The support group engaged participants in 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. During the COVID-19 pandemic, the support group was offered virtually to stroke survivors and their family members. More than 50 community members attended the support group in FY 2020.

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. In response to COVID-19, meetings were transitioned to a virtual format beginning in March. SGH also continued its 15-year collaboration with the County of San Diego Emergency Medical Services (EMS) to provide data for the SDC stroke registry.

FY 2021 Plan

The SGH Stroke Center will do the following:⁸⁴

- Provide stroke screening and education at events in the east region of SDC
- Provide education for individuals with identified stroke risk factors
- Participate in Stroke Awareness Day at the Padres
- Provide stroke education and screenings at the Sharp Women's Health Conference

⁸⁴ Where applicable, the SGH Stroke Center will perform these activities as COVID-19 public health and safety guidelines allow.

- Offer a stroke support group in conjunction with the hospital's Outpatient Rehabilitation Department
- Participate in the San Diego County Stroke Consortium
- Provide data to the SDC stroke registry
- Provide community members with at least one physician speaking event on stroke care and prevention
- In collaboration with the San Diego County Stroke Consortium, participate in an EMS training video on stroke

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 health 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.⁸⁵
- 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, and heart failure, while the top three CVD diagnoses for ED visits were classified as hypertension, coronary artery disease, 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 health care costs; economic insecurity; low health literacy; poor health behaviors, such as unhealthy diet or minimal physical activity; poor 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

⁸⁵ 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.

the hospital to the County of San Diego HHSA 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 2018, there were 893 deaths due to diseases of the heart in SDC's east region. The region's age-adjusted death rate due to heart disease was 147.7 per 100,000 population. This was higher than the age-adjusted death rate for SDC overall (120.5 deaths per 100,000 population) and the Healthy People 2020 (HP2020) target (103.4 deaths per 100,000 population).⁸³
- In 2017, there were 1,085 hospitalizations for CHD in SDC's east region. The age-adjusted rate of hospitalization for CHD was 180.7 per 100,000 population, which is higher than the age-adjusted rate for SDC overall (158.6 per 100,000 population).
- In 2017, there were 247 ED visits for CHD in SDC's east region. The age-adjusted rate of ED visits was 42.3 per 100,000 population, higher than the age-adjusted rate for SDC overall (37.1 per 100,000 population).
- According to 2019 CHIS data, 6.2% of adults living in SDC's east region indicated that they were ever diagnosed with heart disease, slightly higher than SDC overall (6.1%).
- Data from the 2019 CHIS indicated that 25.9% of adults living in SDC's east region had ever been diagnosed with high blood pressure, higher than SDC overall (22.7%) and equal to the state of California.
- 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 655,000 people each year (CDC, 2020).
- Heart disease is the leading cause of death for people of most racial/ethnic groups in the U.S. including Black/African American, American Indian, Alaska Native, Hispanic, and white men. For women from the Pacific Islands, and Asian American, American Indian, Alaska Native, and Hispanic women, heart disease is second only to cancer (CDC, 2020).
- In its *2020 Heart Disease and Stroke Statistical Update*, the AHA reported that CHD was responsible for 13% of all deaths in the U.S. in 2017, killing nearly 366,000 people. Death rates and actual numbers of deaths from CHD decreased significantly between 2007 and 2017, but disease burden and risk factors remain high. According to blood pressure guidelines championed by the AHA and the American College of Cardiology, 46.0% of U.S. adults have hypertension (AHA, 2020).
- 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, 2020).

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 2020 Report of Activities

In FY 2020, SGH's Cardiac Rehabilitation Department provided education and support to patients and community members impacted by congestive heart failure (CHF). Due to the COVID-19 pandemic, several educational programs were postponed or canceled beginning in March. Prior to the onset of the pandemic, SGH's free, in-person CHF class and support group was offered three times, which provided nearly 40 individuals with a supportive environment to discuss various topics about living well with CHF. In addition, the CHF class and support group hosted two live cooking demonstrations. One took place in October and featured heart healthy, low-sodium recipe, and the second was held in February, in honor of American Heart Month. During the events, SGH's Executive Chef shared recipes and tips on how to prepare healthy, flavorful dishes, and provided samples for attendees to enjoy.

A free Heart and Vascular Risk Factors Education class was offered twice a month from October through March, reaching nearly 130 individuals who were hospitalized with certain heart conditions within the last six months. In addition, SGH's Cardiac Rehabilitation Department provided a community lecture about risk factors for heart disease, as well as information about exercise, to approximately 20 attendees from the SGH Senior Resource Center. From mid-March through May, Cardiac Rehabilitation Department services were significantly reduced due to COVID-19 restrictions. During this time, the team provided nearly 150 follow-up phone calls to patients. Through these phone calls, team members provided patients with education on exercise and heart disease risk factors, and offered tips to help keep them healthy and out of the hospital. The calls provided critical support in the absence of in-person appointments, until the department developed formal telehealth options in late April.

SGH's Cardiac Training Center and Cardiac Rehabilitation Departments traditionally participate in a variety of community events throughout the year, however due to the COVID-19 pandemic, these events were either postponed or canceled. Prior to the onset of the pandemic, an SGH cardiology nurse practitioner provided education on nutrition and heart health at SGH's Show Your Heart Some Love! event at the McGrath Family YMCA in October. Topics included identifying potential risk factors for CVD, how food impacts the body and important tips to make positive health changes.

Throughout the year, SGH provided expert speakers on heart disease and heart failure at professional conferences and events. This included Sharp's annual Heart and Vascular Conference in October, a two-day event at the Hotel Del Coronado 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 October and May, SGH participated in the 15th and 16th

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 patient care, the use of data processes to improve outcomes and compliance to clinical standards. Due to public health guidelines, the meeting in May was held virtually.

SGH continued to participate in programs to improve the care and outcomes of individuals with heart and vascular disease. To assist 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. In response to COVID-19, committee meetings were transitioned to a virtual format beginning in March. 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. To help defray the cost for patients with limited resources, the program is partially funded by donations to the Grossmont Hospital Foundation. Due to the COVID-19 pandemic and the subsequent reduced services of the Cardiac Rehabilitation Department, the program was paused until further notice.

Throughout FY 2020, SGH-affiliated cardiologists, the SGH Chief Executive Officer and staff from the cardiology department shared heart-related information with local news outlets, including: KUSI News, ABC 10News San Diego, *Times of San Diego* and *The East County Californian*. Topics included heart conditions and COVID-19, the importance of not ignoring stroke symptoms during the pandemic, low-sodium dishes for a healthy heart, heart disease that affects younger women, and reducing the risk of heart attack and stroke by eating chili peppers.

FY 2021 Plan

SGH will do the following:⁸⁶

- Provide a monthly CHF class and support group
- Provide virtual Heart and Vascular Risk Factor Education classes for seniors
- Provide cardiac and vascular risk factor education and screening at community events
- Provide one virtual cardiac health lecture for senior community members
- Offer educational speakers to health care professionals on topics such as performance improvements in CHF and acute myocardial infarction, and cardiovascular treatment options
- Participate in Sharp's conference on heart and vascular disease for community physicians and other health care professionals
- Provide data on STEMI to the County of San Diego EMS and participate in the County of San Diego Cardiac Advisory Committee
- Resume the Peripheral Vascular Disease Rehabilitation Program

⁸⁶ Where applicable, SGH will perform these activities as COVID-19 public health and safety guidelines allow.

- Conduct 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.⁸⁵
- 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; poor 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 2018, diabetes was the seventh leading cause of death in SDC's east region.
- In 2018, there were 177 deaths due to diabetes in SDC's east region. The region's age-adjusted death rate due to diabetes was 29.5 per 100,000 population, higher than the overall SDC age-adjusted rate (20.5 deaths per 100,000 population).⁸³
- In 2018, there were 978 hospitalizations due to diabetes in SDC's east region. The age-adjusted rate of hospitalizations for diabetes was 188.8 per 100,000 population. This rate was the second highest among all SDC regions and higher than the age-adjusted rate of hospitalization for SDC overall (127.9 per 100,000 population).
- In 2018, there were 1,034 diabetes-related ED visits in SDC's east region. The age-adjusted rate of diabetes-related ED visits was 199.9 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 (158.9 per 100,000 population).
- According to 2019 CHIS data, 10.4% of adults living in SDC's east region indicated that they had ever been diagnosed with diabetes, which was slightly higher than SDC overall (8.8%) and the state of California (9.9%). Diabetes rates among seniors were particularly high, with 18.3% 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%).
- According to a report from the California Department of Public Health (CDPH), the age-adjusted prevalence of prediabetes among California adults ages 18 and over was 14.9% in 2017, and the age-adjusted prevalence of Type 2 diabetes was 8.3% (CDPH, *Burden of Diabetes in California, 2019*).
- Data presented by the United Health Foundation (UHF) indicates that, in 2018, diabetes prevalence in California was highest among American Indian/Alaskan Natives (24.0%), followed by individuals of other race (19.5%), non-Hispanic Blacks (14.8%) and multiracial individuals (12.8%) (UHF, 2019).
- 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 doubled in the last 20 years as the U.S. population has aged and become more overweight (CDC, 2020).
- According to the CDC's 2020 *National Diabetes Statistics Report*, 89% of adults diagnosed with diabetes from 2013 to 2016 were overweight or obese, and 68.4% had high blood pressure. Factors that may reduce the risk of diabetes complications include having a usual source for diabetes care; meeting recommended physical activity goals; managing or losing weight; managing A1C levels, blood pressure and cholesterol; and quitting smoking.
- The CDC estimates that 34.2 million people in the U.S. had diabetes in 2018. Of those individuals, 21.4% met laboratory criteria for diabetes but were not aware they had the disease (CDC, *National Diabetes Statistics Report, 2020*).
- According to the CDC, diabetes increases the risk of heart disease and stroke and can lead to other serious complications, such as kidney failure, blindness, and amputation of a toe, foot, or leg. People with diabetes spend more on health care,

have fewer productive years, and miss more work days compared to people who don't have diabetes (CDC, 2020).

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 conferences to share best practices in diabetes treatment and control with the broader health care community

FY 2020 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 care and education specialists, 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 response to the COVID-19 pandemic, in March, the Sharp Diabetes Education Program (Sharp's systemwide diabetes education program) quickly transformed its supportive diabetes management services to connect and provide assistance to patients in need via telephone. Between March and May, the Sharp Diabetes Education Program provided more than 500 hours of free, unreimbursed telephone calls to support approximately 900 individuals with diabetes throughout SDC.

The SGH Diabetes Education Program provided nutrition and diabetes management education, including meal planning, eating properly on a budget and appropriate snacking, to 60 community members at the Sharp Mesa Vista East County Outpatient Mental Health Services location in November. In addition, the Sharp Diabetes Education Program provided fundraising and team participation for the 2020 San Diego Heart & Stroke Walk Digital Experience in September. Although the Sharp Diabetes Education Program had anticipated participating in additional community events, conferences and educational presentations throughout FY 2020, most in-person activities were canceled or postponed beginning in March due to COVID-19.

The Sharp Diabetes Education Program continued to collaborate with Family Health Centers of San Diego's (FHCS's) Diabetes Management Care Coordination Project (DMCCP) to provide education to FHCS patients with diabetes. Through DMCCP, Sharp's Certified Diabetes Care and Education Specialists provide weekly group health and nutrition education, healthy cooking demonstrations and physical activity classes to patients with diabetes at multiple FHCS sites, including those in the east region. In FY

2020, Sharp's Certified Diabetes Care and Education Specialists provided six lectures in English and one in Spanish to nearly 50 community members at FHCS's Lemon Grove, Grossmont Spring Valley and El Cajon sites. 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 addition, project "graduates" offer peer support and education to current enrollees in both English and Spanish. The DMCCP also monitors participants' physical activity as well as their A1C and blood glucose levels, which the project has proven to successfully lower and maintain. In 2020, 60% of DMCCP enrollees saw an overall decrease in their A1C levels.

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 2020, 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. Further, Sharp's Certified Diabetes Care and Education Specialists received training offered by Sharp's Equality Alliance regarding the different cultural needs of diverse communities to improve the delivery of inclusive

and culturally competent care.

In November, the Sharp Diabetes Education Program hosted a diabetes conference for physicians, nurses, dietitians, laboratorians, clinical and managerial leaders and other community health professionals interested in optimizing inpatient diabetes care. Held at the Hyatt Regency Mission Bay Spa and Marina, 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 New Paradigm of Treating Type 2 Diabetics; Cardiovascular Risks for Type 1 and Type 2 Diabetics; Modern New Insulins – Are They Worth the Cost?; Facts About New Diets, Human Metabolism, and Weight Loss in Patients on Insulin; EndoTool Glycemic Management in a Modern Age; and Insulin Pumps and Glucose Monitors – A Day in the Life. Exhibitor booths were also available at the conference.

The SGH and Sharp Diabetes Education Programs provided education to a variety of students throughout FY 2020. At the Brier Patch Campus at SGH, in February, the SGH Diabetes Education Program provided education on the effects of nutrition and food intake on glycemic management to 20 students from San Diego State University's (SDSU's) School of Exercise and Nutritional Sciences. At Pechanga Arena San Diego, in February, the Sharp Diabetes Education Program presented on sports nutrition and diabetes to more than 110 Sweetwater Union High School District students who are a part of the Southwest Sports Wellness Foundation — a group that provides sports medicine care and improves access to health care services for student athletes, especially those without resources. Also in February, the program provided education on glycemic management in the hospital to approximately 15 SDSU nursing students. In February and March, the Sharp Diabetes Education Program provided both in-person and virtual diabetes education — which included information on different types of diabetes, diagnoses, current technology and medication, community resources for patients, and careers in diabetes education — to approximately 40 dietetic students at SDSU. The Sharp Diabetes Education Program also mentored two dietetic interns from the SDSU San Diego Women, Infants, and Children (WIC) program.

New in FY 2020, the Sharp Diabetes Education Program serves as an insulin pump training center to support endocrinologists and primary care physician (PCP) groups throughout SDC. Through this effort, the Sharp Diabetes Education Program trains community providers to use diabetes technology, including insulin pumps and blood glucose monitors, to improve patient care and health outcomes. Further, the Sharp Diabetes Education Program recently implemented an enhanced electronic medical record system to improve care coordination with more than 500 community endocrinologists and PCP groups.

FY 2021 Plan

The SGH and Sharp Diabetes Education Programs will do the following:⁸⁷

- Provide prediabetes and diabetes information to community members at various community venues in SDC's east region, as well as through virtual platforms
- Offer a webinar discussing the relationship between COVID-19 and diabetes
- Explore collaborations to assist and educate community members experiencing food insecurity
- Explore collaboration with community organizations to provide diabetes education for community members, including seniors and caregivers
- Explore future collaborations with community clinics to provide education and resources to their patients with diabetes
- Provide gestational diabetes services and resources to underserved pregnant and breastfeeding women, both at SGH and 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 about diabetes treatment and prevention to support community members with diabetes; particularly foreign language and culturally appropriate resources for diverse populations
- Participate in local and national 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
- Host a diabetes conference for health care professionals
- Explore collaborations with community 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
- Participate in 2-1-1 San Diego's (2-1-1) Community Information Exchange (CIE) program to serve patients experiencing homelessness and other social determinants of health (SDOH) hardships by connecting them to critical community services
- Offer free outpatient phone and in-person visits for patients recently discharged from SGH who are uninsured, newly diagnosed with diabetes and in need of additional assistance to prevent readmission during the COVID-19 pandemic

⁸⁷ Where applicable, the SGH and Sharp Diabetes Education Programs will perform these activities as COVID-19 public health and safety guidelines allow.

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 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 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 composed 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 2018, Alzheimer's disease was the fifth leading cause of death in SDC's east region for all age groups.
- In 2018, 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, accidents/unintentional injuries, Parkinson's disease, essential hypertension and hypertensive renal disease and flu/pneumonia.
- In 2018, 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 2018 were unintentional injuries, falls and overall heart disease.
- According to the CDC, three 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. In 2015, the direct medical costs associated with fall injuries totaled more than \$50 billion (CDC, 2019).
- Between 2015 and 2030, the number of east region residents living with Alzheimer's disease and related dementias is projected to increase by 27.4% (*Alzheimer's Disease and Related Dementias in San Diego County*, County of San Diego HHSA, 2018).
- In 2018, 70.2% of the influenza hospitalizations and 80.6% of the influenza deaths in the east region occurred among residents ages 65 and older. The age-adjusted rate of influenza death among this group was 32.4 per 100,000 population, lower than the rate for seniors in SDC overall (30.5 per 100,000 population).
- According to the California Department of Aging (CDA), in 2020, 10.6% of SDC residents ages 60 and older were considered low-income, and 16.2% were eligible for Medi-Cal coverage. In addition, 16.7% of SDC seniors were identified as living alone (CDA, 2020).
- National Alliance for Caregiving's (NAC's) *Caregiving in the U.S. 2020* report estimates that 16.8% (41.8 million) of Americans care for an adult age 50 and older, an increase from 14.3% in 2015. Caregiving prevalence has increased among all racial/ethnic groups, educational levels, work statuses, genders, and nearly all generations (NAC, 2020).
- The same report indicates that the majority (61%) of caregivers are women. Baby boomers account for the greatest number of caregivers (34%), followed by Generation Z (29%) and millennials (23%) (NAC, 2020).
- According to a report from NAC and Caring Across Generations (CAG) titled *Burning the Candle at Both Ends: Sandwich Generation Caregiving in the U.S.*, sandwich caregivers — those who provide unpaid care to an adult while also caring for children in their home — account for 28% of all caregivers (NAC & CAG, 2019).
- Per the same report, sandwich caregivers are often juggling work responsibilities while dedicating an average of 22 hours per week to caring for their loved one. Roughly a third of these caregivers report a high level of emotional stress, and a fifth

report a high level of physical and financial strain (NAC & CAG, 2019).

Objectives

- Provide a variety of senior health education and screening programs
- Provide education and resources through community outreach programs
- Produce and mail quarterly activity calendars to community members
- Provide daily telephone reassurance and safety check calls to ensure the safety of homebound seniors and adults with disabilities in SDC's east region
- In collaboration with community partners, offer seasonal flu vaccination clinics at convenient locations for seniors and vulnerable adults
- Serve as a referral resource to additional community support services for seniors 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 2020 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 2020, 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 1,000 Vials of Life — 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 community members with disabilities 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. If staff members do not connect with participants, then a phone call is placed to family members or friends to ensure the individual's safety. In FY 2020, staff placed more than 4,900 phone calls to approximately 20 program participants, as well as 11 follow-up phone calls to family and friends.

From October to March, the SGH Senior Resource Center hosted and participated in a variety of in-person education programs, health fairs, screenings and events to address the needs of seniors and caregivers. For the remainder of the year, the majority of these activities were canceled or postponed in response to COVID-19, resulting in a decrease

in community member contacts compared to previous years. When possible, programs were held virtually to support continued learning during the pandemic.

In FY 2020, the SGH Senior Resource Center reached more than 200 community members through nearly 20 free health education programs. Programs were provided at locations in SDC's east region, including the SGH campus, 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 — as well as through virtual platforms in response to COVID-19. Programs were presented by experts from community organizations as well as Sharp professionals with expertise in dementia care, finance, health insurance, nursing, physical therapy, senior care, education, social work, psychology, gastroenterology, estate planning, rehabilitation and advance care planning (ACP). Educational topics included how the ED works and when to visit; ACP; tools and resources for caregivers; physical aspects of caregiving at home; caregiver skills, including fall prevention and improving balance and strength through exercise; understanding how Medicare works; Medicare insurance changes for 2020; heart health and risk factors; estate planning; healthy eating in the new year; skills and strategies for communicating with individuals experiencing memory loss; coping with grief during the holidays; coping with personality and behavior changes; assisted living and memory care; senior programs; and finding reliable health information.

In FY 2020, nearly 60 seniors and their caregivers were reached through lectures provided by the SGH Senior Resource Center featuring clinical speakers, including 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. In addition, throughout FY 2020, the SGH Senior Resource Center presented to more than 100 community members at various locations about senior services, Vials of Life, fall prevention, resources and tools for caregivers, introduction to smart phones, and talking to a health care provider. Through Sharp's partnership with the City of San Diego, the SGH Senior Resource Center delivered four lectures titled Senior Resources in San Diego to more than 100 community members at La Jolla/Riford Library, Mission Hills-Hillcrest/Knox Library, Point Loma/Hervey Branch Library and Rancho Bernardo Branch Library.

Also, in FY 2020, the SGH Senior Resource Center provided two balance and fall prevention screening events at the SGH campus, reaching more than 20 members of the senior community. In addition, in FY 2020, the SGH Senior Resource Center provided nearly 20 free blood pressure screening events, serving more than 200 individuals. Screenings were provided at GHD's James G. Stieringer Conference Center, College Avenue Senior Center, La Mesa Adult Enrichment Center and Grossmont Center as well as for the Grossmont Mall Walkers and during other events. These events included the Dr. William C. Herrick Community Health Care Library's Wellness Wednesday event in January, which discussed the importance of good oral hygiene and options for accessing dental care for older adults. In addition, the SGH Senior Resource Center provided blood pressure screenings and educational resources

to more than 200 community seniors and caregivers at the Spring Into Healthy Living event at the McGrath Family YMCA in Spring Valley and the La Mesa Senior Engagement Expo at the La Mesa Community Center. At the expo, the SGH Senior Resource Center's Program Coordinator provided education on social isolation and opportunities to get out and active in the community, as well as information on senior resources in San Diego.

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 morning, 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 2020. Due to COVID-19, beginning in March, the SGH Senior Resource Center shifted the Grossmont Mall Walkers to a virtual platform, enabling participants to continue to socialize, connect and exercise each week during the pandemic. In addition, to help keep these individuals informed and connected, the SGH Senior Resource Center created a weekly newsletter featuring a Sharp Health News article, a letter from the program leader, and mind-stimulating games including word search puzzles and an interactive Bingo game.

In collaboration with Cajon Valley Union School District, SGH introduced middle schoolers to a variety of possible health care careers during World of Work week — a K-12 curriculum that exposes students to both self- and career exploration while empowering them to help maximize future education and employment. During this event, the SGH Senior Resource Center provided students with a live presentation using an interactive educational video platform called Nepris, to support distance learning needs. The SGH Senior Resource Center's Program Coordinator presented on the center's day-to-day operations and how it benefits the community, ways to promote good health across the community, the education and training required to work in the field of senior health, career advice, and how students can begin preparing for this career path now. In addition, the program coordinator answered questions and completed personality tests with the students to help them discover career paths that align with their interests and strengths.

The SGH Senior Resource Center continued to provide seasonal flu vaccines in selected community settings. In FY 2020, more than 80 vaccinations were provided at seven community sites, including the Lemon Grove Senior Center, Jewish Family Service of San Diego's (JFS') College Avenue Center, La Mesa Community Center, Lakeside Community Center, Santee Public Library, George L. Stevens Senior Center and Salvation Army of El Cajon. 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 experiencing 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, outreach conducted with 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. In response to COVID-19, all meetings were converted to virtual platforms beginning in March.

In mid-September, the SGH Senior Resource Center partnered with the SGH geriatric ED program, which is accredited by the American College of Emergency Physicians to provide the highest standard of care for older adults. Through this partnership, the SGH Senior Resource Center connected 20 seniors with community resources post-discharge — including transportation, placement services, caregiving and more — to reduce the chance for readmission to a hospital or ED.

Further, to prevent unnecessary visits to the ED 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 2019 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 2021 Plan

SGH Senior Resource Center will do the following:⁸⁸

- 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 for seniors, their family members and caregivers
- Collaborate with Sharp experts and community partners to provide virtual and in-person seminars focused on issues of concern to seniors
- Partner with assisted living and memory care facilities to provide an educational speaker series to seniors
- Participate in community health fairs and events designed for seniors

⁸⁸ Where applicable, the SGH Senior Resource Center will perform these activities as COVID-19 public health and safety guidelines allow.

- 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 a virtual aging conference for seniors
- Provide telephone reassurance calls to seniors and adults with disabilities in SDC's east region
- Provide approximately 2,000 Vials of Life to senior community members
- Produce and distribute quarterly calendars highlighting events of interest to seniors and family caregivers
- Maintain and grow active relationships with organizations that serve seniors in SDC's east region
- Provide resources and assistance to seniors in partnership with the SGH geriatric ED program post-discharge
- 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 composed 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; 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 2019 were (in rank order): breast (14.4% of all cancer cases), lung (13.6%), cancers of the hematopoietic and reticuloendo system⁸⁹ (8.4%), prostate (6.0%) and bladder (5.7%). In total, there were 1,343 new cases of cancer at SGH in 2019.
- In 2018, cancer was the second leading cause of death in SDC’s east region.
- There were 861 deaths due to cancer (all types) in SDC’s east region in 2018. The region’s age-adjusted rate of death due to cancer was 144.6 deaths per 100,000 population, which is higher than the overall SDC age-adjusted rate of 132.2 per 100,000 population.⁸³
- In 2018, 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, leukemia, lung, Melanoma of the skin and pancreatic.
- In 2018, 21.3% of all cancer deaths in SDC’s east region were due to lung cancer, 8.9% to pancreatic cancer, 8.6% to colorectal cancer, 7.7% to female breast cancer, 5.3% to female reproductive cancer, and 5% to prostate cancer.
- The American Cancer Society (ACS) estimates that, in 2020, there will be 172,040 new cancer cases diagnosed and 60,660 cancer deaths in the state of California (ACS, 2020).
- According to findings from the ACS *Cancer Facts & Figures 2020* report, the 40% decrease in the female breast cancer death rate between 1989 and 2017 is attributed to improvements in early detection, namely screening and increased awareness of symptoms, as well as improved treatment. Older age and being female are the strongest risk factors for breast cancer. Potentially modifiable factors associated with increased risk include weight gain after the age of 18 and/or being overweight or obese; menopausal hormone therapy; alcohol consumption; and physical inactivity (ACS, 2020).
- The same report indicates that people with lower socioeconomic status have higher cancer death rates than those with higher socioeconomic status, regardless of demographic factors such as race/ethnicity. Racial and ethnic disparities in the cancer burden largely reflect disproportionate poverty. Social inequalities, including communication barriers and provider/patient assumptions, can affect interactions between patients and physicians and contribute to miscommunication and/or delivery of substandard care (ACS, 2020).
- A recent study by the ACS found that at least 42% of newly diagnosed cancer cases in the U.S. — about 750,000 cases in 2020 — are potentially avoidable. This includes the 19% of all cancers caused by tobacco use as well as the 18% caused by a combination of excess body weight, alcohol consumption, poor nutrition and physical inactivity (ACS, 2020).

⁸⁹ Cancers of the hematopoietic and reticuloendo system include various malignancies that impact the blood and immune system, such as Hodgkin’s and non-Hodgkin’s lymphoma, leukemia and myelom

- 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. Clinical trials explore new ways to prevent, detect or treat disease, using new drugs or combinations of drugs, new surgical procedures or devices, or new ways to use existing treatments. Clinical trials offer hope for many people, and an opportunity to help researchers find better treatments for others in the future (NIH, 2019).

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 2020 Report of Activities

The Cancer Centers of Sharp HealthCare (Cancer Centers of Sharp) include the David and Donna Long Cancer Center at SGH (David and Donna Long Cancer Center), Laurel Amtower Cancer Institute and Neuro-Oncology Center at Sharp Memorial Hospital (SMH) and Douglas & Nancy Barnhart Cancer Center at Sharp Chula Vista Medical Center (SCVMC). The Cancer Centers of Sharp are accredited by the American College of Surgeons Commission on Cancer as an Integrated Network Cancer Program, demonstrating Sharp's commitment to meet rigorous standards and improve the quality of care for patients with cancer.

Due to the COVID-19 pandemic, several health fairs and events were postponed or canceled beginning in March. Prior to the pandemic, at ArcLight Cinemas La Jolla in October, a breast health navigator from the David and Donna Long Cancer Center participated on a panel to answer breast cancer prevention and treatment questions following a screening of *Ordinary Love*, a film about a woman diagnosed with breast cancer. Sixty community members attended the event. Also in October, team members walked alongside patients with cancer and their families in the ACS Making Strides Against Breast Cancer Walk. In March, the 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 (NCI) to approximately 75 individuals at the Spring into Healthy Living event at the McGrath Family YMCA. In recognition of National Cancer Survivors Day® in June, the David and Donna Long Cancer Center collaborated with the Cancers Centers of Sharp to provide a virtual community event. The celebration engaged approximately 100 community members in online presentations on cancer-related topics including stress and nutrition,

as well as featured relaxation-focused breakout rooms and a question-and-answer session with Sharp's cancer team members.

In FY 2020, the David and Donna Long Cancer Center provided a variety of free classes and support groups for more than 100 community members impacted by cancer. Prior to the COVID-19 pandemic, all support groups, classes and workshops were offered in-person. With stay-at-home orders issued in mid-March, the Sharp outpatient oncology social workers worked diligently to connect vulnerable and isolated patients and their loved ones to resources and support within the community until the hospital could resume its classes and support groups. Despite the circumstances and in an effort to streamline services, the Cancer Centers of Sharp collaborated to provide virtual oncology support groups and classes beginning in late March, becoming the first cancer centers in SDC — and among the first in the nation — to do so.

This included the twice monthly breast cancer support group, which allowed women in all stages of breast cancer — from recent diagnosis to survivorship — to share experiences and coping strategies. A general cancer support group was offered twice monthly to address 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 the opportunity to discuss experiences and coping tactics during any phase of treatment. The weekly Art and Chat support group offered patients with cancer, 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 the Man Cave support group for men with cancer, which provided a welcoming environment to explore important issues that can arise when coping with cancer, including work, relationships, family and overall control. Although this group traditionally meets monthly, in response to community need following the COVID-19 pandemic, the group began meeting twice a month. In addition, the new virtual format enabled participation by individuals throughout SDC and the world. 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.

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, relaxation and body awareness, sleep and fatigue management, practicing mindfulness, gratitude, balancing challenges, coping with cancer and COVID-19, cancer prevention lifestyle habits and how to live with and survive cancer. From October to March, 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 prior to March and was then held virtually the remainder of the year. The series reached approximately 75

individuals through the in-person sessions and 160 individuals through virtual platforms.

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 community members with guidance on identifying their personal health care choices, communicating their wishes to loved ones and developing their advance directive. In addition, the David and Donna Long Cancer Center also offered three rotating monthly workshops titled Relaxation and Quieting the Mind — a workshop to help patients with cancer and their loved ones manage the stress, anxiety and difficult emotions that may accompany a cancer diagnosis; Chemo Brain Workshop: Improving Memory and Concentration — a workshop for patients experiencing memory problems related to chemotherapy and other cancer treatments; and Scanxiety: Managing the Fear of Cancer Recurrence — a workshop to assist patients in understanding and managing anxiety related to tests and scans. The workshops assisted approximately 120 community members in FY 2020. These workshops moved to virtual platforms in April, which resulted in increased attendance. An additional workshop was offered virtually in June, titled Survivorship: Life after Cancer. This workshop offered 20 individuals with tips for regaining control and living life after cancer treatment ends.

Throughout FY 2020, SGH helped raise community awareness of cancer through television interviews on FOX 5 San Diego, KUSI News and ABC 10News San Diego. Hospital physicians from a variety of specialties, including oncology, gastroenterology and hematology/oncology, shared cancer information through these outlets. Topics included breast cancer risk factors in men and women and when to contact a physician; a new minimally invasive procedure to remove cancerous tumors from the gastrointestinal tract; the Great American Smokeout, including the dangers of smoking cigarettes and electronic cigarettes, the rise in use among young people, and the connection between smoking and lung cancer; and World Cancer Day, including information on cancer and clinical trials.

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, a clinical trials nurse, and cancer patient navigators, including a certified breast health navigator. The LCSW, a certified oncology social worker, 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 2020, 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, JFS' Breast Cancer Case Management program and food pantry, as well as other food and financial assistance programs. The LCSW served more than 450 patients and family members in FY 2020, as well as provided an additional 130 community member consultations regarding support groups and other David and Donna

Long Cancer Center services and community resources. Due to the COVID-19 pandemic, many patients with cancer and their family members experienced increased isolation compounded by a shortage of available community support services. Consequently, the LCSW noted higher than normal amounts of distress in patients and an increase in requests for assistance, both emotional and practical.

The breast health navigator is a registered nurse (RN) certified in breast health who personally assists patients with breast cancer 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 Medi-Cal or the Breast and Cervical Cancer Treatment Program (BCCTP) for assessment of eligibility. 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 2020, the breast health navigator provided navigation assistance to more than 180 patients with breast cancer, including many with late-stage 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. In FY 2020, the cancer patient navigator has assisted approximately 200 patients and their families.

Three genetics 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 approximately 150 patients in FY 2020.

For more than 20 years, the Clinical Oncology Research (COR) Department of Sharp has conducted clinical trials to facilitate the discovery of new and improved treatments

for patients with cancer and to enhance scientific knowledge for the larger health and research communities. Sharp's COR program includes a balanced portfolio of industry-sponsored, investigator-initiated and NCI-funded studies. Industry-sponsored and investigator-initiated studies explore the efficacy and safety of novel cancer therapeutic agents or technologies to benefit the most common cancer types. NCI-funded studies focus on optimizing the standard of care. Due to implementation challenges, these studies are not widely available, and organizations undergo a rigorous process to participate as a member of the NCI's National Clinical Trials Network. The network offers a small amount of federal funds to support this work, and consequently, Sharp and other participating organizations conduct these studies at a financial loss. Sharp's COR has been consistently offering NCI-funded studies to the local community since 2007. Sharp's COR collaborates with 22 physician-investigators throughout SDC's south, east and central regions. This brings innovative treatments close to patient homes and minimizes the travel time for their care. In FY 2020, the COR considered 944 patients for participation in oncology clinical trials. As a result, 63 patients were enrolled to participate in cancer research studies. Clinical trials focused on multiple types of cancer, including but not limited to brain, breast, colon, head and neck, lung, lymphoma, pancreatic, prostate and spinal cord.

FY 2021 Plan

The David and Donna Long Cancer Center will do the following:⁸⁶

- Provide cancer education, resources and breast self-exam demonstrations at community health fairs and events, as well as through social media
- Provide free cancer support groups to community members
- Collaborate with the Cancer Centers of Sharp to provide virtual workshops on various cancer wellness topics, including Spanish-language options
- Provide monthly workshops on managing scanxiety, relaxation and chemotherapy brain
- Provide a multi-session couples communication workshop for patients newly diagnosed with cancer
- Host a free monthly Lunch and Learn educational series for patients with cancer, survivors and their loved ones
- Provide ongoing personalized education, information, support and guidance to patients with cancer and their loved ones
- Connect individuals to community resources to help them manage their illness
- In collaboration with the Sharp ACP program, 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 patients with cancer in clinical trials
- Provide education on cancer and available treatments through community resident and physician lectures
- Provide a free seminar to educate community members about lifestyle choices for reducing breast cancer risk

- Partner with community clinics to share best practices in the care of patients with cancer and to help patients establish medical services
- Offer additional webinars for patients with cancer and community members

Identified Community Need: Maternal and Prenatal Care, and Women's 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 1-year-old) at SGH in 2017, they accounted for 19.6% of low birth weight (LBW)⁹⁰ 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 2018, SDC's east region had 447 LBW births, which accounted for 7.1% of total births for the region and represented a 12.9% increase over 2017. In the same year, there were 58 very low birth weight (VLBW)⁹¹ births in the east region, or 0.9% of total births. In SDC overall in 2018, LBW births accounted for 7.0% of births while VLBW births accounted for 1.1% of all births.

⁹⁰LBW refers to birth weight less than 2,500 grams (approximately 5 pounds (lbs.), 8 ounces).

⁹¹ VLBW refers to birth weight less than 1,500 grams (approximately 3 lbs., 5 ounces).

- There were 586 preterm births in SDC's east region in 2018, representing 9.3% of all births in the region.
- In 2018, 5,146 live births received early prenatal care in SDC's east region, which translates to 81.4% of all live births in the region. This was lower than the percentage of live births receiving early prenatal care in SDC overall (85.9%), and, along with the central region, the 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 (LWSD, 2020).
- In 2018, SDC ranked 19th out of 49 California counties for in-hospital exclusive breastfeeding at 79.4% (California WIC Association and University of California (UC) Davis Human Lactation Center, *A Policy Update on California Breastfeeding and Hospital Performance, San Diego County: 2018 Data*, 2020).
- According to LWSD's *San Diego County Report Card on Children and Families, 2019*, breastfeeding enhances immunity to disease, decreases the rate and severity of infections in children, is associated with healthy development and decreased risk of childhood obesity, and reduces lifelong risks for chronic health problems. Mothers who breastfeed may have a reduced risk of some cancers, quicker postpartum recovery time, and less work missed due to child illness (LWSD, 2020).
- According to 2019 CHIS data, 39.4% of women ages 18 to 64 years in SDC's east region were obese (Body Mass Index (BMI) > 30), higher than SDC overall (25.3%).
- According to the CDC, being overweight increases the risk of pregnancy complications, including preeclampsia, gestational diabetes, stillbirth and cesarean delivery. In addition, obesity during pregnancy is associated with increased use of health care services, and longer hospital stays for delivery (CDC, 2020).
- 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).
- According to the California Task Force on Status of Maternal Mental Health Care, maternal mental health disorders such as depression and anxiety are the most common complication associated with pregnancy and childbirth. These disorders affect up to 1 in 5 mothers, or approximately 100,000 women in California each year, yet research suggests that most women remain undiagnosed and untreated (California Task Force on Status of Maternal Mental Health Care, 2019).
- According to the National Center on Substance Abuse and Child Welfare, improving outcomes for infants with prenatal substance exposure requires consideration of the family system in which they develop, grow and thrive. Comprehensive cross-system efforts can help to prevent prenatal substance exposure, address the needs of pregnant and parenting women with substance use disorders, and respond to the needs of children who are affected (Substance Abuse and Mental Health Services Administration, 2020).

Objectives

- Conduct outreach and education activities for women on a variety of 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
- 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 2020 Report of Activities

In FY 2020, 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 the hospital'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.

The SGH Women's Health Center's 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 370 attendees in FY 2020, including fathers. The breastfeeding support group was offered in-person from October to March, then, in response to COVID-19 public health guidelines, the hospital provided breastfeeding support via telephone calls for the remainder of the year. The weekly postpartum support group, led by social workers, supported more than 30 mothers per session in FY 2020. Through the support group, mothers with babies up to 12 months of age who experience symptoms of the "baby blues," depression or anxiety can share their experiences, learn coping strategies and receive professional referrals. Due to the COVID-19 pandemic, the postpartum support group was paused beginning in March.

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 2020 included classes on caesarean delivery preparation, labor comfort measures

and relaxation skills, childbirth preparation, infant and child CPR (cardiopulmonary resuscitation), and preparation for new siblings and grandparents. Due to COVID-19, these classes and various community events were paused beginning in March.

The SGH Women's Health Center has sustained several 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. For instance, delaying infant baths past eight hours of age and encouraging ongoing skin to skin contact are two process improvements that have helped increase exclusive breastfeeding rates. 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 neonatal intensive care unit (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 assist mothers of premature infants (28 to 34 weeks gestation) with tracking their breastmilk production, in order to establish adequate breastmilk supply at two weeks postpartum. 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 60% in 2020.

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. Out of six clinics participating in the BFCHC collaboration, the SGH Prenatal Clinic was selected 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 vulnerable pregnant women in the east region. Throughout FY 2020, 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 more than 1,100 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 psychosocial support as well as language translation services. Women with a current diabetes diagnosis were referred to the SGH Diabetes Education Program,

while those with nutrition concerns were either referred to an SGH registered dietitian or the SGH Diabetes Education Program. Women with elevated BMIs received education and glucometers to measure their blood sugar levels and prevent the development of gestational diabetes. Despite the COVID-19 pandemic, the SGH Prenatal Clinic continued to provide in-person services throughout the year while maintaining social distancing guidelines.

The SGH Women's Health Center continued its partnership with Vista Hill ParentCare to assist women with substance use, psychosocial issues during pregnancy. The SGH Prenatal Clinic screened women for concerns including mood disorders, domestic violence, homelessness, trauma, legal problems, substance use, sexual abuse and the acculturation process for refugees and immigrants. If concerns were identified, a treatment plan was developed including follow-up from an SGH Prenatal Clinic social worker for 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 2020, 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 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 2021 Plan

SGH will do the following:⁸⁶

- Provide free breastfeeding, postpartum and new parent support groups, including virtual sessions
- Provide parenting education classes, including virtual 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
- In collaboration with community organizations, provide a drive-thru NICU graduate reunion for former NICU patients and their family members

- Explore opportunities to provide diapers to low-income parents in SDC

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 were identified in the SGH 2019 CHNA as priority health needs.
- 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 composed 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 when it comes to 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 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.⁸⁵
- In 2018, heart disease was the 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 35.8%, higher than the self-reported obesity rate for SDC overall (28.1%).

- In 2019, 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, 2020).
- 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. The age-adjusted prevalence of obesity among U.S. adults was 42.4% in 2017-2018 (CDC, 2020).
- According to an article *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 (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 community health and wellness education through various media outlets

FY 2020 Report of Activities

Throughout FY 2020, 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.

SGH provided education and resources at multiple community events in FY 2020. In October, team members provided a health and nutrition awareness booth for approximately 200 attendees at GHD's Kid's Care Fest, an event that offered free health screenings as well as medical and wellness resources for children and families at the Lemon Grove Community Center. In February, an SGH physical therapist educated 50 recently diagnosed Parkinson's disease patients and their care partners on physical therapy at the Tri-City Wellness and Fitness Center. In addition, SGH hosted seven orthopedic community seminars in FY 2020, which educated nearly 300 community members about the prevention and treatment of hip, knee and other muscle and joint pain conditions, as well as healthy bones and fall prevention. The events were held at SGH and La Vida Real, a retirement community in Rancho San Diego. Beginning in March, events transitioned to virtual platforms in response to the COVID-19 pandemic. SGH also hosted three in-person and virtual Planning for Pregnancy events, where more than 100 attendees received education on preparing the body for pregnancy, having a baby later in life, reproductive planning, fertility schedules and challenges, and more. Further, SGH served as a blood donation site in support of Sharp's FY 2020 systemwide blood drive effort to collect life-saving blood for those with medical needs.

SGH conducted four blood drives, where approximately 125 team members donated 117 units of blood.

In response to the COVID-19 pandemic and community need, the SGH Family Resource Center (FRC) was quickly created to facilitate and improve connection and support between family members and their hospitalized loved ones during times of restricted hospital visitation. Located in an exterior room of the hospital, the SGH FRC offers information about visitor restrictions; delivers belongings to patients on behalf of their families (e.g., discharge clothing, hearing aids, cell phones, eyeglasses, etc.); and arranges video calls for patients and visitors to check in with one another. In FY 2020, the SGH FRC assisted nearly 5,200 guests and family members and facilitated more than 1,200 video check-ins. In addition, the SGH FRC became a safe place for patients to have sensitive conversations with the hospital's spiritual care team. Eventually, the SGH FRC's services were expanded to include the new Discharge Center, a comforting and relaxing space for discharged patients to wait for their transportation home. Further, the SGH FRC has responded to more than 4,600 telephone calls and nearly 900 walk-ins seeking information and support. Lastly, the SGH FRC responded to the needs of its staff during the early stages of COVID-19 through the establishment of an employee pantry. Providing staff with meals and other hard-to-find items, the employee pantry was used nearly 1,800 times in FY 2020.

SGH helped increase awareness about current news and trends impacting the health and safety of community members through television, printed news, digital news and radio outlets. Television interviews were given to KUSI News, FOX 5 San Diego, ABC 10News San Diego, NBC 7 San Diego, CBS News 8 – San Diego and KPBS. Printed and online articles appeared in the *San Diego Business Journal*, *The San Diego Union-Tribune*, *Times of San Diego* and *The East County Californian*. Information was shared through these outlets by the SGH Chief Executive Officer, a physical therapist, a facilities manager, an environmental services director, nurses, and hospital-affiliated physicians from a variety of specialties, including internal medicine, sleep medicine, emergency medicine, interventional cardiology, cardiothoracic surgery, oncology, psychiatry and infectious diseases. Topics included, but were not limited to: breast cancer risk factors and awareness; mumps outbreaks, including signs, symptoms and transmission; the connection between marijuana and mental illness; a new procedure to remove cancerous tumors from the gastrointestinal tract; the Great American Smokeout, including the health risks of smoking regular and electronic cigarettes; ultraviolet light disinfecting robots; reducing the risk of heart disease during the holidays; reducing the risk of heart attack and stroke by eating chili peppers; and helping older dog owners avoid injury. In addition, several interviews were provided addressing the COVID-19 pandemic, including effects on the heart after recovering from COVID-19; clinical trials and cancer; sleep habits and schedules, and vivid dreams during the COVID-19 pandemic; how and why to prepare for a potential surge in COVID-19 patients; stopping the spread of COVID-19 through isolation rooms; the increase in hospitalizations related to COVID-19 in SDC; preparing health facilities for the pandemic (e.g., equipment, logistics, etc.); and the battle on the front lines of the COVID-19

pandemic. Numerous health-related articles were also shared through Sharp Health News (Sharp's online news center) and SGH's monthly e-newsletters.

Throughout FY 2020, staff at SGH regularly led or attended various health boards, committees, and advisory or work groups. Community and professional groups included American Association of Critical Care Nurses – San Diego Chapter, AHA, Angels Foster Family Network, Association of Fundraising Professionals – San Diego Chapter, CAHHS, CAHHS Committee on Volunteer Services and Directors' Coordinating Council, 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, 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, GHD's Community Grants and Sponsorships Committee and Independent Citizens' Bond Oversight Committee, Health Sciences High and Middle College (HSHMC) Board, HASD&IC, John A. Davis Family YMCA, La Mesa Parks and Recreation, Lantern Crest Senior Living Advisory Board, National Association of Orthopedic Nurses, Point Loma Nazarene University (PLNU), San Diego East County Chamber of Commerce, San Diego East County Chamber of Commerce Government Affairs Committee as well as the Leadership East County Program, San Diego Freedom Ranch, San Diego-Imperial County Council of Hospital Volunteers, Santee Chamber of Commerce Government Affairs Committee and Santee-Lakeside Rotary Club. Beginning in March, several organizations held meetings virtually due to the COVID-19 pandemic.

FY 2021 Plan

SGH will do the following:⁸⁶

- Provide health and wellness education and services to community members at a variety of community events and sites
- 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 2018, accidents (unintentional injuries) were the fourth leading cause of death for SDC's east region. Unintentional injuries (e.g., 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 2018, there were 223 deaths due to unintentional injury in SDC's east region. The region's age-adjusted death rate due to unintentional injury was 41.8 deaths per 100,000 population, the highest of all regions in SDC.⁸³
- In 2018, there were 7,168 hospitalizations related to unintentional injury in SDC's east region. The age-adjusted rate of hospitalizations was 1,283.0 per 100,000 population, which was the highest of all SDC regions and significantly higher than the county age-adjusted rate of 989.1 per 100,000 population.
- In 2018, there were 31,092 ED visits related to unintentional injury in SDC's east region. The age-adjusted rate for the east region was 6,338.5 per 100,000 population, which was the second highest of all regions and above the SDC age-adjusted rate of 5,624.6 ED visits per 100,000 population.
- According to a report from the County of San Diego Department of the Medical Examiner, in 2019, half 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 injury data indicates that, in 2018, unintentional injuries caused more than 14,100 deaths, 2.5 million ED visits, and more than 273,000 hospitalizations in California (CDC WONDER Online Database, 2018; SpeedTrack, Inc., 2018).
- In 2017, the CDC recorded approximately 29.4 million ED visits in the U.S. for unintentional injuries (CDC, 2017).
- In 2018, unintentional injury was the third leading cause of death across all age groups in the U.S., accounting for more than 167,000 deaths. Unintentional injury was the leading cause of death in the U.S. for people ages 1 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 WONDER Online Database, 2020).
- According to data from National Center for Health Statistics, in 2018, nearly 138,000 deaths in the U.S. were attributed to three causes: poisoning (45.3%), motor vehicle traffic accidents (27.6%), and falls (27.2%).
- According to a 2020 report from the Children's Initiative, *Report Card on Children, Families, and Community, 2019*, more children die or become seriously hurt from injuries than from all childhood diseases combined, and childhood injuries can result

in long-term disabilities. They can be prevented by changing the environment, behaviors, products, social norms, and policies. The groups identified as being at greatest risk of childhood injury include children of all ages (especially older children) as well as Native American and rural children (LWSD, 2020).

- 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

- Provide ThinkFirst — an injury 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 2020 Report of Activities

ThinkFirst San Diego (ThinkFirst) — a program led by Sharp Rehab — 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. ThinkFirst includes specialized health care professionals as well as individuals who have experienced traumatic injuries known as Voices for Injury Prevention (VIPs). At Sharp, VIPs help educate local youth about injury prevention using their personal stories and explaining how making safer choices could have prevented the lifelong effects of a traumatic injury.

In FY 2020, Sharp's ThinkFirst program intended to offer numerous educational opportunities for students and residents. However, due to COVID-19, many activities were either unable to continue as planned or severely limited. In total, ThinkFirst's injury

prevention education reached more than 750 community members in SDC's east region in FY 2020.

More than 350 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 and the GHD, in FY 2020, Sharp's ThinkFirst 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 including the modes of injury (i.e., automobile collisions, violence and sports/recreation); disability awareness; the anatomy and physiology of the brain and spinal cord; and career opportunities in physical rehabilitation. These programs were enhanced by powerful testimonies from Sharp's VIPs.

In December, ThinkFirst presented to 200 students at Avocado Elementary School. Presentations were provided during two school assemblies and focused on TBI, SCI, disability awareness and the permanence of certain injuries. In addition, education on booster seat safety was provided to a group of fourth grade students. 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 provided injury prevention education to approximately 200 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.

FY 2021 Plan

ThinkFirst will do the following:⁹²

- 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
- Partner with schools to assess the provision of virtual injury prevention education
- With grant funding, increase community awareness of ThinkFirst through attendance and participation in community health fairs and events
- As part of the HASPI partnership, evolve program curricula to meet the needs of health career pathway classes
- Expand HASPI education within rural east region communities through presentations for students at Mountain Empire High School

⁹² Where applicable, ThinkFirst will perform these activities as COVID-19 public health and safety guidelines allow.

- Grow partnership with HASPI through participation in conferences, round table events and collaboration on letters of support for various funding opportunities
- Provide booster seat education to elementary school children and their parents with funding support from grants
- As requested, provide education to health care professionals and college students interested in health care careers
- With grant funding, 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 and Career Pathways in Health Care

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 1 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, if 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).
- A report from California's Department of Consumer Affairs (DCA) identified the following barriers to facilitating training programs in allied health professions: prohibitions on payment by program accrediting entities; lack of demographic and workforce data needed to recognize needs and opportunities; misalignment between allied health training programs and registered apprenticeship opportunities; lack of coordination between state authorities and health workforce training programs; funding; and difficulty finding clinical practicum sites and sponsors (DCA, 2019).
- Total employment in California is projected to grow 8.4% between 2018 and 2028, reflecting an increase of 1.6 million jobs statewide over the decade. The health care and social assistance sector is expected to be one of the fastest-growing industries in California, with 20.0% growth anticipated (California Employment Development Department (EDD), 2020).

- According to the U.S. Bureau of Labor Statistics' (BLS) *Employment Projections – 2019-2029 report*, health care support occupations and those associated with health care (including mental health) account for 13 of the 30 fastest-growing occupations from 2019 to 2029. Demand for health care services by aging baby boomers, along with people who have chronic conditions, will drive the projected employment growth (BLS, 2020).
- In a report titled *The Complexities of Physician Supply and Demand: Projections From 2018 to 2033*, the American Association of Medical Colleges (AAMC) projects that U.S. physician demand will grow faster than supply, leading to a projected total physician shortage of between 54,100 and 139,000 physicians by 2033. The shortage of PCPs is expected to range from 21,400 to 55,200, while the shortage of specialty care physicians is expected to range from 33,700 to 86,700 (AAMC, 2020).
- According to the Healthforce Center at the University of California, San Francisco (UCSF), although data suggest that the number of new RN graduates entering the profession is larger than the number retiring, employers indicate reluctance to hire new graduates to fill vacant positions. In 2018, more than 25% of California's RNs had less than five years of experience in nursing, and employers may face difficulty supporting these nurses as they transition from novices to experts (UCSF, 2020).
- Forecasting performed by the Healthforce Center at UCSF indicates that 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 practicing 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).
- 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), *Meeting the Demand for Health*, identified several strategies to recruit and maintain California's health care workforce, including but not limited to offering health career pipeline programs for students from low-income backgrounds; providing academic, advising and health career development support to underrepresented college students; expanding educational programs that train students to provide health care in underserved communities and providing scholarships for low-income students (CFHWC, 2019).

- A CHCF survey of frontline health care workers during COVID-19 reflects the mental and emotional toll of providing patient care during the pandemic. Three in 10 providers indicated that they are at least “somewhat” likely to reduce their hours or change where they practice or work, while 2 in 10 say they are at least “somewhat” likely to retire early or stop providing direct patient care. And, 1 in 10, is at least “somewhat” likely to leave the health care field temporarily or altogether (CHCF, 2020).

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 or career pathway opportunities to students
- Offer professional development opportunities for community health professionals

FY 2020 Report of Activities

In FY 2020, SGH collaborated with local, state and national schools, colleges and universities to provide hospital-based opportunities for students to explore and train for a variety of careers in health care. Although still significant, in FY 2020, student participation in these programs declined as a result of temporary interruptions to on-site learning caused by COVID-19. Despite these circumstances, throughout the academic year, SGH provided more than 680 students from colleges and universities throughout SDC with various placement and professional development opportunities.

Approximately 510 nursing students spent nearly 43,900 hours at SGH, including time spent both in clinical rotations and individual preceptor training, while more than 170 ancillary (non-nursing) students spent nearly 43,200 hours on the SGH campus. In addition, two midlevel practitioners spent 300 hours on the SGH campus. Academic partners included Azusa Pacific University (APU); Brigham Young University; California State University (CSU) Fresno; CSU Long Beach; CSU Northridge; CSU Sacramento; California State University San Marcos; EMSTA College; Glendale Career College; Grand Canyon University; Grossmont College; Keck Graduate Institute; Midwestern University; Mount St. Mary's University; National University (NU); Palomar College; Pima Medical Institute; PLNU; Rutgers University; Samuel Merritt University; San Diego City College; San Diego Fire Department; San Diego Mesa College; SDSU; Southwestern College; Touro University; UC San Diego; University of San Diego; University of Southern California; University of St. Augustine; University of the Pacific; Utah State University; and Western University.

In addition, the SGH Cancer Center provided internships to two NU radiation therapy students and an SDSU physics resident. SGH's cardiac team spent more than 350 hours mentoring 30 students from APU, SDSU, UC San Diego, Grossmont College, and PLNU, including students with an interest in a career as a nurse or cardiovascular technologist. Although the SGH Cardiac Rehabilitation Department planned to continue

offering an internship program for exercise physiology and kinesiology students in FY 2020, due to the COVID-19 pandemic, the program was paused entirely. Lastly, in February, SGH's Vice President of Performance presented on performance improvement programs to more than 20 students in the SDSU Master of Science in Nursing program.

SGH traditionally collaborates with the Grossmont Union High School District (GUHSD) in the Healthcare Exploration Summer Institute (HESI), providing high school students with opportunities for instruction, job shadowing, observations and select hands-on experiences. Although in-person opportunities were paused in FY 2020 due to the COVID-19 pandemic, the program was transformed into a new, virtual learning experience — the Health Exploration Virtual Internship. The program began at the beginning of September and ran for a total of eight weeks. Each week, SGH health care professionals met with 43 students through a live, virtual platform to discuss their educational and career paths, as well as their roles and experiences at SGH. Topics included an introduction to SGH and hospital careers; ambulatory care; the elements and operations of the ED; and infectious disease and prevention, specifically during the COVID-19 pandemic. Upon completion of the program, students received high school credits for an elective course.

In collaboration with Cajon Valley Union School District, in May, SGH introduced middle schoolers to a variety of possible health care careers during World of Work week — a K-12 curriculum that exposes students to both self- and career exploration to help maximize future education and employment. During the event, SGH provided students with live presentations using an interactive, educational video platform called Nepris, to support distance-learning needs. Six presentations were provided by SGH team members, including the Program Coordinator of the SGH Senior Resource Center, a physical therapist, a sleep disorder technician from the Sleep Disorder Clinic, a facilities manager and a pulmonary manager. Presentations highlighted day-to-day hospital operations; favorite and most challenging parts of the job required education and training; career advice, including how students can immediately begin preparation for these jobs; and more. In addition, the presenters answered questions and completed personality tests with the students to help them discover career paths that align with their interests and strengths. The video presentations were archived through Nepris for students to revisit at any time. Previously, in December, SGH staff hosted two tables for the school district's World of Work event, where students had the opportunity to meet health care professionals from the east region at the Grossmont Center Barnes & Noble. Over the course of three hours, nearly 100 students participated in an interactive exercise in which they followed a hypothetical patient with a cold or flu diagnosis through various hospital stations, culminating in a visit to a mock pharmacy. SGH engaged and introduced students and their parents to the necessary skills and equipment to care for patients; participants also investigated techniques used in health care.

SGH also continued its participation in the HSHMC program in FY 2020, providing early professional development for approximately 90 students in ninth through 12th grades. In

response to the COVID-19 pandemic, student opportunities paused completely beginning in March. Prior to the pandemic, students spent approximately 15,660 hours shadowing staff in various areas throughout the hospital, including but not limited to progressive care units, ED, food and nutritional services, behavioral health, medical-surgical acute care nursing, sterile processing, engineering, occupational and physical rehabilitation, endoscopy, women's health, cardiology, pharmacy, medical intensive care unit (ICU), surgical ICU, and the hand clinic. Students also shadowed staff from SRSMG in various areas, including occupational medicine, pediatrics, podiatry, family and internal medicine, obstetrics and gynecology, rheumatology, and neurology. In addition, SGH staff provided students with instruction on educational requirements, career ladder development and job requirements.

FY 2021 Plan

SGH will do the following:

- In collaboration with GUHSD, participate in HESI
- Participate in the HSHMC program
- Provide internship and professional development opportunities to college and university students throughout SDC
- Collaborate with local universities to provide professional development lectures for students
- Provide internships to NU radiation therapy students and an SDSU physics resident
- Provide an internship module for exercise physiology and kinesiology students
- Offer HealthCare Towne, an outreach program and field trip to the SGH campus for middle and junior high school students
- Offer the I Inspire program, a weeklong program that encourages high school students from underrepresented backgrounds to consider careers in health care

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's 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.
- An analysis of ICD-10 (International Classification of Diseases – 10th Revision) codes indicates that, in FY 2020, a total of 2,956 patients (1,087 inpatients and 1,869 outpatients) at SGH experienced homelessness — a 9.8% increase compared to FY 2019, and the highest volume among all Sharp hospitals.
- In addition, a total of 141 SGH patients had an ICD-10 diagnosis for problems related to living alone in FY 2020.
- From 2017-2019, 12.4% of east region adults, teens and children reported having no usual source of health care. In addition, 14.4% of south region residents reported that they had not visited a doctor at all in the previous year (CHIS, 2017-2019).
- A survey conducted by the San Diego Association of Governments (SANDAG) to assess the impact of the COVID-19 pandemic on SDC residents found that, among approximately 3,500 respondents, 71% reported having immediate unmet needs, with the most common related to food, housing, utilities, and employment. Two-thirds (66%) of those surveyed reported their employment was negatively affected by COVID-19 and more than half (52%) reported some type of housing instability due to the pandemic (SANDAG, 2020).
- According to estimates from the San Diego Hunger Coalition, as of August 2020, 33% of San Diegans experienced food insecurity and 44% of children lived in food insecure households (San Diego Hunger Coalition, 2020).

- As of October 2020, the average unemployment rate in the east region cities of El Cajon, La Mesa, Lakeside, Lemon Grove, Santee and Spring Valley was 9.3%. This is higher than the rate for SDC overall (7.7%), and comparable to the state average (9.0%) (Labor Market Information, California EDD, 2020).
- The Regional Taskforce on the Homeless' January 2020 WeAllCount campaign estimated that there were 7,619 individuals experiencing homelessness in SDC, more than half of whom were unsheltered.
- In 2019, 13.4% of SDC's homeless population resided in the east region.
- According to findings from the CHCF's California Health Policy Survey, in 2019, over half of respondents (51%) reported that difficulties affording health care led them to take some sort of action related to delaying or skipping medical treatment or medications. Of those who postponed or skipped care due to cost, 42% said their health condition got worse (CHCF, 2020).
- In addition, 12% of CHCF survey respondents reported being uninsured in 2019, with the most common reasons cited as cost and unemployment or job loss. In addition, 37% of uninsured adults reported worrying that signing up for health insurance would draw attention to their or a family member's immigration status (CHCF, 2020).

Objectives

- Connect vulnerable, un- and under-insured patients to community resources and organizations that provide sliding scale⁹³ post-acute medical appointments and reduced cost medications
- Assist economically disadvantaged individuals with discharge transportation and medications
- Collaborate with community organizations to provide services to people experiencing chronic homelessness
- Through the CTI program, provide vulnerable, un- and under-funded patients with health coaching, support and resources to address SDOH and ensure a safe transition home and continued health and safety

FY 2020 Report of Activities

In FY 2020, SGH continued to facilitate post-acute care services for vulnerable patients, including individuals who experience homelessness or lack financial resources or insurance coverage. SGH also facilitated temporary stays in skilled nursing facilities (SNFs) and independent living facilities, as well as referred individuals to community organizations to assist with food, safe shelter and transportation. Throughout the COVID-19 pandemic, SGH referred several COVID-19-positive patients to county-operated, temporary isolation hotels. Patients experiencing homelessness were referred to the shelter at the San Diego Convention Center when appropriate.

⁹³ An income-based fee structure where individuals with fewer financial resources pay a lower fee.

SGH is committed to providing medically necessary DME to vulnerable, un- or under-insured patients upon discharge. In FY 2020, this included standard wheelchairs, front wheel walkers, canes and cardiac life vests. SGH Volunteer Services actively seeks DME donations from the community. In addition, SGH covered the costs for 11 patients to receive continued short-term rehabilitative care in a SNF to improve patient mobility and stability.

SGH Volunteer Services provides weather-appropriate clothing and shoes to patients in need, including those experiencing homelessness, transferring to SNFs, or lacking friends or family nearby upon discharge from the hospital. The majority of these supplies come from the hospital auxiliary's Thrift Korral, a resale boutique located in downtown La Mesa. In July, SGH hosted a two-day drive-thru clothing drive that collected thousands of clothing items for the hospital's patients in need. In addition, in FY 2020, more than 7,000 articles of clothing and shoes were provided to units throughout the hospital, including the ED and Behavioral Health Services Department.

To assist individuals who lack financial resources, SGH provided more than \$263,700 in free medication, transportation, lodging and financial assistance through its Project HELP funds. These funds assisted nearly 10,000 individuals in FY 2020. 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.

Beginning in 2014, SGH piloted the CTI program for its most vulnerable patient populations, including but not limited to un- and under-insured patients. As community needs and vulnerabilities change (e.g., COVID-19), CTI adjusts its medical criteria and collaborates with other hospital departments as well as the community to meet those changing needs. 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 includes a collaborative team of SGH and other Sharp professionals, including nurses, pharmacists, case managers, social workers and disease specialists, as well as team members from community benefit, Patient Access Services, 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 CTI health coaches also collaborate with disease specialists to ensure consistent communication with and instructions for patients regarding their care plans, and disease-specific (e.g.,

CHF, chronic obstructive pulmonary disease and diabetes) tools to help them maintain their health. In addition, the CTI health coaches ensure that upon discharge, vulnerable patients connect with a PCP, as well as 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 post-discharge, and have included FSD, Food Bank, 2-1-1, FHCSD, various churches, and refugee and other social support organizations. This outreach is critical to sustain the health and well-being of patients who may face significant hardships and empower 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 Patient Access Services team to evaluate patients for CalFresh benefits prior to hospital discharge, which dramatically increased the likelihood that patients completed CalFresh applications and received benefits. Since inception, more than 800 Sharp patients have been granted CalFresh benefits.

Further, with funding from the Grossmont Hospital Foundation, the CTI program provides medically tailored emergency food bags for CTI patients who lack sufficient food at home. The food bags include nutritious items selected with guidance from an SGH dietitian to address the unique nutritional needs of CTI patients, ensuring 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. CTI health coaches provide food bags during their home visits and combine this delivery with a review of the patient's hospitalization and plan for self-management. Since inception, the CTI program has provided hundreds of food bags to CTI patients in SDC's east region.

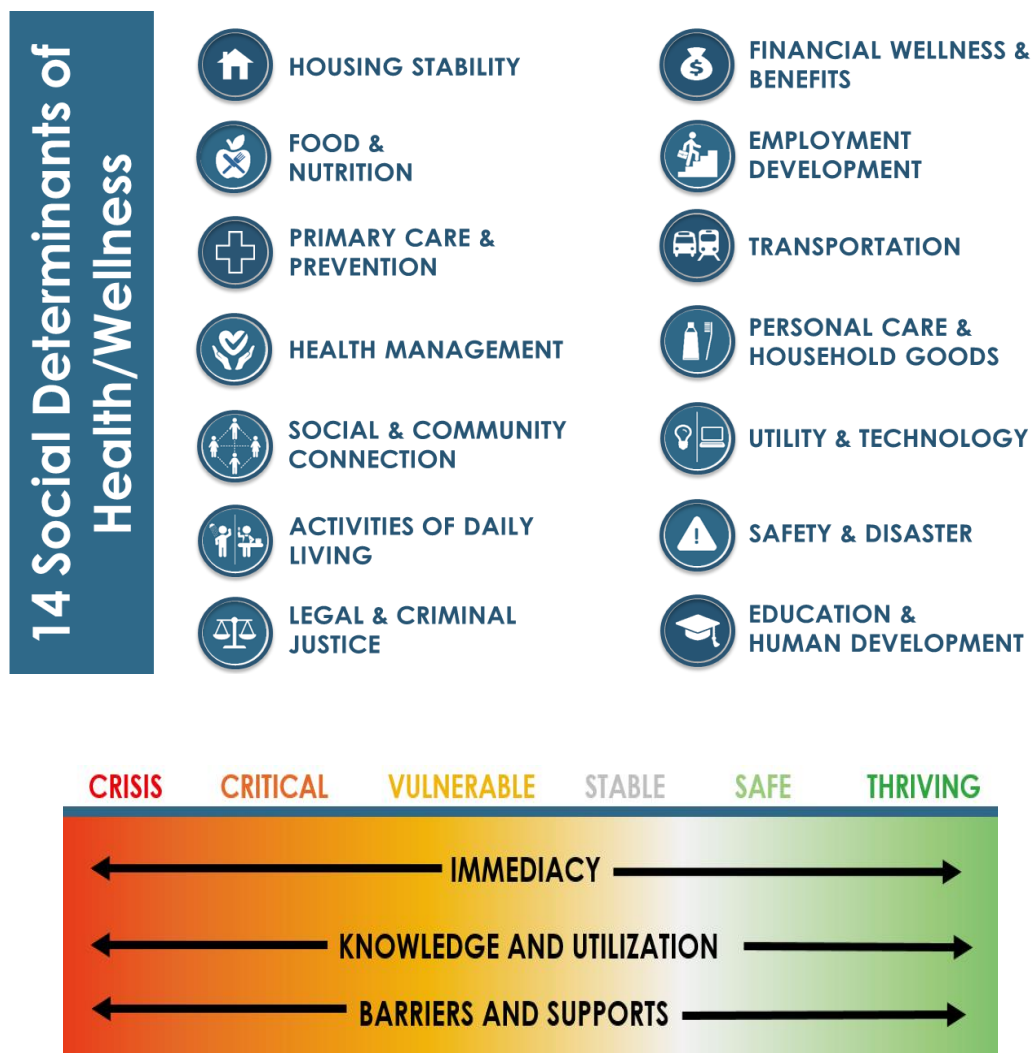
A significant number of CTI patients live with diabetes and are challenged with adherence to their care plan due to the cost of diabetes medication and equipment. To address this barrier, the Transition of Care Pharmacist orders, fills and ensures diabetes medication prescriptions are provided to CTI patients upon discharge. In addition, CTI health coaches provide food-insecure CTI patients with diabetic-friendly, heart-healthy groceries, as well as educational materials and logs to document their blood sugar levels. Further, the health coaches reinforce the education given by SGH Diabetes Educators, who provide these patients with "diabetes kits" — including a limited supply of testing strips, lancets, glucose monitors and other needed supplies. These kits help CTI patients manage their health and remain safe until their insurance is activated. In addition, the CTI health coaches provide patients with other supplies, including pill boxes, pill splitters and can openers — the latter being a key resource for patients experiencing homelessness.

Year after year, the CTI program has demonstrated powerful metrics of improved patient health and well-being, as well as reduced negative health care utilization. To date, the CTI team has successfully enrolled nearly 3,000 individuals in the program. Among its most impressive metrics, the CTI program has dramatically reduced readmission rates for participants. Since the inception of the program, the overall readmission rate for CTI patients is 9.6%. In FY 2020, the average readmission rate for CTI patients was 7%. These figures are a dramatic decrease from the average readmission rate of 27% for those patients who qualify for CTI but who do not enroll in the program. It is the focus on both coordinated care management and SDOH — the conditions under which people live, learn, work and play — that contributes to the success of the CTI program.

The CTI program's innovative partnership with 2-1-1's Health Navigation program has proven to be both a measurably impactful collaboration, as well as 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 who experience challenges with accessing care and managing chronic conditions, as well as a variety of other SDOH hardships (e.g., housing, finances, etc.). The navigators assess specific needs that 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 help ensure access and utilization of the services that community members are referred to and 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, housing coordination and advocacy services. 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. 2-1-1 Health Navigators conduct assessments at both intake and completion of care coordination for those CTI patients referred to the program. The program then uses a risk rating scale to measure and address: changes in vulnerability related to SDOH (e.g., 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 services to the individual and connect patients with the appropriate community resources.

Figure 21: 2-1-1 SDOH Domains and Risk Rating Scale⁹⁴



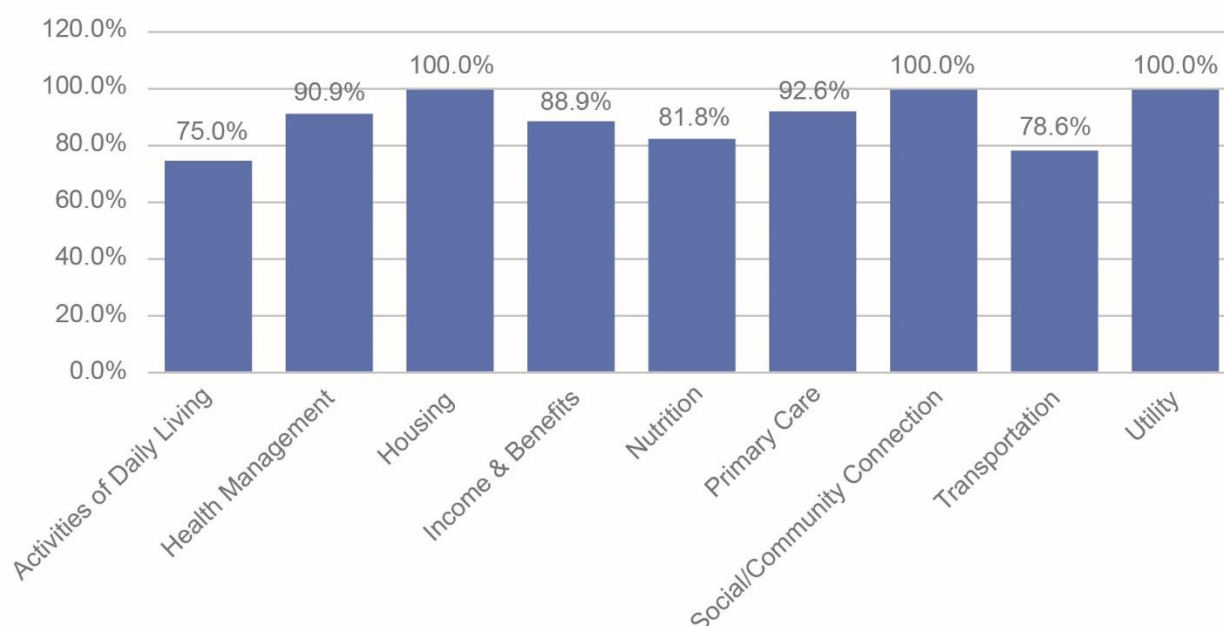
CTI patients who are referred to 2-1-1 are assessed on a variety of measures, such as housing, nutrition, primary care, health management, social support, activities of daily living, ambulance use, transportation, income and employment. The risk assessment tool has identified the top needs as housing, 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 interventions and support for vulnerable patients post-discharge. In the fourth year of its partnership, 76 CTI patients were referred to 2-1-1's Health Navigation program, and the readmission rate for this cohort of patients was below 3% — significantly lower than the already-low

⁹⁴ 2-1-1, 2017.

average CTI readmission rate for FY 2020. This outcome is particularly compelling given that CTI patients referred to 2-1-1's Health Navigation program experience greater health, social and socioeconomic needs in comparison to other CTI patients. In addition, 97% 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.

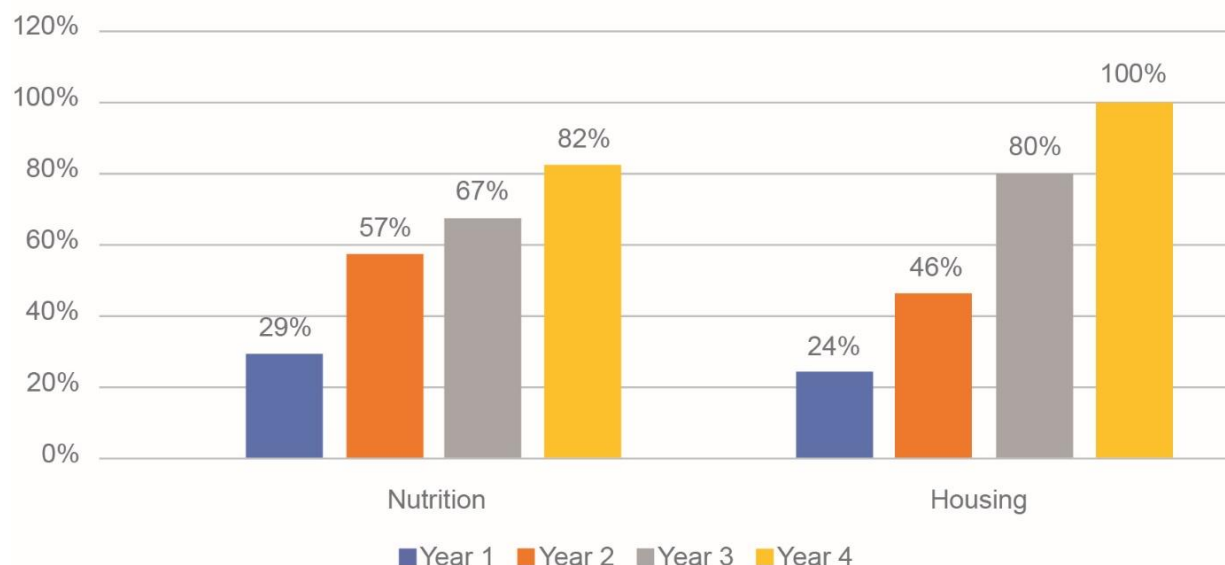
Figure 22: 2-1-1 Health Navigation Program, Percent of Clients Decreasing in Vulnerability by Domain — Year 4⁹⁵



The partnership with 2-1-1 also continued to demonstrate significant decreases in vulnerability in the domains of nutrition and housing. Please see **Figure 23**.

⁹⁵ 2-1-1, 2020.

Figure 23: 2-1-1 Health Navigation Program, Decrease in Vulnerability Between Year 1 and Year 4⁹⁵



In addition, survey outcomes from the partnership revealed that 100% of CTI patients referred to the 2-1-1 Health Navigation program found the resources provided by the partnership helpful. Further, 98% of these same CTI patients expressed confidence in their plan to manage their health following completion of the 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.

Beginning 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 its patients. Research continues to underscore that SDOH have a significant impact on a person’s ability to access care and maintain 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 to meet those needs.

More than 100 CIE community partners — including health care organizations, the County of San Diego HHSA, housing networks, food banks and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared records enable CIE partners to evaluate an individual’s SDOH needs and utilization history of community services, and to make direct referrals to critical, community-based resources. SGH case managers and social workers were trained on CIE in order to better serve vulnerable patients in the acute care setting, including those patients experiencing homelessness, food insecurity, and other SDOH hardships.

In its first pilot year, implementation and utilization of CIE was delayed due to logistical barriers as well as the COVID-19 pandemic. However, in the final quarter of FY 2020,

SGH team members increased their CIE use and began connecting patients to community-based organizations via the platform. SGH team members connected patients to community resources for food, housing, transportation and legal services, among others. To date, the top three socioeconomic needs identified for Sharp patients enrolled in CIE include food, housing and utilities assistance — a reflection of the challenges faced by community members across SDC and that have been exacerbated by COVID-19. Metrics of this partnership, including demographic and utilization data, as well as volume and impact of community referrals, continue to be collected and will help to assess the value of the partnership at the end of its second year in early summer 2021.

FY 2021 Plan

SGH will do the following:

- Provide post-acute care facilitation to vulnerable patients
- Provide and expand DME donations to improve access to necessary medical equipment for vulnerable patients who cannot afford DME
- Administer Project HELP funds to those in need
- Collaborate with community organizations to provide medical care, financial assistance, and psychiatric and social services to patients experiencing chronic homelessness
- Schedule post-acute care visits at FHCS and Neighborhood Healthcare
- Explore opportunities to improve pre-admission and post-discharge information exchange with community clinics such as La Maestra Community Health Centers, FHCS and Neighborhood Healthcare
- Work with SGH Volunteer Services to provide weather-appropriate clothing and shoes upon discharge to patients in need
- Partner with the GHD to host a community-based COVID-19 vaccination clinic at the GHD
- Provide the CTI program to vulnerable, uninsured and underinsured patients
- Maintain and strengthen partnerships with 2-1-1 and FSD to support and strengthen the CTI program
- Explore additional funding to further expand and enhance the CTI program
- Expand and strengthen partnerships with internal teams — e.g., SGH specialty navigators and educators
- Participate in 2-1-1's CIE program to connect patients experiencing homelessness and other SDOH hardships to critical community services
- Evaluate the impact of the Sharp-CIE partnership to inform next steps with CIE implementation and further collaboration with community organizations to address SDOH

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
- Comprehensive Stroke Center — nationally recognized by the AHA/ASA
- 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 health⁹⁶
- Home infusion services
- Hospice⁹⁷, including BonitaView, LakeView and ParkView hospice homes
- ICU
- 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 services⁹⁸
- 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)

⁹⁶ Provided through SMH Home Health Agency.

⁹⁷ Provided through Sharp HospiceCare.

⁹⁸ Inpatient services are provided through an affiliation with Rady Children's Hospital.

- Senior Resource Center
- Sleep Disorders Center
- SNF/Transitional Care Unit
- Spiritual care services
- Surgical ICU
- Surgical services, including robotic-assisted 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



Protecting Community Patients and Caregivers

Sharp HospiceCare

COVID-19 presented an extraordinary threat to the health of patients, residents and caregivers at community nursing and senior homes. Following the outbreak, Sharp HospiceCare acted quickly to help protect local facilities in need. Together, Sharp team members and volunteers hand-made and donated more than 200 face masks to Country Hills Health Care Center in El Cajon and St. Paul's Plaza in Chula Vista. The masks offered a critical shield for high-risk community members and their health care providers at a time when universal supplies of personal protective equipment were scarce. Sharp HospiceCare's innovative response to the crisis affirms its dedication to the county's seniors and end-of-life patients, and the heroic individuals who care for them.

Section

7 Sharp HospiceCare

The interdependence between our communities and health care has been strengthened during the last year. Using innovation and technology, we continue to communicate, collaborate, partner, and remain engaged together.

— Suzi Johnson, Vice President of Hospice, Sharp HospiceCare

Fiscal Year (FY) 2020 Community Benefit Program Highlights

Sharp HospiceCare provides programs and services to all of Sharp HealthCare's (Sharp) 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 2020 in the following Senate Bill 697 community benefit categories:

- **Other Benefits for Vulnerable Populations** included education and support for seniors on advance care planning (ACP), advanced illness management (AIM) and other end-of-life topics.
- **Other Benefits for the Broader Community** included a variety of end-of-life and AIM support for 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 the San Diego County Coalition for Improving End-of-Life Care (SDCCEOLC), Caregiver Coalition of San Diego (Caregiver Coalition), The National Alliance for Caregiving (NAC), San Diego County Hospice Veteran Partnership (San Diego County HVP), California Hospice and Palliative Care Association (CHAPCA), National Hospice and Palliative Care Organization (NHPCO) Hospice Action Network (HAN), San Diego Regional Home Care Council (SDRHCC), East County Senior Service Providers (ECSSP), 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 (SDCMS) Bioethics Commission. See **Appendix A** for a list of Sharp's involvement in community organizations in FY 2020. The category also includes 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

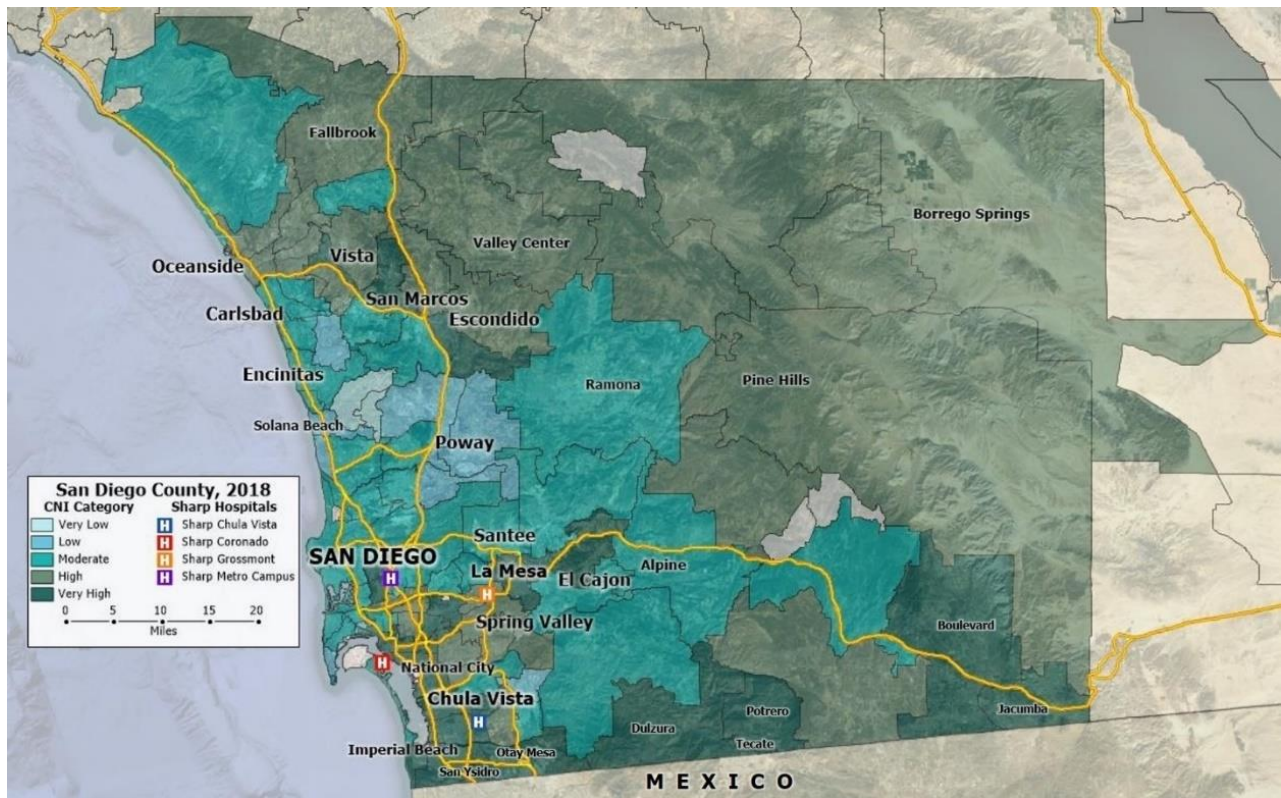
Sharp HospiceCare is located at 8881 Fletcher Parkway in La Mesa, ZIP code 91942.

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 used to identify communities within SDC with greater health disparities. The CNI measures this inequity on a scale ranging from very low health disparity to very high health disparity for every ZIP code in the United States (U.S.). This measurement is determined through an analysis of 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 24** presents a map of the CNI findings across SDC.

Figure 24: CNI Map — SDC⁹⁹



Description of Community Health

In 2020, there were 494,281 residents ages 65 and older in SDC, representing 14.8% of the population. Between 2020 and 2025, it is anticipated that SDC's senior population will grow by 17.4%.¹⁰⁰

In 2018, 12.5% of the SDC population reported living below 100% of the federal poverty level (FPL). The county's unemployment rate was 6.1% and 5.0% of households received Supplemental Security Income.¹⁰¹

According to estimates from the San Diego Hunger Coalition, as of August 2020, 33% of San Diegans experienced food insecurity¹⁰² and 44% of children lived in food insecure households.¹⁰³ In 2018, 7.2% of households in SDC received Supplemental Nutrition Assistance Program (SNAP) benefits, while 19.0% of the population lived at or

⁹⁹ Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018.

¹⁰⁰ SpeedTrack Inc.; U.S. Census Bureau.

¹⁰¹ County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, December 2020. U.S. Census Bureau, 2014-2018 American Community Survey 5-year estimates.

¹⁰² 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/>.

¹⁰³ San Diego Hunger Coalition. (2020). San Diego County Food Insecurity Estimates August 2020.

below 138% FPL and were eligible for the program.¹⁰¹ Please refer to **Table 31** for SNAP participation and eligibility in SDC.

Table 31: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2018¹⁰¹

Food Stamps/SNAP Benefits	Percent of Population
Households	7.2%
Families with Children	6.8%
Eligibility by FPL	
Population ≤130% FPL	17.7%
Population ≤138% FPL	19.0%
Population 139% – 350% FPL	31.7%

In SDC in 2018, 95.5% of children ages 18 and under, 86.0% of young adults ages 19 to 25, 86.3% of adults ages 26 to 44, 90.8% of adults ages 45 to 64, and 98.7% of seniors ages 65 and older had health insurance.¹⁰¹ Health insurance coverage for each age group was lower than the Healthy People 2030 (HP2030) national target of 92.1% health insurance coverage for all individuals under age 65, with the exception of children ages 0 to 18 years.¹⁰⁴ See **Table 32** for health insurance coverage in SDC in 2018.

Table 32: Health Insurance Coverage in SDC, 2018¹⁰¹

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	95.5%	92.1%
Young adults 19 to 25 years	86.0%	92.1%
Adults 26 to 44 years	86.3%	92.1%
Adults 45 to 64 years	90.8%	92.1%
Seniors 65+ years	98.7%	N/A ¹⁰⁵

According to the California Health Interview Survey (CHIS), in 2019, 20.0% of SDC's population was covered by Medi-Cal.¹⁰⁶ See **Table 33** for details.

¹⁰⁴ The U.S. Department of Health and Human Services' HP2030 initiative represents the nation's prevention agenda for the third decade of the 21st century. HP2030 has four overarching goals: to attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and attain health literacy to improve the health and well-being of all; to create social, physical, and economic environments that promote attaining the full potential for health and well-being for all; to promote healthy development, healthy behaviors, and well-being across all life stages; and to engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve health and well-being of all.

¹⁰⁵ HP2030 does not include targets for individuals ages 65 and older.

¹⁰⁶ 2019 CHIS.

Table 33: Medi-Cal (Medicaid) Coverage in SDC, 2019¹⁰⁶

Description	Rate
Covered by Medi-Cal	20.0%
Not covered by Medi-Cal	80.0%

CHIS data also revealed that 13.5% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 34**).¹⁰⁶

Table 34: Regular Source of Medical Care in SDC, 2019¹⁰⁶

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	86.5%	84.0%
Has no usual source of care	13.5%	16.0%

Cancer and diseases of the heart were the top two leading causes of death in SDC in 2018.¹⁰⁷ 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, 2018¹⁰⁷

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	4,988	23.1%
Diseases of the Heart	4,655	21.5%
Alzheimer's Disease	1,461	6.7%
Cerebrovascular Diseases	1,446	6.7%
Accidents/Unintentional Injuries	1,250	5.8%
Chronic Lower Respiratory Diseases	1,007	4.7%
Diabetes Mellitus	775	3.6%
Essential Hypertension and Hypertensive Renal Disease	453	2.1%
Influenza and Pneumonia	451	2.1%
Intentional Self-Harm (Suicide)	435	2.0%
All Other Causes	4,679	21.7%
Total Deaths	21,600	100.0%

¹⁰⁷ County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit (2020), *Leading Causes of Death Workbook 2011-2018*.

Community Benefit Planning Process

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

- Consults with representatives from a variety of internal departments and other community organizations to discuss, plan and implement community activities
- Participates in programs and workgroups to review and implement services that improve palliative and end-of-life care for the San Diego community
- Incorporates end-of-life community needs into its goal development

Priority Community Needs Addressed by Sharp HospiceCare

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
- 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 2020 Report of Activities conducted in support of the objective(s) and FY 2021 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 conditions that predominantly affect seniors — people who are ages 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 2018, 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, flu/pneumonia and Parkinson's disease.

- In 2018, 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), cancer and arthritis.
- A 2019 AARP survey of registered California voters ages 40 and over found that 44% of respondents had current or previous experience caring for an adult loved one. Of these current and former caregivers, 60% worked while they provided care, and two-thirds reported using their own money to provide care, most often for transportation, assistive technology or home modifications. In addition, 68% of caregivers surveyed reported feeling stressed emotionally due to their caregiving responsibilities (AARP, 2019).
- The NAC's *Caregiving in the U.S. 2020* report estimates that 16.8% (41.8 million) of Americans care for an adult age 50 and older, an increase from 14.3% in 2015. Caregiving prevalence has increased among all racial/ethnic groups, educational levels, work statuses, genders, and nearly all generations (NAC, 2020).
- According to a report from NAC and Caring Across Generations (CAG), *Burning the Candle at Both Ends: Sandwich Generation Caregiving in the U.S.*, sandwich caregivers — those who provide unpaid care to an adult while also caring for children in their home — account for 28% of all caregivers dedicating an average of 22 hours per week to caring for their loved one (NAC & CAG, 2019).
- According to AARP's report, *Home Alone Revisited*, nearly one-third of caregivers (30.9%) take their family member home from the hospital without home health support. 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).
- The Alzheimer's Association's *2020 Alzheimer's Facts & Figures* report estimates that in 2019, 13.6 million caregivers of people with Alzheimer's disease or other dementias in the U.S. provided 18.6 billion hours of unpaid assistance — a contribution valued at \$244 billion, of which California caregivers account for approximately 10%. Further, as symptoms worsen the care required by family members can result in increased caregiver stress and depression; new or exacerbated health problems; and depleted income and finances (Alzheimer's Association, 2020).
- 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).
- 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).

- According to a 2019 report from the Center to Advance Palliative Care (CAPC) titled *America's Care of Serious Illness*, unmet needs and unresolved symptoms often lead individuals living with a serious illness to become heavy users of the health care system through 911 calls, ED visits, hospitalizations, and skilled nursing facility (SNF) admissions. Palliative care offers a high-value approach to combating these costly outcomes, by using a specialized team to focus care on improving the quality of life for seriously ill patients and their families (CAPC, 2019).
- The same report indicates that, on average, palliative care consultation is associated with reductions in direct hospital costs of more than \$3,000 per admission — and up to \$4,800 per admission for the sickest patients. Incorporating standardized access to palliative care services for seriously ill patients within hospitals can potentially save hospitals and health systems hundreds of millions of dollars per year (CAPC, 2019).
- Despite California's expansion of Medicaid coverage to include community-based palliative care services, barriers to use of this Medi-Cal benefit include: 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 a variety of needs seen across geographic areas and patient populations (CHCF, 2018).
- According to the World Health Organization (WHO), there are numerous barriers to effective palliative care worldwide, including: national health systems and policies that fail to include palliative care; limited or nonexistent training for health professionals; inadequate population access to opioid pain relief; lack of awareness among policy-makers, health professionals and the public about palliative care and its benefits; cultural and social barriers; and misperceptions about what palliative care is and how to appropriately relieve pain (WHO, 2020).

Objectives

- Provide education and outreach to the San Diego community regarding AIM and end-of-life care
- Collaborate with community organizations to provide AIM and end-of-life 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 a wig donation program for community members experiencing hair loss due to treatment for cancer or other illnesses

FY 2020 Report of Activities

Sharp HospiceCare supports the San Diego community in the areas of end-of-life care and AIM through education and resources at community health fairs and events, as well as educational presentations to community groups. From October to March, Sharp

HospiceCare shared information on a variety of end-of-life and AIM topics — including but not limited to hospice, palliative care and caregiving — with more than 700 San Diegans. For the remainder of the year, Sharp HospiceCare's community outreach was paused in response to the COVID-19 pandemic, resulting in a significant reduction in community member contacts in FY 2020.

Approximately 575 community members were reached during health fairs and events throughout SDC. In October, team members provided information and resources to approximately 175 attendees of the John D. Spreckels Center & Bowling Green (Spreckels Center) Health Fair in Coronado, and approximately 125 attendees of the annual Sharp Senior Resource Centers' Senior Health & Information Fair at the Point Loma Community Presbyterian Church. In November, Sharp HospiceCare shared resources with approximately 150 Sempra Energy employees at the company's fall wellness fair. Also in November, Sharp HospiceCare provided resources to 25 residents of Talmadge Gateway — San Diego's first 100% permanent supportive housing community for seniors who have experienced homelessness and require ongoing medical support — during the facility's wellness event. In March, education and resources were offered to approximately 100 community members at the Spring Into Healthy Living event at the McGrath Family YMCA in Rancho San Diego.

Sharp HospiceCare also engaged approximately 140 community members in education on understanding hospice and palliative care. In October, this included a presentation to 20 members of an El Cajon branch of the Philanthropic Educational Organization Sisterhood, a U.S. women's organization that provides educational opportunities for female students. In November, Sharp HospiceCare joined the SGH Senior Resource Center in a presentation to 30 community members at the Grossmont Healthcare District (GHD). Sharp HospiceCare also presented on these topics to 40 residents of Friendship Manor Skilled Nursing & Rehabilitation Center in National City in October, and 50 residents at St. Paul's Plaza assisted living facility in Chula Vista in November.

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, the provision of veteran-oriented community education and events, and participation in activities that honor veterans for their service.

Sharp HospiceCare is a partner of 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. As a WHV partner, hospice organizations can achieve up to five levels of commitment. Sharp HospiceCare has achieved WHV Partner Levels I–IV. 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. At Level III, Sharp HospiceCare has developed and strengthened relationships with VA medical centers and other veteran organizations, and at Level IV, the organization has

achieved improved access to and quality of care for community veterans. Sharp HospiceCare is currently working towards WHV Partner Level V to expand partnerships with other community organizations and hospice providers, share knowledge and serve as a mentor.

In addition, Sharp HospiceCare is a member of the San Diego County HVP. Through the partnership, the VA San Diego Healthcare System (VASDHS) and San Diego's community hospice organizations collaborate to promote quality care for veterans with a life-limiting illness and serve as a voice and resource for veterans and their families.

Sharp HospiceCare participated in several veteran recognition activities in FY 2020. 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. Approximately 50 Sharp HospiceCare veteran patients were recognized through these pinning ceremonies in FY 2020, in addition to more than 85 veterans at community events. Events took place throughout National Veterans and Military Families Month in November and included the Caregiver Coalition's Navigating Caregiving for Veterans and Military Families conference; the City of San Diego's Veterans Appreciation Dance; and Veteran's Day events at Grossmont Gardens, Westmont of La Mesa and Fredricka Manor senior living communities. Pinning ceremonies were also provided during the VASDHS National Vietnam War Veterans Day event in March. Further, 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.

In FY 2020, Sharp HospiceCare supported fundraising events for Honor Flight San Diego — a nonprofit team of volunteers dedicated to escorting local veterans to Washington D.C. to visit and reflect at memorials dedicated to their service and sacrifice. In January, this included volunteering during a screening of the documentary film "Libertas," commemorating the 75th anniversary of D-Day. In February, this included volunteer service at a San Diego Enforcers football game, a team made up of San Diego's first responders.

In addition, Sharp HospiceCare continued to provide a wig donation program in FY 2020. Through the program, Sharp HospiceCare receives new, unused wigs from manufacturers, which are cleaned, styled and donated to individuals experiencing hair loss as a result of treatment for cancer or other illnesses. During private appointments, team members help community members select their wig and provide personalized fitting, styling and maintenance instructions. Sharp HospiceCare donated 10 wigs to community members between October and March, after which the program was placed on hold due to COVID-19.

FY 2021 Plan

Sharp HospiceCare will do the following:

- Collaborate with community organizations to provide end-of-life and AIM education and resources to community members, in-person or virtually pending COVID-19 guidelines
- Support the needs of military veterans and their families through the provision of virtual education and resources, and collaboration with local and national organizations advocating for quality end-of-life care for veterans
- Achieve WHV Partner Level V to expand partnerships with other community organizations and hospice providers, share knowledge and serve as a mentor
- Provide a wig donation program for community members experiencing hair loss following treatment for cancer or other illnesses

Identified Community Need: ACP Education and Outreach to 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, 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 Institute for Healthcare Improvement (IHI), respectful end-of-life care is concordant with patients' stated goals, values, and preferences. Goal-concordant care is pursued through ACP, which strives to ensure that patients and surrogate medical decision makers understand their diagnosis, prognosis, and treatment options, and health care professionals understand what matters most to their patients. ACP also involves shared decision-making to ensure that health care professionals make care recommendations that are sensitive to what matters most to patients, and that patients and surrogates always have the opportunity to make informed care decisions (IHI, 2019).
- When properly conducted, ACP has considerable benefits: better quality of life, care that is more consistent with patient preferences, and improved bereavement outcomes for the family. Research indicates that people do not experience increased depression, anxiety, or hopelessness as a result of such conversations. Even if attempts to engage patients in the ACP process do not always lead to specific decisions, they may be an important way of building trust and relationships among patients, families, and health care professionals, and may also be helpful for making future decisions (IHI, 2019).

- According to research published in the *Journal of the American Geriatrics Society*, ACP engagement among older adults is approximately 50%, with one-third having documented their wishes and only 10% to 20% having discussed their wishes with clinicians. Rates of ACP have been shown to be even lower (20%) among racial/ethnic minority populations and those with limited health literacy. Disparities persist among LGBTQ+ (lesbian, gay, bisexual, transgender and queer (or questioning) and others) communities, individuals experiencing homelessness, and incarcerated populations. ACP can be complicated by lack of trust and negatively impacted by experiential racism in health care (McMahan, Tellez & Sudore, 2020).
- 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).
- 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).
- In a study of seriously ill older adults published in the *Journal of the American Medical Association* (JAMA) researchers found that nearly half of patients received at least one medical treatment or code status order that was discordant with their surrogate decision maker's identified goals of care. This discordance resulted in patients receiving potentially unwanted aggressive medical treatments, including CPR (cardiopulmonary resuscitation), surgery and intubation. Quality of communication between surrogates and health providers resulted in higher concordance with identified care preferences (Comer, Hickman & Slaven, 2020).
- Additional research published in JAMA on end-of-life intensive care unit (ICU) utilization found that over one-third of patients with treatment-limiting POLSTs received potentially unwanted intensive care near the end of life. Research on ICU patients and survivors suggest that patients receiving aggressive life-sustaining treatments experience a high burden of unrelieved physical symptoms and emotional distress (Lee, Brumback & Sathiratanacheewin, 2020).
- According to research published in *BMC Health Services Research*, clinicians play an important role in ACP as both initiators and decision coaches, however, lack of training for clinicians has frequently been reported as the reason for low involvement in ACP discussions. With adequate training and skills transfer, doctors and nurses in non-palliative care settings can be equipped with the appropriate attitudes, knowledge and skills for conducting ACP, to address patients' and their families' or caregivers' needs and care preferences (Chan et al, 2019).
- 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*, 2017).

- Analysis of a web-based ACP platform shows a five-fold increase in the completion of online advance health care directives (advance directives) since the onset of the COVID-19 pandemic. Advance directives in the COVID-19 period were also completed in more depth compared to the pre-COVID-19 period, with users completing a greater number of optional goal-setting modules on the website. The study authors hypothesize that strict hospital visitation restrictions may have increased the perceived importance of advance directives to communicate care preferences (Auriemma, Halpern & Asch, 2020).

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 2020 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 the Advance Health Care Directive: A Guide for Outlining Your Health Care Choices. This form 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 conducted nearly 200 free consultations with 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. Consultations took place in-person and by phone, as well as virtually to support COVID-19 social distancing efforts.

From October to February, Sharp's ACP team engaged more than 130 community members in ACP education at a variety of community sites. ACP presentations were provided to senior residents at Casa de Mañana Retirement Community in November and MJ Housing & Services in February. In October, Sharp HospiceCare hosted an ACP booth at Sharp's annual Disaster Preparedness Expo at Balboa Park. Sharp HospiceCare also provided several ACP presentations as part of Sharp's wellness partnership with the City of San Diego. This included a presentation to community members at the Rancho Bernardo Library in January, as well as presentations in October to City of San Diego employees at the Concourse building downtown and the County's Department of Public Works office in Kearny Mesa. Beginning in March, Sharp HospiceCare's in-person education was paused in response to COVID-19, resulting in a significant reduction in community member contacts in FY 2020. To ensure ongoing community member access to ACP information during the pandemic, Sharp HospiceCare's ACP presentation was made available online in July for viewing anytime.

Sharp's ACP team reached an additional 24 community members through free, monthly ACP workshops held in collaboration with the Cancer Centers of Sharp (David and Donna Long Center for Cancer Treatment at SGH, Douglas & Nancy Barnhart Cancer Center at SCVMC, and Laurel Amtower Cancer Institute and Neuro-Oncology Center 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. Workshops were held at the Cancer Centers of Sharp from October to March after which they were temporarily paused in response to COVID-19. Beginning in July, the monthly ACP workshop transitioned to an online format.

Team members also hosted legacy letter writing workshops in FY 2020. Also known as an ethical will, 40 community members received assistance with writing legacy letters to their loved ones about their values, personal history and lessons learned throughout their life. This included a workshop at the GHD in October as well as a virtual workshop for senior members of San Diego Oasis in August.

In FY 2020, Sharp's ACP team collaborated with Beautiful Dying — an organization dedicated to sharing knowledge about and changing the perception of death and dying through workshops, events and personal services. In November, this included a presentation on ACP and spiritual care in hospice at the 2019 Beautiful Dying Expo at the San Diego Convention Center. In addition, Sharp HospiceCare provided education for Beautiful Dying's online webinar series. This included a presentation in April, titled Discussing Healthcare Planning During the COVID-19 Pandemic, and a presentation in June, titled Spiritual Assessment and the Five Precepts in End-of-Life Care. Approximately 125 community members were reached through these presentations.

In FY 2020, Sharp's ACP team continued to partner with San Diego Health Connect, County of San Diego Aging and Independence Services, 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 San Diego Health Connect. Funded by the CHCF and supported by the Coalition for Compassionate Care of California (CCCC) and California Emergency Medical Services Authority (EMSA), San Diego Health Connect is 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 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 improves 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 2017, Sharp became the first health care system in SDC to begin electronic uploads of patient POLST forms to the POLST eRegistry. Since then, approximately 49,000 POLST forms from Sharp hospitals, Sharp Rees-Stealy Medical Group, Sharp HospiceCare and other patient care departments have been uploaded to the POLST eRegistry.

FY 2021 Plan

Sharp HospiceCare will do the following:

- Collaborate with community organizations to provide educational classes and events to raise community awareness of ACP, in-person or virtually pending COVID-19 public health guidelines
- Both independently and in collaboration with SDCCC and SDCCEOLC, provide community events to promote the importance of ACP in honor of National

Healthcare Decisions Day, in-person or virtually pending COVID-19 public health guidelines

- Provide free ACP consultations to community members
- Serve as a community resource regarding the End of Life Option Act (EOLOA)
- Collaborate with community partners to provide community members and providers with access to advance directive and POLST forms through San Diego Health Connect
- Participate in the CHCF's POLST eRegistry initiative with CCCC and EMSA
- Update Sharp's advance directive document to improve readability, enhance documentation of health care preferences, and increase online form utilization

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 social determinants of health (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.
- Total employment in California is projected to grow 8.4% between 2018 and 2028, reflecting an increase of 1.6 million jobs statewide over the decade. The health care and social assistance sector is expected to be one of the fastest-growing industries in California, with 20.0% growth anticipated (California Employment Development Department, 2020).
- According to the U.S. Bureau of Labor Statistics' (BLS) *Employment Projections – 2019-2029 report*, health care support occupations and those associated with health care (including mental health) account for 13 of the 30 fastest-growing occupations from 2019 to 2029. Demand for health care services by aging baby boomers, along with people who have chronic conditions, will drive the projected employment growth (BLS, 2020).
- 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 ages 65 and older. 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).
- 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).
- An analysis published in the journal *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
- Provide education and training to health care organizations to guide the development and implementation of AIM and other services for the aging community
- Maintain active relationships and leadership roles with local, state and national organizations

FY 2020 Report of Activities

In FY 2020, Sharp HospiceCare provided training opportunities for six students studying nursing, medical and ancillary (non-nursing) disciplines. Academic institution partners included California State University San Marcos (CSUSM), San Diego State University (SDSU), University of California San Diego, University of San Diego (USD) and West Coast University – Los Angeles Campus. From October to March, students spent nearly 800 hours shadowing nurses and providers during their workday, including at Sharp HospiceCare's three hospice homes as well as at community hospice homes, patient homes and long-term care facilities. For the remainder of the year, student activities within patient areas were paused in response to COVID-19.

Sharp HospiceCare supports San Diego's future health care workforce through lectures to enhance students' understanding of hospice and palliative care. Throughout the year, Sharp HospiceCare provided education on ACP, POLST, EOLOA and goals of care to approximately 270 nursing students at Azusa Pacific University and CSUSM. This included classroom-based lectures as well as virtual presentations during COVID-19. In addition, as a virtual panel participant for 24 Ph.D. nursing students at USD, in July, Sharp HospiceCare provided education on the role of bioethics committees as well as common bioethical issues in health care. Further, in October, Sharp HospiceCare provided introductory hospice education to 40 exchange students at Southwestern College.

In FY 2020, Sharp HospiceCare provided education and training on a variety of end-of-life topics to more than 375 community health professionals. In October, Sharp HospiceCare hosted a resource table at Sharp's Heart and Vascular Conference. At Chula Vista City Hall in February, Sharp HospiceCare provided education on hospice and palliative care to members of the Chula Vista Citizen's Adversity Support Team — a group of trained volunteers who provide support for victims of abuse, assault, vehicular accidents and a range of other traumatic incidents on behalf of community first

responders. In addition, Sharp HospiceCare presented to staff and leadership at Noah Homes, a nonprofit residential care and advocacy organization for individuals with intellectual and developmental disabilities. This included a presentation in February on understanding hospice care, as well as a virtual presentation in August on the topics of end-stage dementia and caring for patients after a seizure. Sharp HospiceCare also provided virtual education on hospice, palliative care and home care to attendees of SDRHCC's monthly meeting in August, and to staff at AALL CARE In Home Services in September.

In addition, Sharp HospiceCare provided resources and presentations on the EOLOA, POLST and ACP to approximately 135 local community health professionals throughout the year. Two virtual presentations were provided in June. This included End of Life Option Act, Advance Care Planning & COVID-19, presented to members of the Caregiver Coalition, and a presentation about Sharp HospiceCare's ACP program development to leaders of the CCCC. In July, ACP education was provided through participation in a virtual bioethics focus group for a SDSU medical social work research team. Further, Sharp HospiceCare shared ongoing ACP information and resources during monthly meetings with the SDCCC.

As part of the SDCMS Bioethics Commission, in March and April, Sharp HospiceCare served on the bioethics workgroup for the development of a new framework called the San Diego County Allocation of Scarce Resources During Crisis Care – The Community Standard of Care Consensus. This countywide framework was rapidly developed as a collaborative effort between SDC's hospital, medical, nursing, bioethics and legal experts to provide ethical and equitable crisis care throughout SDC during the COVID-19 pandemic. Specifically, the framework guides the provision of care in the event that the pandemic evolved to the point where local population health needs exceeded available resources. The framework provides the foundation for ongoing COVID-19 and other disaster response activities in SDC, and can serve as a model for other communities in the development of a collaborative response to the allocation of scarce resources.

Sharp HospiceCare participated on several local, state and national community boards and committees dedicated to hospice, palliative and end-of-life care, and the needs of seniors. This included, but was not limited to, the Caregiver Coalition, CCCC, ECSSP, NAC, San Diego County HVP, SDCCC, SDCCEOLC and SDRHCC. In addition, Sharp HospiceCare continued to participate in the HSAG/Sharp Grossmont Care Coordination Collaborative — a group of local community nursing homes, SNFs and home health agencies that convene to develop strategies to reduce hospital readmissions and improve patient care coordination. Sharp HospiceCare leadership also continued to serve on the board of directors for CHAPCA — a California-based not-for-profit organization providing education and advocacy to improve access to quality end-of-life care — as well as with the NHPKO's HAN — an advocacy organization working to preserve and expand access to hospice and palliative care for Americans.

FY 2021 Plan

Sharp HospiceCare will do the following:

- Provide education and training opportunities for nursing, medical and ancillary students
- Pending COVID-19 public health guidelines, provide students with an end-of-life learning environment in community-based hospice homes, patient homes and long-term care facilities
- Educate first responders about appropriate responses to emergency calls involving end-of-life patients, as requested by SDC fire departments
- 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
- Provide education and outreach on ACP, POLST and EOLOA to local, state and national health care professionals
- 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; 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).
- In 2017, about 41 million family caregivers in the U.S. provided an estimated 34 billion hours of care to an adult with limitations in daily activities. The estimated economic value of their unpaid contributions was approximately \$470 billion. Family caregivers often experience feelings of worry, isolation, and helplessness in understanding where to seek help, or in how to provide needed care and support to an adult relative or close friend with disabilities or complex health need (AARP, 2019).
- 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).
- According to research published in the *Journal of Pain and Symptom Management*, deaths due to COVID-19 are associated with risk factors which can lead to prolonged grief disorder, post-traumatic stress, and other poor bereavement outcomes among relatives. Risk factors include dying in an ICU, severe breathlessness, patient isolation or restricted access, significant patient and family emotional distress, and disruption to relatives' social support networks (Selman et al, 2020).
- The same study recommends the following strategies for reducing the risk of complicated grief during the COVID-19 pandemic: ACP; proactive, sensitive, and regular communication with family members alongside accurate information provision; enabling family members to say goodbye in person where possible; supporting virtual communication; providing excellent symptom management and emotional and spiritual support; and providing and/or sign-posting to bereavement services (Selman et al, 2020).

Objective

- Provide bereavement education, resources, counseling, support and referrals for community members who have lost loved ones

FY 2020 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 2020, Sharp HospiceCare's licensed clinical therapists with specific training in grief and loss devoted nearly 2,300 hours to bereavement counseling with individuals and families who lost loved ones. Sessions took place in the Sharp HospiceCare office, client homes and by phone, as well as virtually to support social distancing during COVID-19. Referrals to community counselors, behavioral health services, bereavement support services and other community resources — including those related to COVID-19 — were also provided as needed.

Sharp HospiceCare supported approximately 150 community members grieving the loss of a loved one during the 2019 holiday season. In November, Sharp HospiceCare held its annual Healing Through the Holidays event at the Courtyard by Marriott San Diego Central, which included presentations to help community members cope with grief during the holiday season. Three similar events, titled Coping with Grief During the Holiday Season, were held at the Spreckels Center and the GHD in November and Point Loma Community Presbyterian Church in December. These events provided community members with practical suggestions to manage the painful feelings of loss that often arise during the holidays. Further, two Support Groups During the Holiday Season were provided in December, including one session focused on coping skills to promote healing during the holidays and a second session on remembering loved ones during the holidays.

Sharp HospiceCare continued to provide the Healing After Loss and Widow's and Widower's bereavement support groups from October to mid-March, after which they were paused for the remainder of the year in response to COVID-19. Consequently, the reach of Sharp HospiceCare's bereavement support groups was significantly reduced in FY 2020. Sharp HospiceCare's Healing After Loss support group addressed the concerns of more than 100 adults who were grieving the loss of a loved one. Provided as an eight-week series in fall 2019 and winter 2020, meetings 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? Also provided as an eight-week series in fall and winter, Sharp HospiceCare's Widow's and Widower's support group addressed the concerns of men and women who have lost their spouses. In FY 2020, the Widow's and Widower's support group engaged nearly 60 community members in sharing their emotional challenges and exchanging coping skills with others in similar circumstances. Further, in May, Sharp HospiceCare provided a virtual presentation on grief to five senior members of San Diego Oasis.

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 1,400 newsletters were mailed each month during FY 2020.

FY 2021 Plan

Sharp HospiceCare will do the following:

- Provide individual and family bereavement counseling for community members who have lost a loved one
- Provide referrals to community services
- Develop and provide virtual bereavement support groups
- Provide three online presentations to support individuals grieving the loss of a loved one during the holiday season

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
- Palliative Care
- 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) includes 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) 2020 Community Benefit Program Highlights

SMMC provided a total of **\$203,870,703** in community benefit in fiscal year (FY) 2020. See **Table 36** 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 SMMC's community benefit among those categories.

**Table 36: Economic Value of Community Benefit Provided
Sharp Metropolitan Medical Campus — FY 2020**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2020 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹⁰⁸	\$38,971,771
	Shortfall in Medicare ¹⁰⁸	135,606,096
	Shortfall in County Medical Services (CMS) ¹⁰⁸	9,738,100
	Shortfall in CHAMPVA/TRICARE ¹⁰⁸	5,194,191
	Shortfall in Workers' Compensation	2,412
	Charity Care ¹⁰⁹	9,993,177
	Bad Debt ¹⁰⁹	1,611,115
Other Benefits for Vulnerable Populations ¹¹⁰	Patient transportation and other assistance for the vulnerable ¹¹¹	1,394,387
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 ¹¹¹	647,937
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ¹¹¹	711,517
TOTAL		\$203,870,703

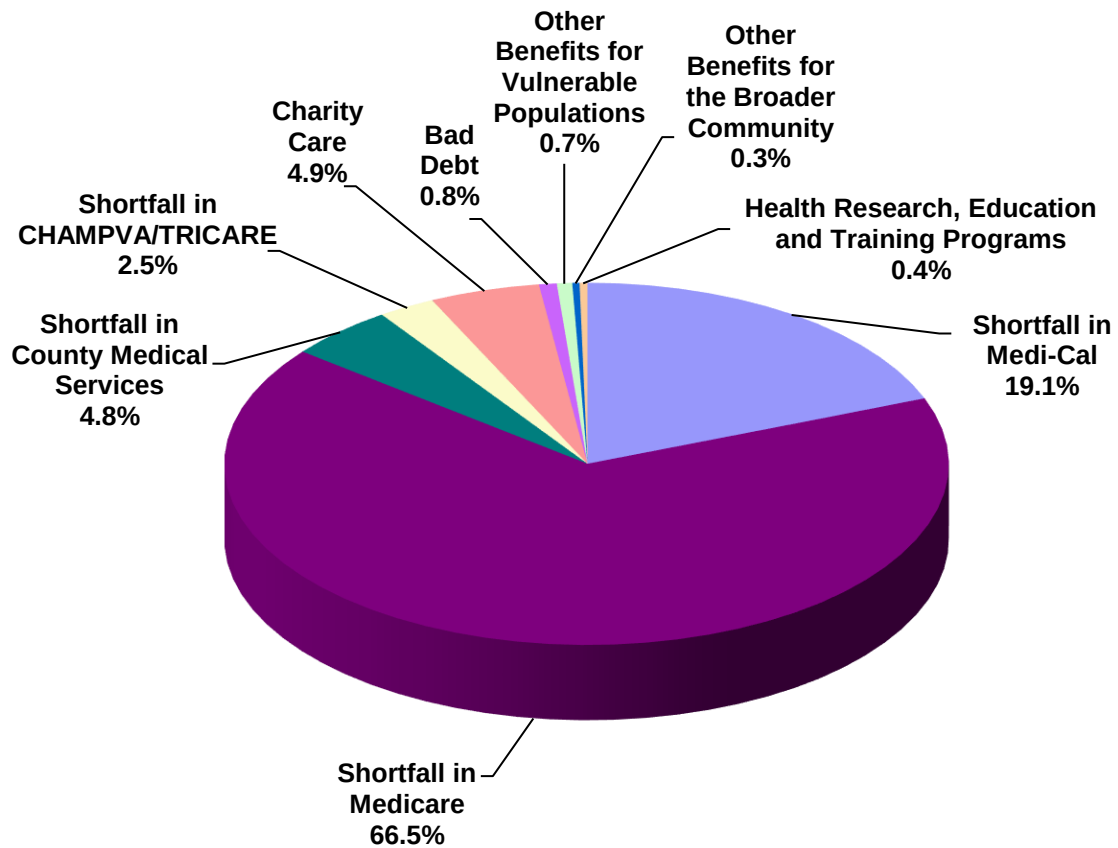
¹⁰⁸ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

¹⁰⁹ 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.

¹¹⁰ "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>.

¹¹¹ 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 Metropolitan Medical Campus — FY 2020**





Virtual Support for New and Expectant Parents

Sharp Mary Birch Hospital for Women & Newborns

Sharp Mary Birch Hospital for Women & Newborns ensures that new and expectant parents receive ongoing education and support — every day and during times of crisis. Each year, hundreds of community members attend the hospital's on-site classes and support groups that address vital health concerns such as preterm birth prevention, postpartum mood disorders and breastfeeding. Amid the COVID-19 pandemic, Sharp Mary Birch worked quickly to transform these programs to virtual options for patients and community members, including a webinar about the impact and risks of COVID-19 for pregnant women and infants. As a result of Sharp Mary Birch's dedicated efforts, families throughout San Diego County continued to receive critical pre- and postnatal support safely and comfortably in their homes.

Section

9 Sharp Mary Birch Hospital for Women & Newborns

Giving back to the community means working together for a well-balanced, healthy community that thrives off helping each other in all ways.

— Nicole Giangregorio, Manager of Women's Support Programs,
Sharp Mary Birch Hospital for Women & Newborns

Fiscal Year (FY) 2020 Community Benefit Program Highlights

Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) provided a total of **\$4,282,098** in community benefit in FY 2020. See **Table 37** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697), and **Figure 26** 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 2020**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2020 Unreimbursed Costs
Medical Care Services	Shortfall in Medicare ¹¹²	\$1,527,103
	Shortfall in CHAMPVA/TRICARE ¹¹²	1,348,310
	Shortfall in Workers' Compensation	2,412
	Charity Care ¹¹³	985,155
	Bad Debt ¹¹³	135,814
Other Benefits for Vulnerable ¹¹⁴ Populations	Patient transportation and other assistance for the vulnerable ¹¹⁵	39,644
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 ¹¹⁵	159,614
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ¹¹⁵	84,046
TOTAL		\$4,282,098

¹¹² 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.

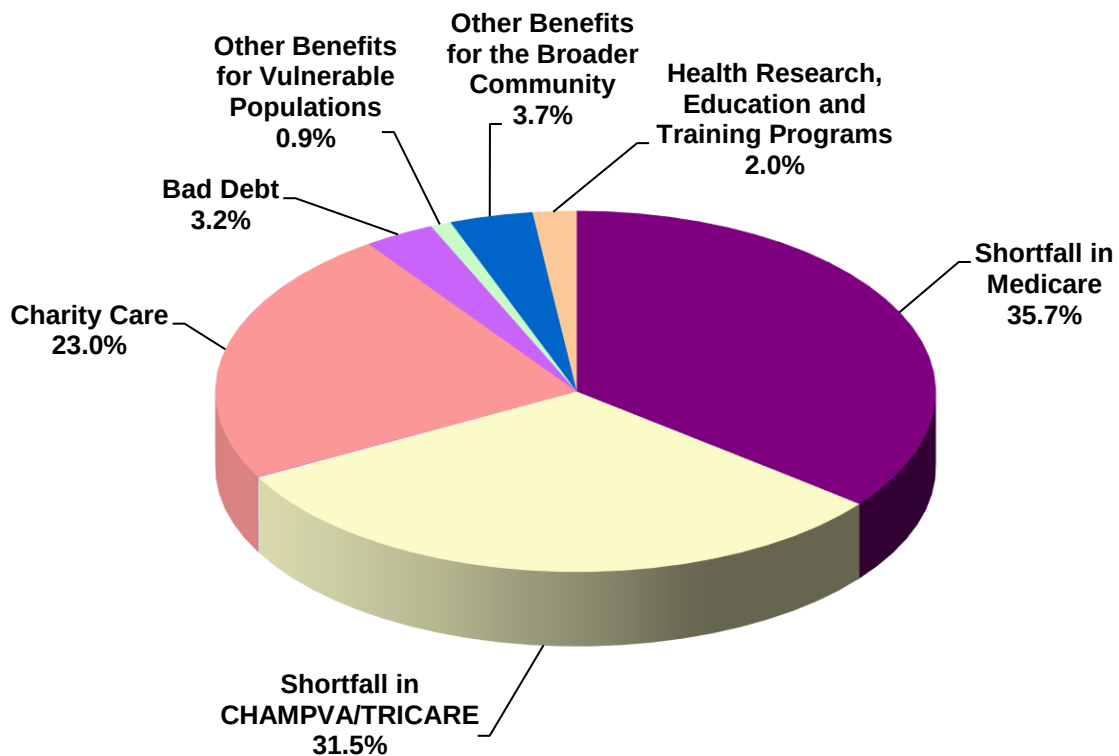
¹¹³ Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

¹¹⁴ "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>.

¹¹⁵ 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 26: Percentage of Community Benefit by SB 697 Category
Sharp Mary Birch Hospital for Women & Newborns — FY 2020**



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 2020, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of July 1, 2019, through December 31, 2021. This resulted in recognition of net supplemental revenues for SMBHWN totaling \$25.2 million in FY 2020. These supplemental revenues were funded through SMBHWN's traditional and managed care Medi-Cal programs, which were only in shortfall positions of \$6.4 million and \$3.0 million, respectively, prior to the fee. As such, the net impact of the program was to reduce SMBHWN's shortfall in traditional and managed care Medi-Cal to \$0.00 (zero). This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2020 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 the San Diego Food Bank (Food Bank); 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, 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), Perinatal Social Work Cluster and Southern California Association of Neonatal Nurses (SCANN). See **Appendix A** for a list of Sharp's involvement in community organizations in FY 2020. This category also includes 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 used to identify communities within SDC with greater health disparities. The CNI measures this inequity on a scale ranging from very low health disparity to very high health disparity for every ZIP code in the United States (U.S.). This measurement is determined through an analysis of 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 27** presents a map of the CNI findings across SDC.

Figure 27: CNI Map — SDC¹¹⁶



Description of Community Health

In 2020, there were 624,872 women ages 18 to 44 residing in SDC, representing 18.6% of the population. Between 2020 and 2025, it is anticipated that the number of women of childbearing age in SDC will increase by 2.0%.¹¹⁷

In 2018, 12.5% of the SDC population reported living below 100% of the federal poverty level (FPL). The county's unemployment rate was 6.1% and 5.0% of households received Supplemental Security Income.¹¹⁸

According to estimates from the San Diego Hunger Coalition, as of August 2020, 33% of San Diegans experienced food insecurity¹¹⁹ and 44% of children lived in food insecure households.¹²⁰ In 2018, 7.2% of households in SDC received Supplemental Nutrition Assistance Program (SNAP) benefits, while 19.0% of the population lived at or

¹¹⁶ Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018.

¹¹⁷ SpeedTrack, Inc; U.S. Census Bureau.

¹¹⁸ County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, December 2020. U.S. Census Bureau, 2014-2018 American Community Survey 5-year estimates.

¹¹⁹ 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/>.

¹²⁰ San Diego Hunger Coalition. (2020). San Diego County Food Insecurity Estimates August 2020.

below 138% FPL and were eligible for the program.¹¹⁸ Please refer to **Table 38** for SNAP participation and eligibility in SDC.

Table 38: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2018¹¹⁸

Food Stamps/SNAP Benefits	Percent of Population
Households	7.2%
Families with Children	6.8%
Eligibility by FPL	
Population ≤130% FPL	17.7%
Population ≤138% FPL	19.0%
Population 139% – 350% FPL	31.7%

In SDC in 2018, 95.5% of children ages 18 and under, 86.0% of young adults ages 19 to 25, 86.3% of adults ages 26 to 44, and 90.8% of adults ages 45 to 64 had health insurance.¹¹⁸ Health insurance coverage for each age group was lower than the Healthy People 2030 (HP2030) national target of 92.1% health insurance coverage for all individuals under age 65, with the exception of children ages 0 to 18 years.¹²¹ See **Table 39** for health insurance coverage in SDC in 2018.

Table 39: Health Insurance Coverage in SDC, 2018¹¹⁸

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	95.5%	92.1%
Young adults 19 to 25 years	86.0%	92.1%
Adults 26 to 44 years	86.3%	92.1%
Adults 45 to 64 years	90.8%	92.1%
Seniors 65+ years	98.7%	N/A ¹²²

According to the California Health Interview Survey (CHIS), in 2019, 20.0% of SDC's population was covered by Medi-Cal.¹²³ See **Table 40** for details.

¹²¹ The U.S. Department of Health and Human Services' HP2030 initiative represents the nation's prevention agenda for the third decade of the 21st century. HP2030 has four overarching goals: to attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and attain health literacy to improve the health and well-being of all; to create social, physical, and economic environments that promote attaining the full potential for health and well-being for all; to promote healthy development, healthy behaviors, and well-being across all life stages; and to engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve health and well-being of all.

¹²² HP2030 does not include targets for individuals ages 65 and older.

¹²³ 2019 CHIS.

Table 40: Medi-Cal (Medicaid) Coverage in SDC, 2019¹²³

Description	Rate
Covered by Medi-Cal	20.0%
Not covered by Medi-Cal	80.0%

CHIS data also revealed that 13.5% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 41**).¹²³

Table 41: Regular Source of Medical Care in SDC, 2019¹²³

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	86.5%	84.0%
Has no usual source of care	13.5%	16.0%

In 2018, there were 39,921 live births in SDC overall. The 2018 infant mortality rate was 3.4 infant deaths per 1,000 live births in the north coastal and north central regions, 3.5 in the north inland region, 4.3 in the east region, 4.5 in SDC overall, 5.3 in the central region and 6.7 in the south region.¹²⁴

In 2018, 178 infants in SDC died before their first birthday. Infant mortality was more common among male infants (91 deaths) than female infants (87 deaths). African American/Black infants had the highest mortality rate (8.1 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 4.8 deaths per 1,000 live births.¹²⁴ In addition, 3,537 preterm births occurred in SDC during 2018.^{124,125} Compared to all other races and ethnicities, Hispanic mothers had the highest total number of births (15,596), of which 8.5% were preterm. Although African American/Black mothers and Pacific Islander mothers had fewer total births (1,600 and 173 total births, respectively), they experienced the highest rates of preterm births among all other racial or ethnic groups (10.7% and 12.7% of preterm births, respectively). 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 (13.8% preterm births among mothers ages 40 and older compared to 8.7% among mothers ages 25 to 39).¹²⁴

In 2018, all SDC regions met the HP2030 national targets for early prenatal care, preterm births and infant mortality.^{121,124} See **Table 42** for a summary of maternal and infant health indicators in SDC in 2018 and **Table 43** for a summary of maternal and infant health indicators by region.

¹²⁴ County of San Diego Health and Human Services Agency, Public Health Services, Community Health Statistics Unit (2020), *Maternal, Child, and Family Health Services Statistics, 1990-2019*.

¹²⁵ Preterm birth refers to births prior to 37 completed weeks of gestation.

Table 42: Maternal and Infant Health Indicators in SDC, 2018^{121,124}

Maternal and Infant Health Indicator	Rate	HP2030 Target
Early Prenatal Care ¹²⁶	85.9%	80.5%
Preterm Births ¹²⁵	8.9%	9.4%
Very Low Birth Weight (VLBW) Infants ¹²⁷	1.1%	N/A ¹²⁸
Low Birth Weight (LBW) Infants ¹²⁹	7.0%	N/A ¹²⁸
Infant Mortality ¹³⁰	4.5%	5.0%

Table 43: Maternal and Infant Health Indicators by Region in SDC, 2018¹²⁴

Indicator	Central	East	North Central	North Coastal	North Inland	South
Prenatal Care	81.4%	81.4%	90.3%	86.6%	89.1%	85.8%
Preterm Births	9.4%	9.3%	8.6%	7.7%	8.5%	9.7%
VLBW Infants	1.1%	0.9%	0.9%	0.8%	1.2%	1.5%
LBW Infants	7.2%	7.1%	7.2%	6.0%	6.9%	7.7%
Infant Mortality	5.3%	4.3%	3.4%	3.4%	3.5%	6.7%

For additional demographic and health data for communities served by SMBHWN, please refer to the SMH 2019 CHNA, available 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

¹²⁶ Early prenatal care is defined as care initiated during the first trimester of pregnancy, not accounting for frequency of care.

¹²⁷ VLBW refers to birth weight less than 1,500 grams (approximately 3 pounds (lbs.), 5 ounces).

¹²⁸ HP2030 health indicators are not available for VLBW or LBW infants

¹²⁹ LBW refers to birth weight less than 2,500 grams (approximately 5 lbs., 8 ounces).

¹³⁰ Infant mortality refers to the number of deaths of infants under 1 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 2020 Report of Activities conducted in support of the objective(s) and FY 2021 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.¹³¹
- 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 (PPD) and anxiety. Discussions also identified the following social determinants of health (SDOH) affecting their patients: limited

¹³¹ 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).

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 2018, SDC had 2,800 LBW births, which accounted for 7.0% of all live births. When compared to all other racial groups, the proportion of LBW births in SDC was highest among Black infants (10.3%).
- In 2018, 156 infants in SDC died before their first birthday. The infant mortality rate was 3.6 infant deaths per 1,000 live births.
- There were 3,537 preterm births in SDC in 2018, representing 8.9% of all births countywide.
- In 2018, 34,724 live births received early prenatal care in SDC, which translates to 85.9% 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 report from Live Well San Diego (LWSD) titled *Report Card on Children and Families, 2019* identified the following barriers to use 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 (LWSD, 2020).
- 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 2019 CHIS data, 25.3% of women ages 18 to 65 years in SDC were obese (Body Mass Index > 30), lower than the state of California overall (27.0%).
- According to the CDC, being overweight increases the risk of pregnancy complications, including preeclampsia, gestational diabetes, stillbirth and cesarean delivery. In addition, obesity during pregnancy is associated with increased use of health care and physician services, and longer hospital stays for delivery (CDC, 2020).
- 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 fifth consecutive year in 2019 to 10.2%. Racial disparities related to early labor persist: 11.6% of American Indian/Alaska Native babies and 13.8% of Black babies were born preterm. Black

women are 50% more likely to deliver preterm compared to women of all other racial/ethnic groups (March of Dimes, 2020).

- In 2019, the average societal cost of a preterm birth in California was higher than the national average of \$65,000, including medical care for premature children, maternal delivery costs, early intervention services, special education services and lost productivity (March of Dimes, 2020).
- 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; providing coverage for pregnancy and postpartum telehealth services; researching the causes of maternal death; addressing racial disparities in health outcomes for moms and babies; removing barriers to care in underserved communities; investing in public health promotion programs that focus on moms and babies; and supporting vaccinations and vaccine development for current and emerging threats (March of Dimes, 2020).

Objectives

- Develop, coordinate and provide educational programs for the community on maternal and prenatal care topics, including preterm labor and births
- Provide education to community members who are susceptible to high-risk pregnancy, including pregnant teens
- Educate community members about available hospital resources through participation in community events
- Provide financial support to community-based organizations that address maternal and prenatal care, including high-risk pregnancy
- Improve outcomes of at-risk newborns through the Sharp Mary Birch Neonatal Research Institute (NRI)

FY 2020 Report of Activities

In FY 2020, SMBHWN conducted a variety of community education, support, fundraising and research activities to encourage healthy pregnancies for expectant mothers — including teenagers and other high-risk populations — and improve outcomes for at-risk newborns. Maternal and prenatal care classes were held on the Sharp Metropolitan Medical Campus (SMMC) and at the Sharp Mary Birch Education Center in Carlsbad until March, after which COVID-19 forced the hospital to suspend these on-site programs. Following the cancellation of classes, SMBHWN experienced an increase in phone calls from expectant mothers and families with questions about prenatal care. To accommodate the increased call volume, in April, the hospital's perinatal educators began scheduling complimentary, one-on-one phone sessions to ensure community members received the prenatal information and guidance they needed. This additional outreach served approximately 40 pregnant women and families. Meanwhile, team members worked quickly to develop virtual class options to ensure continued learning during the pandemic. Classes were available online as early as May, with all programs up and running by August. In addition, in May and June,

SMBHWN offered its fee-based prenatal classes at no charge to approximately 150 participants whose prior registration was cancelled due to COVID-19.

In FY 2020, SMBHWN taught more than 70 expecting parents about the warning signs of preterm labor and how to help prevent a premature birth through free, monthly Preventing Preterm Birth classes. In addition, through Sharp's health and wellness partnership with the City of San Diego, an SMBHWN perinatal educator led a session of the Preventing Preterm Birth class at the College-Rolando Branch Library in February.

Also, in February, SMBHWN hosted two free Planning for Pregnancy events, which provided pre-pregnancy education to nearly 80 community members. Topics included preparing the body for pregnancy, conception later in life, optimizing conception, fertility challenges and treatments, and additional support groups and classes offered by SMBHWN.

In September, SMBHWN leadership facilitated a free webinar on COVID-19 and pregnancy. Approximately 80 community members participated in this event, which shared the most current information about COVID-19, as it relates to pregnant women and infants. Topics included infection prevention, changes in the prenatal health care setting, virus transmission, tips to relieve stress and bringing home a newborn during the pandemic. Attendees also had the opportunity to participate in a question-and-answer session with a board-certified maternal fetal medicine specialist.

SMBHWN also offered several low-cost prenatal classes in FY 2020. Classes focused on preparing for childbirth as well as basic information about caring for a baby. Topics included how the body prepares for birth and delivery; hospital procedures; medication choices; caesarean delivery; newborn characteristics and procedures; basic infant care; and breastfeeding. Fees for these classes were waived specifically for pregnant teens to help improve their access to important prenatal education. Other low-cost prenatal classes included preparing families with dogs for a baby; infant sleep patterns and strategies; labor comfort and relaxation skills; preparing for multiple births; and prenatal yoga.

In FY 2020, SMBHWN raised \$5,000 for the March of Dimes' 2020 virtual fundraiser. The March of Dimes is 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 2020 San Diego Heart & Stroke Walk Digital Experience.

The Sharp Mary Birch NRI was launched in 2013 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 50 clinical trials with over 2,500 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, 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 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, the Kenneth T. and Eileen L. Norris Foundation, and the Samuel H. French III and Katherine Weaver French Fund. In addition, the NRI has received four grants from the National Institutes of Health (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. With completion expected in 2023, this is the largest and most comprehensive cord milking study with the potential to improve how babies are cared for worldwide. 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 NIH.

In addition, 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 2021 Plan

SMBHWN will do the following:

- Provide monthly virtual Preterm Birth Prevention classes
- Improve the virtual prenatal class experience for expectant mothers and families
- Provide education to pregnant teens and other high-risk populations
- Provide fundraising support for March of Dimes
- Pending COVID-19 public health guidelines, provide education and outreach at community health fairs and events
- Identify evidence-based best practices for newborn care through the NRI

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 PPD 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 2018, SDC ranked 19th out of 49 California counties for in-hospital exclusive breastfeeding at 79.4% (California Women, Infants, and Children (WIC) Association and University of California (UC) Davis Human Lactation Center, *A Policy Update on California Breastfeeding and Hospital Performance, San Diego County: 2018 Data*, 2020).
- According to data presented by the California Department of Public Health, 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 LWSD's *San Diego County Report Card on Children and Families, 2019*, breastfeeding enhances immunity to disease, decreases the rate and severity of infections in children, is associated with healthy 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 (LWSD, 2020).

- 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 *Achieving Breastfeeding Equity in California*, 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, 2020).
- According to the California Task Force on Status of Maternal Mental Health Care, maternal mental health disorders such as depression and anxiety are the most common complication associated with pregnancy and childbirth. These disorders affect up to 1 in 5 mothers, or approximately 100,000 women in California each year, yet research suggests that most women remain undiagnosed and untreated (California Task Force on Status of Maternal Mental Health Care, 2019).
- In 2017, the cost of untreated perinatal mood and anxiety disorders in California was estimated at \$2.4 billion for all births. This includes costs incurred due to medical interventions, low-income health care, welfare payments, work absenteeism, and lost productivity over a six-year period, from the mom's pregnancy through the child's first five years of life (California Task Force on Status of Maternal Mental Health Care, 2019).
- According to research published in the *Journal of Midwifery and Women's Health*, the most common risk factors for PPD are high life stress, lack of social support, current or past abuse, prenatal depression and marital or partner dissatisfaction. In-depth understanding of risk factors for PPD informs health care providers and contributes to the development of targeted prevention and screening strategies for the most vulnerable women (Hutchens & Kearney, 2020).
- Research published in *American Family Physician* suggests that the 12 weeks after delivery, known as the postpartum period or the fourth trimester, are a critical time in the life of a mother and her infant. Nearly half of all maternal deaths occur in the first 42 days postpartum. Early postpartum visits should evaluate complications from pregnancy as well as common postpartum medical complications, and subsequent care should include a full biopsychosocial assessment and be tailored to individual patient needs. Family physicians should be aware of the importance of SDOH and disparities in maternal outcomes according to race, ethnicity, and public health insurance status (Paladine, Blenning & Strangas, 2019).
- 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

- Provide education and support to new mothers on the importance of breastfeeding
- Provide postpartum education and support to new mothers and their families
- Support vulnerable patients and families through the provision of free diapers to those facing economic hardships, and connections to community resources to address social needs

FY 2020 Report of Activities

In FY 2020, SMBHWN continued to provide educational classes and support groups at the SMMC to address the needs of new mothers and families. In March, COVID-19 forced the hospital to suspend these on-site programs. Immediately following the class closures, SMBHWN staff responded to an increased volume of phone calls from new mothers and families with questions about postpartum care. Staff referred mothers who could benefit from additional breastfeeding support to lactation educators at the hospital's New Beginnings Boutique & Gift Shop. Meanwhile, team members worked quickly to develop free, virtual classes and support groups to ensure continued learning during the pandemic. These opportunities were available online as early as May, with all programs up and running by August.

SMBHWN served approximately 700 new mothers through its 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 offered a 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 the information received during one's hospital stay, this free, weekly support group provides valuable resources to help new parents adjust once they return home. The group provides an opportunity to share the experiences and responsibilities of new parenthood as well as develop 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 nearly 220 new parents in FY 2020, 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 ages newborn to 12 months who were dealing with feelings of anxiety or depression related to the challenges of new motherhood. Understanding that PPD and anxiety can also affect fathers, SMBHWN offered a monthly postpartum support group for couples. 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. In FY 2020, the impact of COVID-19 became a central topic of discussion within the groups. Participants explored the unique challenges posed by the

pandemic during an already difficult time, including limited support within the home, enhanced isolation from friends and family, and fear of catching the virus. To promote additional healthy coping opportunities, the support group leader researched and connected participants to online community play groups and other virtual parent groups. Together, the hospital's postpartum support groups engaged approximately 500 parents in FY 2020.

SMBHWN also offered low-cost classes for new mothers and their families, including infant massage, mom and baby yoga, Pilates, and a class focused on postpartum recovery. These classes met from October to February, then were suspended for the remainder of FY 2020 in response to COVID-19. Additionally, SMBHWN staff devoted approximately 530 hours to daily Family Home Care classes that provided critical information and support to more than 2,700 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 CPR (cardiopulmonary resuscitation) education was also provided in English and Spanish to 550 family and friends of the hospital's NICU babies.

In October, SMBHWN hosted its 24th annual NICU Little Grad Reunion at NTC Park in Liberty Station. This special event gives families an opportunity to reunite with the hospital staff who cared for their child in the NICU and celebrate their child's health with food and games. Oftentimes, families attend the reunion year after year, with many NICU graduates now in their teens. Nearly 900 parents, grandparents, siblings and graduates attended the reunion in FY 2020.

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 14 years, SMBHWN has served as 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. Since 2015, SMBHWN has hosted an annual Donor Breastmilk Drive to help increase the supply of breastmilk for the Mother's Milk Bank. Although typically held in-person, the milk drive was conducted virtually in FY 2020 due to COVID-19. Held in celebration of National Breastfeeding Month in August, the event collected approximately 12 gallons of breastmilk from 34 donors, who received special coolers in which to mail their donations to the Mother's Milk Bank. Over the past six years, the annual drive has collected approximately 340 gallons of breastmilk from nearly 215 donors to help feed premature infants and those with specialized health needs.

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. In FY 2020, SMBHWN's New Beginnings Boutique & Gift Shop donated more than \$3,560 in nursing bras and breastfeeding pumps to support nursing mothers served by San Diego Family Care's Linda Vista Health Care Center.

SMBHWN continued to serve as a distributor for the Food Bank's Diaper Bank Program. The program helps solve a critical challenge — namely, the expense of diapers, which are often required to enroll a child in daycare — for families facing economic hardship. Through the program, diapers are donated to the Food Bank, and participating distributors — including SMBHWN — retrieve the diapers to provide them to families in need. SMBHWN distributed nearly 10,500 diapers to 110 patients in FY 2020 and has provided approximately 14,260 diapers since first joining the program in summer 2019.

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.

Beginning in FY 2019, SMBHWN joined Sharp's systemwide pilot partnership with 2-1-1 San Diego's (2-1-1'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 under which people live, learn, work and play — have a significant impact on a person's ability to access care and maintain health. SMBHWN 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 to meet those needs.

More than 100 CIE community partners — including health care organizations, the County of San Diego Health and Human Services Agency, housing networks, food banks and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared records enable CIE partners to evaluate an individual's SDOH needs and utilization history of community services, and to make direct referrals to critical, community-based resources. SMBHWN case managers and social workers were trained on CIE in order to better serve vulnerable patients in the acute care setting, including those patients experiencing economic instability, food insecurity and other SDOH hardships.

In its first pilot year, implementation and utilization of CIE was delayed due to logistical barriers as well as the COVID-19 pandemic. However, in the final quarter of FY 2020, Sharp team members increased their CIE utilization and began connecting patients to community-based organizations via the platform. To date, the top three socioeconomic needs identified for Sharp patients enrolled in CIE include food, housing and utilities assistance — a reflection of the challenges faced by community members across SDC and that have been exacerbated by COVID-19. Metrics of this partnership, including demographic and utilization data, as well as volume and impact of community referrals,

continue to be collected and will help to assess the value of the partnership at the end of its second year in early summer 2021.

FY 2021 Plan

SMBHWN will do the following:

- Offer free, virtual postpartum, breastfeeding and new parent support groups
- Explore strategies to increase engagement in virtual postpartum support groups
- Host a donor milk drive (either in-person or virtually, pending COVID-19 guidelines) to collect breast milk for the San Jose Mother's Milk Bank
- Participate in the Food Bank's Diaper Bank Program to provide diapers to families facing economic hardship
- Participate in 2-1-1's CIE program to serve patients experiencing SDOH hardships and other complex patients by connecting them to critical community services

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

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 1 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).
- A report from California's Department of Consumer Affairs (DCA) identified the following barriers to facilitating training programs in allied health professions: prohibitions on payment by program accrediting entities; lack of demographic and workforce data needed to recognize needs and opportunities; misalignment between allied health training programs and registered apprenticeship opportunities; lack of

coordination between state authorities and health workforce training programs; funding; and difficulty finding clinical practicum sites and sponsors (DCA, 2019).

- Total employment in California is projected to grow 8.4% between 2018 and 2028, reflecting an increase of 1.6 million jobs statewide over the decade. The health care and social assistance sector is expected to be one of the fastest-growing industries in California, with 20.0% growth anticipated (California Employment Development Department, 2020).
- According to the U.S. Bureau of Labor Statistics' (BLS') *Employment Projections – 2019-2029 Report*, health care support occupations and those associated with health care (including mental health) account for 13 of the 30 fastest-growing occupations from 2019 to 2029. Demand for health care services by aging baby boomers, along with people who have chronic conditions, will drive the projected employment growth (BLS, 2020).
- In a report titled *The Complexities of Physician Supply and Demand: Projections From 2018 to 2033*, the American Association of Medical Colleges (AAMC) projects that U.S. physician demand will grow faster than supply, leading to a projected total physician shortage of between 54,100 and 139,000 physicians by 2033. The shortage of primary care physicians is expected to range from 21,400 to 55,200, while the shortage of specialty care physicians is expected to range from 33,700 to 86,700 (AAMC, 2020).
- According to the Healthforce Center at the University of California, San Francisco (UCSF), although data suggest that the number of new registered nurse (RN) graduates entering the profession is larger than the number retiring, employers indicate reluctance to hire new graduates to fill vacant positions. In 2018, more than 25% of California's RNs had less than five years of experience in nursing, and employers may face difficulty supporting these nurses as they transition from novices to experts (UCSF, 2020).
- Forecasting performed by the Healthforce Center at UCSF indicates that 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 practicing 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).
- 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 offering health career pipeline programs for students from low-income backgrounds; providing academic, advising and health career development support to underrepresented college students; expanding educational programs that train students to provide health care in underserved communities and providing scholarships for low-income students (CFHWC, 2019).
- A CHCF survey of frontline health care workers during COVID-19 reflects the mental and emotional toll of providing patient care during the pandemic. Three in 10 providers indicated that they are at least "somewhat" likely to reduce their hours or change where they practice or work, while 2 in 10 say they are at least "somewhat" likely to retire early or stop providing direct patient care. And, 1 in 10, is at least "somewhat" likely to leave the health care field temporarily or altogether (CHCF, 2020).

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
- Identify and disseminate evidence-based best practices to improve outcomes of at-risk newborns through the NRI
- Participate in local and national organizations to share specialty expertise and enhance learning for the broader health care community

FY 2020 Report of Activities

In FY 2020, SMBHWN collaborated with local, state and national schools, colleges and universities to provide hospital-based opportunities for students to explore and train for a variety of careers in health care. Although still significant, in FY 2020, student participation in these programs declined as a result of temporary interruptions to on-site learning caused by COVID-19.

SMBHWN served as a training site for nearly 170 nursing students and five ancillary (non-nursing) students in FY 2020, who spent more than 13,900 hours on the hospital campus. Academic institution partners included Azusa Pacific University, California College San Diego, Grand Canyon University, Grossmont College, Point Loma Nazarene University, San Diego State University and University of San Diego.

Also in FY 2020, SMBHWN completed its 14th year of participation in the Health Sciences High and Middle College (HSHMC) program, which provides valuable health care experience, including education on job requirements and career pathways to ninth through 12th grade students. During the school year, 12 HSHMC students devoted

1,620 hours to rotations with SMBHWN's maternal infant services, NICU and transport team.

In FY 2020, the NRI shared its expertise and groundbreaking research developments with the greater health and research communities. In December, the NRI team provided a presentation at the Hot Topics in Neonatology Conference in National Harbor, Maryland titled The PREMOD2 Trial: Is This the End of Umbilical Cord Milking in Newborns? In April, the team delivered a presentation titled Optimizing Delivery Room Management for the ELBW Infant to the SoCal Small Baby Consortium in Irvine, CA. Virtual presentations were also provided to support socially distanced professional learning during COVID-19. This included a Management of Newborns Born to Mothers with COVID-19 Zoom presentation to the Hospital Español de Mexico in May, as well as a presentation for a California Perinatal Quality Care Collaborative webinar in July titled Delivery Room Oxygen Data Collection Pilot. Further, the NRI's research findings have been shared in several distinguished medical journals. In FY 2020, this included *The Journal of the American Medical Association*, *American Journal of Perinatology*, *The Journal of Pediatrics* and *The Journal of Maternal-Fetal & Neonatal Medicine*.

The NRI also 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.

SMBHWN team members also contributed their expertise to the broader health care community through participation in professional conferences and events. In FY 2020, a member of the hospital's leadership team served as the endnote speaker at Sharp's Sixth Annual Interprofessional Research & Innovations Virtual Conference in September. The event invites community health care professionals to participate in podium and poster presentations intended to stimulate innovation in the practice setting, identify best practices, disseminate research, encourage interprofessional collaboration, and more. In addition, in FY 2020, SMBHWN team members served on boards and committees for local and national organizations, including SCANN, CWISH, AHA and the Perinatal Social Work Cluster.

FY 2021 Plan

SMBHWN will do the following:¹³²

- Collaborate with colleges and universities on internships, externships and other professional training opportunities for students
- Participate in the HSHMC program
- Host a career development fair for current and future nurses

¹³² Where applicable, SMBHWN will perform these activities as COVID-19 public health and safety guidelines allow.

- 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)
- Developmental Care Program
- 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
- Neurologic Intensive Care Nursery
- Newborn critical congenital heart disease screenings
- New Beginnings Boutique & Gift Shop
- NRI
- Obstetrical and women's triage services
- Postpartum support groups
- Pre-Anesthesia Evaluation Services
- 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



Delivering Comfort and Guidance in a Time of Crisis

Sharp Memorial Hospital

Reassuring San Diegans during a community health crisis is a top priority at Sharp Memorial Hospital. During the COVID-19 pandemic, the Sharp Memorial Family Resource Center provided vital information and support to thousands of concerned community members.

Built as a massive tent structure outside the hospital's emergency department, the Family Resource Center was created to help safely connect family members with their loved ones staying in the hospital during mandatory visitor restrictions. However, it quickly transformed into a source of guidance and comfort for the broader community. From individuals searching for their family and friends at hospitals across town, to phone calls and passersby seeking answers about testing and treatment, Sharp Memorial staff left no question, fear or anxiety unattended. The Family Resource Center demonstrates the hospital's unwavering commitment to the needs of San Diego community members in uncertain times.

Section

10 Sharp Memorial Hospital

Community is another word for family. When we give back to our community, we are giving back to our tribe of loved ones, coworkers, friends, and all those we want to see live healthy, happy, productive lives.

— Tim Smith, Chief Executive Officer, Sharp Memorial Hospital

Fiscal Year (FY) 2020 Community Benefit Program Highlights

Sharp Memorial Hospital (SMH) provided a total of **\$173,120,386** in community benefit in FY 2020. See **Table 44** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697), and **Figure 28** for the distribution of SMH's community benefit among those categories.

**Table 44: Economic Value of Community Benefit Provided
Sharp Memorial Hospital — FY 2020**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2020 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibility forms ¹³³	\$36,314,555
	Shortfall in Medicare ¹³³	122,189,016
	Shortfall in County Medical Services (CMS) ¹³³	144,288
	Shortfall in CHAMPVA/TRICARE ¹³³	2,594,874
	Charity Care ¹³⁴	8,313,839
	Bad Debt ¹³⁴	1,619,779
Other Benefits for Vulnerable ¹³⁵ Populations	Patient transportation, Project HELP and other assistance for the vulnerable ¹³⁶	1,004,851
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 ¹³⁶	405,831
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ¹³⁶	533,353
TOTAL		\$173,120,386

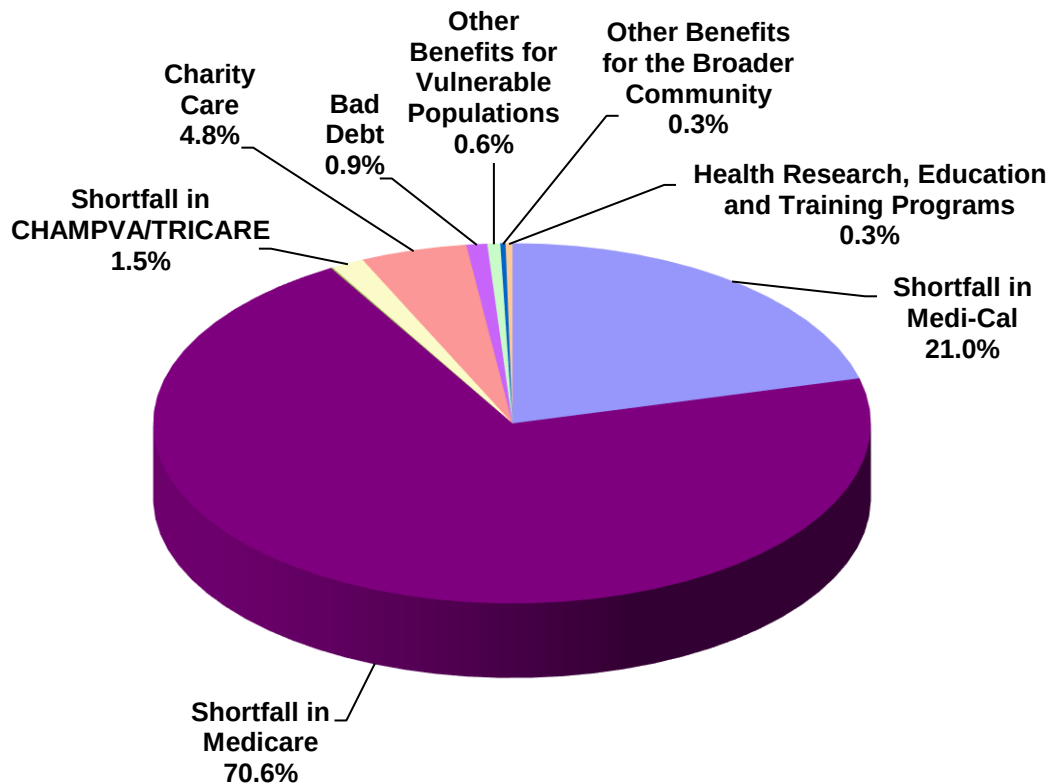
¹³³ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

¹³⁴ Charity care and bad debt reflect the unreimbursed costs of providing services to patients who lack the ability to pay for services at the time the services were rendered.

¹³⁵ "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>.

¹³⁶ 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 28: Percentage of Community Benefit by SB 697 Category
Sharp Memorial Hospital — FY 2020**



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 2020, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of July 1, 2019, through December 31, 2021. This resulted in recognition of net supplemental revenues for SMH totaling \$22.8 million in FY 2020. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2020 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 Hospital Emergency Liaison Program (Project HELP), which provides funding for medication and transportation to assist lower-income patients; contribution of time to Feeding San Diego and 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, blood pressure, hearing and hand health; and community education and resources provided by the SMH Laurel Amtower Cancer Institute and Neuro-Oncology Center (Laurel Amtower Cancer Institute). In addition, SMH donated meeting room space to community groups as well as collaborated with local schools to promote student interest and career pathways in health care. SMH staff actively participated in community boards, committees and other civic organizations, including the Serra Mesa Planning Group Board, American College of Healthcare Executives, 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, National Association of Emergency Medical Services (EMS) Educators, Trauma Center Association of America Board of Directors, San Diego Clinical Pastoral Educators, Association of Oncology Social Work, Oncology Support Network, San Diego County Stroke Consortium, Adult Protective Services, Health Subcommittee for the San Diego Regional Human Trafficking and Commercial Sexual Exploitation of Children (CSEC) Advisory Council, STAT! Soroptimists Together Against Trafficking, Serving Seniors, San Diego Center for the Blind and Visually Impaired, San Diego Brain Injury Foundation 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) involvement in community organizations in FY 2020. The category also includes 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 92101¹³⁷*

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

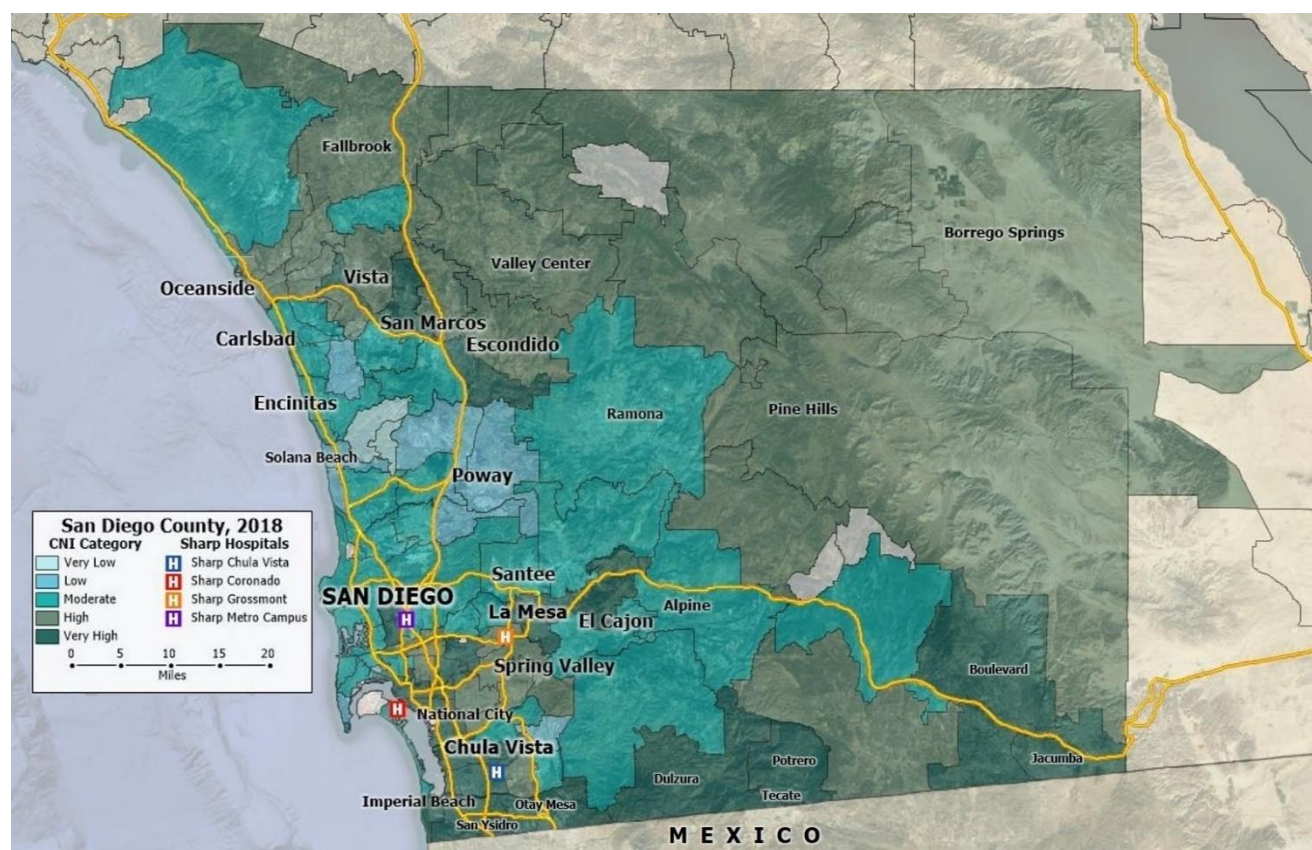
¹³⁷ Programs and services were provided by the Sharp Senior Health Center Downtown during FY 2020. However, the facility officially closed in November 2020 (FY 2021).

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 used to identify communities within SDC with greater health disparities. The CNI measures this inequity on a scale ranging from very low health disparity to very high health disparity for every ZIP code in the United States (U.S.). This measurement is determined through an analysis of 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 29** presents a map of the CNI findings across SDC.

Figure 29: CNI Map — SDC¹³⁸



¹³⁸ Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018.

Description of Community Health

In 2020, there were 494,281 residents ages 65 and older in SDC, representing 14.8% of the population. Between 2020 and 2025, it is anticipated that SDC's senior population will grow by 17.4%.¹³⁹ In 2018, 12.5% of the SDC population reported living below 100% of the federal poverty level (FPL). The county's unemployment rate was 6.1% and 5.0% of households received Supplemental Security Income.¹⁴⁰

According to estimates from the San Diego Hunger Coalition, as of August 2020, 33% of San Diegans experienced food insecurity¹⁴¹ and 44% of children lived in food insecure households.¹⁴² In 2018, 7.2% of households in SDC received Supplemental Nutrition Assistance Program (SNAP) benefits, while 19.0% of the population lived at or below 138% FPL and were eligible for the program.¹⁴⁰ Please refer to **Table 45** for SNAP participation and eligibility in SDC.

Table 45: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2018¹⁴⁰

Food Stamps/SNAP Benefits	Percent of Population
Households	7.2%
Families with Children	6.8%
Eligibility by FPL	
Population ≤130% FPL	17.7%
Population ≤138% FPL	19.0%
Population 139% - 350% FPL	31.7%

In SDC in 2018, 95.5% of children ages 18 and under, 86.0% of young adults ages 19 to 25, 86.3% of adults ages 26 to 44, 90.8% of adults ages 45 to 64, and 98.7% of seniors ages 65 and older had health insurance.¹⁴⁰ Health insurance coverage for each age group was lower than the Healthy People 2030 (HP2030) national target of 92.1% health insurance coverage for all individuals under age 65, with the exception of children ages 0 to 18 years.¹⁴³ See **Table 46** for health insurance coverage in SDC in 2018.

¹³⁹ SpeedTrack Inc.; U.S. Census Bureau.

¹⁴⁰ The County of San Diego Health and Human Services Agency (HHS), Public Health Services, Community Health Statistics Unit, December 2020. U.S. Census Bureau, 2014-2018 American Community Survey 5-year estimates.

¹⁴¹ 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/>.

¹⁴² San Diego Hunger Coalition. (2020). San Diego County Food Insecurity Estimates August 2020.

¹⁴³ The U.S. Department of Health and Human Services' HP2030 initiative represents the nation's prevention agenda for the third decade of the 21st century. HP2030 has four overarching goals: to attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and attain health literacy to improve the health and well-being of all; to create social, physical, and economic environments that promote attaining the full potential for health and well-being for all; to promote healthy development, healthy behaviors, and well-being across all life stages; and to engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve health and well-being of all.

Table 46: Health Insurance Coverage in SDC, 2018¹⁴⁰

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	95.5%	92.1%
Young adults 19 to 25 years	86.0%	92.1%
Adults 26 to 44 years	86.3%	92.1%
Adults 45 to 64 years	90.8%	92.1%
Seniors 65+ years	98.7%	N/A ¹⁴⁴

According to the California Health Interview Survey (CHIS), in 2019, 20.0% of SDC's population was covered by Medi-Cal.¹⁴⁵ See **Table 47** for details.

Table 47: Medi-Cal (Medicaid) Coverage in SDC, 2019¹⁴⁵

Description	Rate
Covered by Medi-Cal	20.0%
Not covered by Medi-Cal	80.0%

CHIS data also revealed that 13.5% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 48**).¹⁴⁵

Table 48: Regular Source of Medical Care in SDC, 2019¹⁴⁵

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	86.5%	84.0%
Has no usual source of care	13.5%	16.0%

Cancer and diseases of the heart were the top two leading causes of death in SDC in 2018.¹⁴⁶ 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>.

¹⁴⁴ HP2030 does not include targets for individuals ages 65 and older.

¹⁴⁵ 2019 CHIS.

¹⁴⁶ The County of San Diego HHSA, Public Health Services, Community Health Statistics Unit (2020), *Leading Causes of Death Workbook 2011-2018*.

Table 49: Leading Causes of Death in SDC, 2018¹⁴⁶

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	4,988	23.1%
Diseases of the Heart	4,655	21.5%
Alzheimer's Disease	1,461	6.7%
Cerebrovascular Diseases	1,446	6.7%
Accidents/Unintentional Injuries	1,250	5.8%
Chronic Lower Respiratory Diseases	1,007	4.7%
Diabetes Mellitus	775	3.6%
Essential Hypertension and Hypertensive Renal Disease	453	2.1%
Influenza and Pneumonia	451	2.1%
Intentional Self-Harm (Suicide)	435	2.0%
All Other Causes	4,679	21.7%
Total Deaths	21,600	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 with 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 2020 Report of Activities conducted in support of the objective(s), and FY 2021 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 a priority health need affecting members of the communities served by SMH.
- Data analysis in the SMH 2019 CHNA revealed a higher number of hospital discharges due to Type 2 diabetes in communities within SDC facing greater socioeconomic challenges.¹⁴⁷
- 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

¹⁴⁷ Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018; OSHPD via SpeedTrack®, Inc., 2017.

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; poor 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 2018, there were 775 deaths due to diabetes in SDC overall. The age-adjusted death rate due to diabetes was 20.5 per 100,000 population.¹⁴⁸
- In 2018, there were 4,529 hospitalizations due to diabetes in SDC. The age-adjusted rate of hospitalization was 127.9 per 100,000 population in 2018, which was higher than the age-adjusted rate in 2017 (122.9 per 100,000 population).
- In 2018, there were 5,572 diabetes-related ED visits in SDC. The age-adjusted rate of diabetes-related ED visits was 158.9 per 100,000 population.
- According to 2019 CHIS data, 8.8% of adults living in SDC indicated that they had ever been diagnosed with diabetes, which was slightly lower than the state of California (9.9%). Diabetes rates among seniors were particularly high, with 18.7% 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.
- According to a report from the California Department of Public Health (CDPH), the age-adjusted prevalence of prediabetes among California adults ages 18 and over was 14.9% in 2017, and the age-adjusted prevalence of Type 2 diabetes was 8.3% (CDPH, *Burden of Diabetes in California, 2019*).
- Data presented by the United Health Foundation (UHF) indicates that, in 2018, diabetes prevalence in California was highest among American Indian/Alaskan Natives (24.0%), followed by individuals of other race (19.5%), non-Hispanic Black individuals (14.8%) and multiracial individuals (12.8%) (UHF, 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

¹⁴⁸The 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. Data is based on "underlying cause of death" information from all death certificates filed in SDC in 2018. 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*." (CDPH, Center for Health Statistics, Office of Health Information and Research, Vital Records Business Intelligence System. Prepared by County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit, October, 2020.)

diagnosed with diabetes in the U.S. has more than doubled in the last 20 years as the U.S. population has aged and become more overweight (CDC, 2020).

- According to the CDC's 2020 *National Diabetes Statistics Report*, 89% of adults diagnosed with diabetes between 2013 and 2016 were overweight or obese, and 68.4% had high blood pressure. Factors that may reduce the risk of diabetes complications include having a usual source for diabetes care; meeting recommended physical activity goals; managing or losing weight; managing A1C levels, blood pressure and cholesterol; and quitting smoking.
- The CDC estimates that 34.2 million people in the U.S. had diabetes in 2018. Of those individuals, 21.4% met laboratory criteria for diabetes but were not aware they had the disease (CDC, *National Diabetes Statistics Report*, 2020).
- According to the CDC, diabetes increases the risk of heart disease and stroke and can lead to other serious complications, such as kidney failure, blindness, and amputation of a toe, foot, or leg. People with diabetes spend more on health care, have fewer productive years, and miss more work days compared to people who don't have diabetes (CDC, 2020).

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 conferences to share best practices in diabetes treatment and control with the broader health care community

FY 2020 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 Care and Education Specialists, 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 response to the COVID-19 pandemic, in March, the Sharp Diabetes Education Program (Sharp's systemwide diabetes education program) quickly transformed its supportive diabetes management services to connect and provide assistance to patients in need via telephone. Between March and May, the Sharp Diabetes Education Program provided more than 500 hours of free, unreimbursed telephone calls to support approximately 900 individuals with diabetes throughout SDC.

The SMH Diabetes Education Program planned to provide education and lectures to a

variety of community groups, as well as participate in several events and conferences in FY 2020, however, beginning in March, most in-person opportunities were canceled or postponed due to the COVID-19 pandemic. Despite these limitations, the Sharp Diabetes Education Program provided fundraising and team participation for the 2020 San Diego Heart & Stroke Walk Digital Experience in September.

The SMH Diabetes Education Program is actively involved with San Diego's renal health community. In FY 2020, 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 200 community members who are either anticipating or have undergone a kidney transplant or have experienced kidney disease.

The Sharp Diabetes Education Program continued to collaborate with Family Health Centers of San Diego's (FHCSD's) Diabetes Management Care Coordination Project (DMCCP) to provide education to FHCSD patients with diabetes. Through DMCCP, Sharp's Certified Diabetes Care and Education Specialists provide weekly group health and nutrition education, healthy cooking demonstrations and physical activity classes to patients with diabetes at multiple FHCSD sites, including those in the central region. In FY 2020, Sharp's Certified Diabetes Care and Education Specialists provided 10 lectures in English and one in Spanish to nearly 90 community members at FHCSD's Logan Heights, City Heights and Diamond neighborhood sites. 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 addition, project "graduates" offer peer support and education to current enrollees in both English and Spanish. The DMCCP also monitors participants' physical activity as well as their A1C and blood glucose levels, which the project has proven to successfully lower and maintain. In 2020, 60% of DMCCP enrollees saw an overall decrease in their A1C levels.

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 2020, the team provided these patients with a variety of education and resources to support a healthy pregnancy. Education 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 SMH, the

Sharp Diabetes Education Program provided services and education to more than 310 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's Certified Diabetes Care and Education Specialists received training offered by Sharp's Equality Alliance regarding the different cultural needs of diverse communities to improve the delivery of inclusive and culturally competent care.

In November, the Sharp Diabetes Education Program hosted a diabetes conference for physicians, nurses, dietitians, laboratorians, clinical and managerial leaders and other community health professionals interested in optimizing inpatient diabetes care. Held at the Hyatt Regency Mission Bay Spa and Marina, 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 New Paradigm of Treating Type 2 Diabetics; Cardiovascular Risks for Type 1 and Type 2 Diabetics; Modern New Insulins – Are They Worth the Cost?; Facts About New Diets, Human Metabolism, and Weight Loss in Patients on Insulin; EndoTool Glycemic Management in a Modern Age; and Insulin Pumps and Glucose Monitors – A Day in the Life. Exhibitor booths were also available at the conference.

The Sharp Diabetes Education Program provided education to a variety of students throughout FY 2020. In February, at Pechanga Arena San Diego, the Sharp Diabetes Education Program presented on sports nutrition and diabetes to more than 110 Sweetwater Union High School District students who are a part of the Southwest Sports Wellness Foundation — a group that provides sports medicine care and improves access to health care services for student athletes, especially those without resources. Also in February, the program provided education on glycemic management in the hospital to approximately 15 San Diego State University (SDSU) nursing students. In February and March, the Sharp Diabetes Education Program provided both in-person and virtual diabetes education — which included information on different types of diabetes, diagnoses, current technology and medication, community resources for patients, and careers in diabetes education — to approximately 40 dietetic students at SDSU. The Sharp Diabetes Education Program also mentored two dietetic interns from the SDSU San Diego Women, Infants, and Children program.

New in FY 2020, the Sharp Diabetes Education Program serves as an insulin pump training center to support endocrinologists and primary care physician (PCP) groups throughout SDC. Through this effort, the Sharp Diabetes Education Program trains community providers to use diabetes technology, including insulin pumps and blood glucose monitors, to improve patient care and health outcomes. Further, the Sharp Diabetes Education Program recently implemented an enhanced electronic medical record system to improve care coordination with more than 500 community endocrinologists and PCP groups.

FY 2021 Plan

The SMH and Sharp Diabetes Education Programs will do the following:¹⁴⁹

- Provide prediabetes and diabetes information to community members at various venues in SDC's central and north central regions, as well as through virtual platforms
- Offer a webinar discussing the relationship between COVID-19 and diabetes
- Explore collaborations to assist and educate community members experiencing food insecurity
- Explore additional opportunities to provide community-based diabetes education
- Explore future collaborations with community clinics to provide education and resources to their patients with diabetes
- Provide gestational diabetes services and resources to underserved pregnant and breastfeeding women, both at SMH and 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 about diabetes treatment and prevention to support community members with diabetes; particularly foreign language and culturally appropriate resources for diverse populations
- Participate in local and national 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
- Host a diabetes conference for health care professionals
- Explore collaboration with SMH's Cardiac Rehabilitation and Cardiac transplant teams to offer quarterly diabetes education to community members
- Explore collaborations with community 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
- Participate in 2-1-1 San Diego's (2-1-1's) Community Information Exchange (CIE) program to serve patients experiencing homelessness and other social determinants of health (SDOH) hardships by connecting them to critical community services

¹⁴⁹ Where applicable, the SMH and Sharp Diabetes Education Programs will perform these activities as COVID-19 public health and safety guidelines allow.

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 a priority health need 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% between 2014 and 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 CHNAs 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; poor 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 several 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 (HHS) for those who qualify for wraparound support.
- In 2018, cerebrovascular diseases including stroke were the fourth leading cause of death in SDC.
- In 2018, there were 1,446 deaths due to stroke in SDC. The age-adjusted death rate due to stroke was 37.4 per 100,000 population, which was higher than the HP2030 target of 33.4 deaths per 100,000 population.¹⁴⁸
- In 2018, there were 6,460 hospitalizations for stroke in SDC, a 6.3% increase from 2017. The age-adjusted rate of hospitalizations for stroke was 173.3 per 100,000 population.
- In 2018, there were 2,788 stroke-related ED visits in SDC. The age-adjusted rate of ED visits was 74.3 per 100,000 population.
- According to 2019 CHS data, 22.7% of SDC residents had ever been diagnosed with high blood pressure, while 7.9% had borderline high blood pressure. In addition, 28.1% of SDC adults reported being obese.
- According to the CDC, more than 795,000 people in the U.S. have a stroke each year, and strokes are responsible for approximately 1 out of every 20 deaths (CDC, 2020).
- 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, 2020).

Objective

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

FY 2020 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 September 2018). 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.

The SMH Stroke Program anticipated participation in several screening and educational events; however, beginning in March, events were either canceled or postponed in response to the COVID-19 pandemic.

Prior to the onset of the pandemic, the SMH Stroke Program participated in the Sharp Senior Resource Centers' Senior Health & Information Fair, held at Point Loma Community Presbyterian Church. The program provided approximately 125 community members with stroke education, including the warning signs and symptoms, what to do in the event of a 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. The SMH Stroke Program also offered attendees stroke screenings in accordance with their personal risk factors. In addition, the SMH Stroke Program participated in Sharp's health and wellness partnership with the City of San Diego by providing a presentation, titled Heart Attack and Stroke Risk Factors to six community members at the Pacific Beach/Taylor Library in January.

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 and work and school re-entry. During the COVID-19 pandemic, the support group was offered virtually to stroke survivors and their family members. Nearly 130 community members attended the YESS support group in FY 2020.

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. In response to COVID-19, meetings were transitioned to a virtual format beginning in March. SMH also continued its 15-year collaboration with the County of San Diego EMS to provide data for the SDC stroke registry.

FY 2021 Plan

The SMH Stroke Program will do the following:¹⁵⁰

- Provide stroke screening and education at events in SDC, including events for seniors and vulnerable adults
- Provide a community presentation on stroke education and prevention featuring a Sharp-affiliated physician
- Provide education for individuals with identified stroke risk factors
- Participate in Stroke Awareness Day at the Padres
- Offer stroke support groups through the SMH Rehabilitation Center
- Participate in the San Diego County Stroke Consortium
- Provide data to the SDC stroke registry
- In collaboration with the San Diego County Stroke Consortium, participate in an EMS training video on stroke

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 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.

¹⁵⁰ Where applicable, the SMH Stroke Program will perform these activities as COVID-19 public health and safety guidelines allow.

- 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 SDOH that impact seniors: lack of accessible or reliable transportation; 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 composed 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 2018, Alzheimer's disease was the third leading cause of death in SDC for all age groups.
- In 2018, 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, flu/pneumonia and Parkinson's disease.
- In 2018, 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), cancer and arthritis.
- The top three causes of ED utilization among SDC residents ages 65 and older in 2018 were unintentional injuries, falls and overall heart disease.
- According to the CDC, three 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. In 2015, the direct medical costs associated with fall injuries totaled more than \$50 billion (CDC, 2019).

- Assuming current trends continue, by 2030, nearly 115,000 residents 55 years and older will be living with Alzheimer's Disease and Related Dementias, representing a 36.5% increase from 2015 (*Alzheimer's Disease and Related Dementias in San Diego County*, 2018).
- In 2018, 71.6% of the influenza hospitalizations and 85.4% 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 2020, 10.6% of SDC residents ages 60 and older were considered low-income, and 16.2% were eligible for Medi-Cal coverage. In addition, 16.7% of SDC seniors were identified as living alone (CDA, 2020).
- The National Alliance for Caregiving's (NAC's) *Caregiving in the U.S. 2020* report estimates that 16.8% (41.8 million) of Americans care for an adult ages 50 and older, an increase from 14.3% in 2015. Caregiving prevalence has increased among all racial/ethnic groups, educational levels, work statuses, genders, and nearly all generations (NAC, 2020).
- The same report indicates that the majority (61%) of caregivers are women. Baby boomers account for the greatest number of caregivers (34%), followed by Generation Z (29%) and millennials (23%) (NAC, 2020).
- According to a report from NAC and Caring Across Generations (CAG), *Burning the Candle at Both Ends: Sandwich Generation Caregiving in the U.S.*, sandwich caregivers — those who provide unpaid care to an adult while also caring for children in their home — account for 28% of all caregivers (NAC & CAG, 2019).
- Per the same report, sandwich caregivers are often juggling work responsibilities while dedicating an average of 22 hours per week to caring for their loved one. Roughly a third of these caregivers report a high level of emotional stress, and a fifth report a high level of physical and financial strain (NAC & CAG, 2019).

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 vulnerable 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 2020 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 2020, the SMH Senior Resource Center developed and mailed quarterly calendars of its programs and services to community members, as well as distributed 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.

From October to March, the SMH Senior Resource Center hosted and participated in a variety of in-person education programs, health fairs, screenings and events to address the needs of seniors and caregivers. For the remainder of the year, the majority of these activities were suspended or postponed in response to COVID-19, resulting in a decrease in community member contacts compared to previous years. When possible, programs were held virtually to support continued learning during the pandemic.

From October to March, the SMH Senior Resource Center provided 13 free health education programs to more than 150 community seniors and their caregivers and loved ones. Programs were presented by experts from community organizations as well as Sharp-affiliated physicians and health care professionals with expertise in audiology, clinical nutrition, exercise physiology, diabetes, physical therapy, law, hospice, bereavement, finance and rehabilitation. Educational topics included senior services; Vials of Life; Medicare; dementia; estate and tax planning; senior transportation options; bereavement and coping with grief; women's pelvic floor health; tools and resources for caregivers; maintaining a healthy heart; and fall prevention. Programs were offered at Sharp System Offices, Ryan Family YMCA, Point Loma/Hervey Branch Library, Point Loma Community Presbyterian Church and St. Peter's by the Sea Lutheran Church.

Prior to the onset of the pandemic, the SMH Senior Resource Center provided health screenings to more than 80 seniors at five health fairs and events during the year. Screenings included hearing, stroke and hand health (e.g., arthritis, carpal tunnel syndrome, trigger finger, etc.). In addition, free monthly blood pressure screenings were provided to nearly 180 members of the senior community. As a result of these screenings, 13 seniors were referred to physicians for follow-up care. Screenings took place at the Point Loma Community Presbyterian Church, Ryan Family YMCA, War Memorial Building at Balboa Park and St. Peter's by the Sea Lutheran Church.

In FY 2020, the SMH Senior Resource Center participated in two community health fairs. 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, senior health and advance care planning (ACP) information, Vials of Life and information about community resources to approximately 125 seniors and family caregivers. Also in October, the SMH Senior Resource Center participated in Sharp's Disaster Preparedness Expo at Balboa Park, providing information to nearly 60 individuals.

In FY 2020, the SMH Senior Resource Center and the Sharp Senior Health Centers continued to provide seasonal flu vaccines in selected community settings. In FY 2020, more than 230 vaccinations were provided at eight community seasonal flu clinics, including the Senior Health & Information Fair at Point Loma Community Presbyterian Church, Orchard Apartments low-income senior housing, Salvation Army El Cajon Corps and Serving Seniors sites, including the Potiker Family Senior Residence and the Gary and Mary West Senior Wellness Center. In collaboration with San Diego County Public Health Services, the SMH Senior Resource Center and the Sharp Senior Health Centers also provided flu vaccines at the Lemon Grove Senior Center, Lakeside Community Center and George L. Stevens Senior 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. 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, outreach conducted with the flu clinic site, sharp.com, and paper and electronic newspaper notices.

Sharp Senior Health Centers are committed to connecting with underserved seniors in SDC through educational presentations and referrals to community resources and support services. From October to March, the Sharp Senior Health Centers participated in a variety of in-person education programs, health fairs, screenings and events to address the needs of seniors and caregivers. For the remainder of the year, the majority of these activities were canceled or postponed in response to COVID-19, resulting in a decrease in community member contacts compared to previous years. When possible, programs were held virtually to support continued learning during the pandemic.

In response to COVID-19 in FY 2020, Sharp Senior Health Centers offered telemedicine with both PCPs and psychiatrists to reach extremely isolated patients and maintain connection with seniors. In addition, Sharp Senior Health Centers conducted telephone calls to more than 700 patients at the start of the pandemic, sharing information about its telehealth programs to ensure their medical needs were met, as well as providing assistance beyond standard patient care. This included a general wellness check-up, referrals for further assistance and resources for loneliness. Further, throughout FY 2020, a social worker specializing in geriatrics at the Sharp Senior Health Centers provided free resource assistance and information on various community programs and services via in-person meetings and telephone calls to more than 150 individuals — including patients and their family members as well as referred community members. Resources addressed a range of individual needs, including but not limited to navigating insurance options; mental health concerns, dementia and caregiving; counseling; transportation; support groups; meal delivery programs; housing; end-of-life issues; and advance directives.

In October, the Sharp Senior Health Centers provided education and resources, including advance directives, Vials of Life and information for seniors at the Sharp

Senior Resource Centers' Senior Health & Information Fair at Point Loma Community Presbyterian Church. Also in October, education and resources were provided to 20 attendees at Sharp's Understanding Your Medicare Options event at Pacific Beach Taylor Branch Library and approximately 50 attendees at a Medicare open enrollment event at San Diego Oasis.

In FY 2020, 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 12 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), Jewish Family Service of San Diego (JFS), Caregiver Coalition, County of San Diego Aging and Independence Services, Adult Protective Services, Southern Caregiver Resource Center, Alzheimer's San Diego, San Diego Community Action Network, SDCCOA, National Active and Retired Federal Employees Association, Community Center for the Blind and Visually Impaired, Cabrillo Credit Union Supervisory Committee, Ryan Family YMCA, San Diego Senior Community Foundation, Point Loma/Hervey Library, San Diego Square, St. Paul's PACE, St. Peter's by the Sea Lutheran Church, Downtown San Diego Silvercrest Residence and HICAP. From March through the remainder of the year, several organizations met virtually in response to the COVID-19 pandemic.

In addition, the Sharp Senior Health Centers provided internships to two nurse practitioner students from the University of San Diego (USD) and Azusa Pacific University (APU) in FY 2020. Further, a licensed clinical social worker (LCSW) with Sharp Senior Health Centers provided Sharp Health News (Sharp's online news center) as well as the National Association of Social Workers with expert advice on suicide among older adults.

FY 2021 Plan

The SMH Senior Resource Center and the Sharp Senior Health Center will do the following:¹⁵¹

- Provide information, resources and support to address relevant concerns of community seniors and caregivers

¹⁵¹ Where applicable, the SMH Senior Resource Center and Sharp Senior Health Center will perform these activities as COVID-19 public health and safety guidelines allow.

- Provide community health information and resources through educational programs and a variety of health screening opportunities
- Produce and distribute quarterly calendars to San Diego households, highlighting events of interest to seniors and family caregivers
- Provide Vials of Life to community seniors
- Provide seasonal flu vaccinations at three sites to seniors and community members who face challenges in accessing care, specifically vulnerable adults
- Participate in and coordinate community health fairs and conferences, including virtual events
- Create Zoom and YouTube tutorials to help seniors transition to using virtual platforms to support their educational and social connection needs
- 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
- In collaboration with SMV's Senior Intensive Outpatient Program, provide education on depression, senior behavioral health, and loneliness and isolation
- Collaborate with Serving Seniors and SMV to provide mental health education
- Maintain active relationships with organizations that serve seniors in Point Loma, SDC's north central and central regions, and Downtown San Diego
- 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
- Explore collaboration with the Food Bank to provide nutrition education to seniors
- Provide quarterly educational presentations to community seniors at Sharp Senior Health Center Clairemont and Potiker Family Senior Residence
- Provide free education to new Medicare enrollees at various SDC locations
- Serve as a resource for senior health and well-being through various media sources
- Explore opportunities to provide telehealth services to vulnerable individuals in Downtown San Diego, including various types of education

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 were identified in the SMH 2019 CHNA as priority health needs 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.
- As part of the SMH 2019 CHNA, a focus group composed 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 when it comes to 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 community health: 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 (e.g., 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.¹⁴⁷
- In 2018, diseases of the heart were the second leading cause of death for SDC.
- According to 2019 CHIS data, 22.7% of SDC residents had ever been diagnosed with high blood pressure, while 7.9% had borderline high blood pressure. In addition, 28.1% of SDC adults reported being obese.
- In 2019, 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, 2020).
- 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. The age-adjusted prevalence of obesity among U.S. adults was 42.4% in 2017-2018 (CDC, 2020).
- According to the article *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 (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 community health education classes and support groups on a variety of topics
- Offer health literacy resources through the Cushman Wellness Center Community Health Library and outreach at community events
- Provide health education and resources at community-sponsored health fairs and events
- Provide fundraising support for nonprofit health organizations

FY 2020 Report of Activities

In FY 2020, the OPP and various departments at SMH reached more than 1,850 patients and community members through free health education classes and support groups. From October to February, programs were held both on-site at the SMMC as well as at community sites. In response to the COVID-19 pandemic, beginning in March many classes transitioned to virtual formats while others paused entirely, resulting in a significant reduction in community member contacts in FY 2020.

Education classes covered various aspects of health and wellness, including diabetes, cancer and childbirth. In addition, monthly integrative medicine classes invited both employees and members of the community to learn about the emotional, mental, social, spiritual and environmental influences that affect health. In-person sessions took place from October to February and included Inflammation: Public Enemy #1; Yoga to Renew Your Body and Spirit; Biofeedback: A Medication-free Self-regulation Technique; Connected: Music for the Heart; and Living With Grief and Loss: A Fact of Life. Classes were cancelled from March to May due to COVID-19, then resumed in June with both in-person and virtual options. These sessions focused on supporting health and well-being during COVID-19, including Grief and Gratitude During Uncertain Times; Has Stress Got You Feeling a Mess?; Beyond Prozac: Natural Therapies for Treating Anxiety and Depression; and Immunity: Your First Line of Defense. In addition, through Sharp's wellness partnership with the City of San Diego, in January, an SMH nurse led a class titled One Heart and Many Arteries: Heart Attack and Risk Factors, at the Pacific Beach/Taylor Branch Library.

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. Sharp Rehabilitation Services (Sharp Rehab) also hosted free support groups, including the Sharp Players and Men's Spinal Cord Injury (SCI) support groups.

Fifteen individuals participated in the Sharp Players support group in FY 2020, 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. The group met weekly until March, after which the meetings were paused as a result of COVID-19. The Men's SCI support group also met monthly until March, followed by twice-monthly Zoom meetings during the pandemic. The group served approximately 50 meeting attendees in FY 2020 and included an additional 150 community members through an electronic resource and support network.

In response to COVID-19, the SMH Spiritual Care and Education Department provided several news interviews highlighting how clergy and hospital chaplains across the nation were approaching the provision of end-of-life care amid patient visitor restrictions. One interview was included in a *Washington Post* article, *In Life's Last Moments, U.S. Clergy Minister to the Sick and Dying via FaceTime and Zoom*; another interview was part of an ABC 10News San Diego story, *San Diego Hospital Chaplains Ministering to Coronavirus Patients — From Afar*. In April, two SMH chaplains contributed to an article for Sharp Health News titled "Grieving the Loss of a Loved One in Isolation." Through these interviews, chaplains discussed strategies for obtaining grief support during COVID-19, such as seeking phone- or video-based counseling from religious organizations or mental health providers, as well as joining an online support group. The chaplains also emphasized the importance of self-care and finding creative ways to honor a loved one during the pandemic.

The OPP houses 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 about pertinent health news as well as upcoming community education classes and support groups. Each quarter in FY 2020, the library mailed approximately 400 newsletters and electronically delivered approximately 200. Community members can 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.

Throughout the year, SMH provided coordination, support and related fundraising activities for the 2020 San Diego Heart & Stroke Walk Digital Experience as well as served as a blood donation site for Sharp's FY 2020 systemwide blood drive to collect life-saving blood for those with medical needs. SMH anticipated participating in additional community events in FY 2020, and providing health education and resources at local health fairs. However, most community events were cancelled or postponed as a result of COVID-19.

In FY 2020, SMH went above and beyond in its community response to the COVID-19 pandemic. Following the outbreak, the hospital immediately developed the SMH Family Resource Center (FRC) — a massive tent structure outside of the ED — to help connect family members to their hospitalized loved ones during mandatory visitor restrictions. The location quickly evolved into a place of support for other community members, including individuals searching for their family and friends at other hospitals, as well as seeking guidance about COVID-19 testing and treatment. The SMH FRC attended to the needs of thousands of concerned San Diegans during this unforeseen community health crisis.

FY 2021 Plan

SMH will do the following:¹⁵²

- Provide education classes for community members on a variety of health topics
- Provide support groups for community members on issues such as cancer, rehabilitation and maternal health
- Develop and distribute quarterly newsletters to inform the community of health education and screening opportunities and raise 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.

¹⁵² Where applicable, SMH will perform these activities as COVID-19 public health and safety guidelines allow.

- 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 composed 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 (e.g., 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 2019 were (in rank order): breast (20.4%), prostate (10.0%), lung (6.7%), cancers of the hematopoietic and reticuloendo system¹⁵³ (6.0%) and colorectal (5.2%). In total, there were 2,520 new cases of cancer at SMH in 2019.
- In 2018, cancer was the leading cause of death for SDC residents and was responsible for 23.1% of all deaths.
- There were 4,988 deaths due to cancer (all types) in SDC in 2018. The age-adjusted rate of death due to cancer was 132.2 deaths per 100,000 population in SDC.¹⁴⁸
- In 2018, 17.6% of all cancer deaths in SDC were due to lung cancer, 8.5% to colorectal cancer, 8.4% to female breast cancer, 8% to pancreatic cancer, 6.6% to prostate cancer, 5.3% to female reproductive cancers, 5.2% to liver cancer, and 3.6% each to brain cancer and leukemia.
- The American Cancer Society (ACS) estimates that, in 2020, there will be 172,040 new cancer cases diagnosed and 60,660 cancer deaths in the state of California (ACS, 2020).
- According to findings from the ACS *Cancer Facts & Figures 2020* report, the 40% decrease in the female breast cancer death rate between 1989 and 2017 is attributed to improvements in early detection, namely screening and increased

¹⁵³ Cancers of the hematopoietic and reticuloendo system include various malignancies that impact the blood and immune system, such as Hodgkin's and non-Hodgkin's lymphoma, leukemia and myeloma (Sharp Cancer Registry, 2020).

awareness of symptoms, as well as improved treatment. Older age and being female are the strongest risk factors for breast cancer. Potentially modifiable factors associated with increased risk include weight gain after the age of 18 and/or being overweight or obese; menopausal hormone therapy; alcohol consumption; and physical inactivity (ACS, 2020).

- The same report indicates that people with lower socioeconomic status have higher cancer death rates than those with higher socioeconomic status, regardless of demographic factors such as race/ethnicity. Racial and ethnic disparities in the cancer burden largely reflect disproportionate poverty. Social inequalities, including communication barriers and provider/patient assumptions, can affect interactions between patients and physicians and contribute to miscommunication and/or delivery of substandard care (ACS, 2020).
- A recent study by the ACS found that at least 42% of newly diagnosed cancer cases in the U.S. — about 750,000 cases in 2020 — are potentially avoidable. This includes the 19% of all cancers caused by tobacco use as well as the 18% caused by a combination of excess body weight, alcohol consumption, poor nutrition and physical inactivity (ACS, 2020).
- 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. Clinical trials explore new ways to prevent, detect or treat disease, using new drugs or combinations of drugs, new surgical procedures or devices, or new ways to use existing treatments. Clinical trials offer hope for many people, and an opportunity to help researchers find better treatments for others in the future (NIH, 2019).

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
- Participate in cancer clinical trials, including screening and enrolling patients

FY 2020 Report of Activities

The Cancer Centers of Sharp HealthCare (Cancer Centers of Sharp) include the SMH Laurel Amtower Cancer Institute, David and Donna Long Center for Cancer Treatment at Sharp Grossmont Hospital, and Douglas & Nancy Barnhart Cancer Center at Sharp Chula Vista Medical Center. The Cancer Centers of Sharp are accredited by the American College of Surgeons Commission on Cancer as an Integrated Network Cancer Program, demonstrating Sharp's commitment to meet rigorous standards and improve the quality of care for patients with cancer. In addition, 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 SMH Laurel Amtower Cancer Institute serves community members, patients and their loved ones through a variety of free cancer support groups, education classes and workshops, and community events, as well as patient navigation and other support services. In FY 2020, cancer support groups, workshops and classes met in-person from October to February, then paused in March and April in response to the COVID-19 pandemic. During this time, the Cancer Centers of Sharp collaborated to provide a range of support groups and workshops to community members through online formats. With the exception of exercise-based classes, all classes were made available again between May and July. The new virtual options allowed for safe, ongoing education and support amid social distancing guidelines, while also expanding participation to individuals beyond the San Diego community.

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 patients with cancer; patients and survivors of head and neck cancer; individuals living with a brain tumor or brain cancer and their family and caregivers; and young patients with cancer (ages 20 through early 40s), including a group for those in cancer stages 0-3, and a group for young patients with advanced cancer. In addition, groups were available twice per month for individuals living with breast cancer and those with advanced cancer. Additional support groups were made available virtually by the Cancer Centers of Sharp following COVID-19. This included a twice-monthly general cancer support group for individuals with any diagnosis at any stage, as well as a twice-monthly men's cancer support group.

Approximately 250 community members were reached through classes that addressed the mental and emotional well-being of individuals impacted by cancer. This included the monthly Cancer and the Arts class, which provided participants with an outlet to cope with cancer through creativity and art, as well as the weekly Relaxation Skills workshop, which taught physical and mental exercises to help relieve cancer-related stress. In addition, a Cancer and Stress 101 class was offered in November and January to provide information and practical tools to help those with cancer, survivors of cancer and family members manage the stress that commonly accompanies a cancer diagnosis. Further, monthly Lunch and Learn workshops — including one for those newly diagnosed with cancer and another for individuals undergoing or nearing the completion of treatment — invited patients with cancer, survivors and caregivers to a complimentary lunchtime discussion about the emotional aspects of cancer. In response to COVID-19 social distancing guidelines, the Lunch and Learn workshops were converted into a monthly New Cancer Diagnosis webinar focused on coping, adjusting and growing through one's new cancer experience. Additional monthly workshops and webinars were made available virtually by the Cancer Centers of Sharp following COVID-19. This included the Art and Chat, Relaxation and Quieting the Mind, Chemo Brain: Improving Memory and Concentration, and Scanxiety: Managing the Fear of

Cancer Recurrence workshops, as well as a monthly Survivorship: Life After Cancer webinar.

Approximately 40 community members attended classes designed to support nutritional needs during cancer. This included twice-monthly nutrition classes for attendees who were either currently receiving or recently finished treatment for breast cancer as well as their family or 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 October, a similar class was held that focused on nutrition before, during and after treatment for any type of cancer. The class provided patients with cancer and their family and friends with basic nutrition guidelines, meal planning strategies and dietary recommendations to manage the side effects of treatment. In April, both nutrition classes were converted into YouTube video presentations and made available on sharp.com for viewing at any time. As of December 2020, the videos have received nearly 150 views.

In FY 2020, the Laurel Amtower Cancer Institute continued to provide free monthly education classes on lymphedema — swelling 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. Nearly 40 individuals participated in the classes in FY 2020, which provided an overview of lymphedema and information on risk reduction and treatment options. Participants also received educational and community resources, including a guide to local medical vendors to purchase a compression garment to help manage their condition. In addition, Healthy Steps classes served approximately 145 attendees in FY 2020. Using 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 with other chronic health conditions. Healthy Steps met weekly from October through mid-March, after which the classes were put on hold through the remainder of FY 2020 in response to COVID-19.

In FY 2020, the Laurel Amtower Cancer Institute continued to partner with Sharp HospiceCare to provide free, monthly ACP workshops. Led by a Sharp ACP professional, the workshops educated approximately 25 community members about the ACP process and basic tools for developing an advance directive. In addition, in January, team members and Master of Social Work student interns provided information and hand-outs on ACP and palliative care to approximately 50 patients, caregivers and visitors passing through the hospital.

The Laurel Amtower Cancer Institute hosted specialized breast cancer education and events for individuals with an existing diagnosis, survivors and community members interested in reducing their risk. Team members participated in several events in recognition of Breast Cancer Awareness Month in October. This included a free

community event at the OPP, titled Think Pink! An Inspirational Evening for Breast Awareness, which educated approximately 30 community members about breast cancer risk, nutrition, stress reduction, and available community resources and support services. Also at the OPP, staff hosted Art at Night! A Celebration of Breast Cancer Survivorship. The event engaged 15 breast cancer survivors in the creation of unique art pieces celebrating survivorship for display at various Breast Cancer Awareness Month events throughout SDC. Further, a representative from the SMH Breast Health Center spoke on KUSI News regarding risk factors, symptoms, diagnosis and treatment of male breast cancer. In addition, physician-led Breast Cancer Education Forums were held in October and February. The free events helped 10 community members with a recent breast cancer diagnosis understand their pathology reports, the various stages of their cancer and treatment options. Video recordings of the forums were posted on sharp.com following the COVID-19 outbreak.

In recognition of National Cancer Survivors Day® in June, the Laurel Amtower Cancer Institute collaborated with the David and Donna Long Cancer Center to provide a virtual community event. The celebration engaged approximately 100 community members in online presentations on cancer-related topics including stress and nutrition, as well as featured relaxation-focused breakout rooms and a question-and-answer session with Sharp's cancer team members.

The Laurel Amtower Cancer Institute includes the Neuro-Oncology Center and the Breast Health Center, with designated LCSWs, nurse patient navigators, genetic counselors, dietitians and clinical trials specialists who support and guide patients with cancer and their families from the time of diagnosis through the course of treatment. In FY 2020, LCSWs provided free psychosocial counseling and support as well as referrals to community organizations to approximately 1,000 patients and family members. Nurse navigators provided ongoing guidance for patients and families impacted by all cancer diagnoses, including but not limited to breast, head and neck, lung, pancreas, colorectal, testicular, gynecological, and brain and spinal tumors. This included assistance with 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, Food Bank, Southern Caregiver Resource Center, 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 (NCI), Acoustic Neuroma Association, Breast Cancer Angels and the Cancer Project. In addition, throughout the year, the Laurel Amtower Cancer Institute provided a dedicated oncology transport van to assist patients with cancer in need of transportation to and from their treatment appointments during afternoon hours. Approximately 1,100 patient trips were provided in FY 2020.

For more than 20 years, the Clinical Oncology Research (COR) Department at Sharp has conducted clinical trials to facilitate the discovery of new and improved treatments for patients with cancer and to enhance scientific knowledge for the larger health and research communities. Sharp's COR program includes a balanced portfolio of industry-sponsored, investigator-initiated and NCI-funded studies. Industry-sponsored and investigator-initiated studies explore the efficacy and safety of novel cancer therapeutic agents or technologies to benefit the most common cancer types. NCI-funded studies focus on optimizing the standard of care. Due to implementation challenges, these studies are not widely available, and organizations undergo a rigorous process to participate as a member of the NCI's National Clinical Trials Network. The network offers a small amount of federal funds to support this work, and consequently, Sharp and other participating organizations conduct these studies at a financial loss. Sharp's COR has been consistently offering NCI-funded studies to the local community since 2007. Sharp's COR collaborates with 22 physician-investigators throughout SDC's south, east and central regions. This brings innovative treatments close to patient homes and minimizes the travel time for their care. In FY 2020, the COR considered 944 patients for participation in oncology clinical trials. As a result, 63 patients were enrolled to participate in cancer research studies. Clinical trials focused on multiple types of cancer, including but not limited to brain, breast, colon, head and neck, lung, lymphoma, pancreatic, prostate and spinal cord.

FY 2021 Plan

The Laurel Amtower Cancer Institute at SMH will do the following:

- Provide virtual education classes and workshops on topics including nutrition, lymphedema and emotional well-being for patients and community members impacted by cancer
- Provide monthly virtual ACP workshops for patients and community members
- Provide a virtual brain tumor workshop for patients and community members
- Provide a variety of cancer-related virtual support groups for community members, patients, and their loved ones and caregivers
- Collaborate with the Cancer Centers of Sharp to provide virtual workshops on various cancer wellness topics, including Spanish-language options
- Host a free community webinar to educate patients, families and caregivers about health and well-being during the cancer treatment journey
- Boost education and awareness about low-dose computed tomography (CT) lung cancer screenings
- Provide cancer education and resources at community health fairs and events as permitted by COVID-19 public health guidelines
- Through philanthropic support, provide transportation services for patients with cancer in need of assistance to and from treatment appointments
- Conduct clinical trials to discover cancer treatments and inform the broader health and research community
- 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 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 accidents.
- 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 2018, accidents (unintentional injuries) were the fifth leading cause of death for SDC overall. Unintentional injuries (e.g., 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 2014 and 2018, more than 6,100 San Diegans died from injuries that were not self-inflicted.
- In 2018, there were 1,221 deaths due to unintentional injury in SDC. The county's age-adjusted death rate due to unintentional injury was 34.44 deaths per 100,000 population. In 2018, unintentional injury accounted for 5.7% of all deaths in SDC.¹⁴⁸
- In 2018, there were 35,888 hospitalizations related to unintentional injury in SDC. The age-adjusted rate of hospitalizations due to unintentional injury was 989.1 per 100,000 population.
- In 2018, there were 177,616 ED visits related to unintentional injury in SDC. The age-adjusted rate of ED visits due to unintentional injury was 5,624.6 per 100,000 population.
- According to a report from the County of San Diego Department of the Medical Examiner, in 2019, half 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 OSHPD injury data indicates that, in 2018, unintentional injuries caused more than 14,100 deaths, 2.5 million ED visits, and more than 273,000 hospitalizations in California (CDC WONDER Online Database, 2018; SpeedTrack, Inc., 2018).
- In 2017, the CDC recorded approximately 29.4 million ED visits in the U.S. for unintentional injuries (CDC, 2017).

- In 2018, unintentional injury was the third leading cause of death across all age groups in the U.S., accounting for more than 167,000 deaths. Unintentional injury was the leading cause of death in the U.S. for people ages 1 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 WONDER Online Database, 2020).
- According to data from National Center for Health Statistics, in 2018, nearly 138,000 deaths in the U.S. were attributed to three causes: poisoning (45.3%), motor vehicle traffic accidents (27.6%), and falls (27.2%).
- According to a 2020 report from the Children's Initiative titled *Report Card on Children, Families, and Community, 2019*, more children die or become seriously hurt from injuries than from all childhood diseases combined, and childhood injuries can result in long-term disabilities. They can be prevented by changing the environment, behaviors, products, social norms, and policies. The groups identified as being at greatest risk of childhood injury include children of all ages (especially older children) as well as Native American and rural children (Live Well San Diego, 2020).
- According to Healthy People 2020, 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

- Provide ThinkFirst — an injury 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 2020 Report of Activities

ThinkFirst San Diego (ThinkFirst) — a program led by Sharp Rehab — 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. ThinkFirst includes specialized health care professionals as well as individuals who have experienced traumatic injuries known as Voices for Injury Prevention (VIPs). At Sharp, VIPs help educate local youth about injury prevention using their personal stories and explaining how making safer choices could have prevented the lifelong effects of a traumatic injury.

In FY 2020, Sharp's ThinkFirst program intended to offer numerous educational opportunities for students and residents. However, due to COVID-19, many activities were either unable to continue as planned or severely limited. In total, ThinkFirst injury prevention education reached approximately 840 community members throughout SDC in FY 2020.

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 2020, Sharp's ThinkFirst program provided injury prevention education to nearly 630 students from schools throughout the county, including Bayfront Charter High School, Bonsall High School, Chula Vista High School, Coronado High School, e3 Civic High School, Hilltop High School, Hoover Senior High, Mar Vista High School, Oceanside High School, Point Loma High School, San Diego High School of Science & Technology (SciTech), San Ysidro High School and Sweetwater 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 collisions, violence and sports/recreation); disability awareness; the anatomy and physiology of the brain and spinal cord; and career opportunities in physical rehabilitation. These programs were enhanced by powerful testimonies from Sharp's VIPs.

In addition, 12 HASPI students from SciTech participated in a half-day, interactive tour of the SMH Rehabilitation Center to support their personal interests in pursuing a career in physical rehabilitation. Students rotated through three, hands-on practice stations focused on adaptive dressing techniques, wheelchair mobility, and various memory and problem-solving activities used in therapy. The experience enhanced students' understanding of physical rehabilitation and the potential challenges faced by patients following an injury.

In October, Sharp's ThinkFirst program reached approximately 200 community members at the Walk & Roll Abilities Festival at Marina View Park in Chula Vista. Organized by a former ThinkFirst 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 shared educational models of the brain and spinal cord, provided opportunities to speak with Sharp's VIPs, and led educational activities for children.

FY 2021 Plan

ThinkFirst will do the following:¹⁵⁴

- With grant funding, provide and expand educational program offerings to schools and organizations in SDC
- Partner with schools to assess the provision of virtual injury prevention education
- With grant funding, increase community awareness of ThinkFirst through attendance and participation at community health fairs and events
- 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, build HASPI partnerships and expand educational presentations to schools in North County, Coronado and South Bay
- As requested, provide education to health care professionals and college students interested in health care careers
- With grant funding, 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 and Career Pathways in Health Care

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 1 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

¹⁵⁴ Where applicable, ThinkFirst will perform these activities as COVID-19 public health and safety guidelines allow.

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).
- A report from California's Department of Consumer Affairs (DCA) identified the following barriers to facilitating training programs in allied health professions: prohibitions on payment by program accrediting entities; lack of demographic and workforce data needed to recognize needs and opportunities; misalignment between allied health training programs and registered apprenticeship opportunities; lack of coordination between state authorities and health workforce training programs; funding; and difficulty finding clinical practicum sites and sponsors (DCA, 2019).
- Total employment in California is projected to grow 8.4% between 2018 and 2028, reflecting an increase of 1.6 million jobs statewide over the decade. The health care and social assistance sector is expected to be one of the fastest-growing industries in California, with 20.0% growth anticipated (California Employment Development Department (EDD), 2020).
- According to the U.S. Bureau of Labor Statistics' (BLS') *Employment Projections – 2019-2029* report, health care support occupations and those associated with health care (including mental health) account for 13 of the 30 fastest-growing occupations from 2019 to 2029. Demand for health care services by aging baby boomers, along with people who have chronic conditions, will drive the projected employment growth. (BLS, 2020).
- In a report titled *The Complexities of Physician Supply and Demand: Projections From 2018 to 2033*, the American Association of Medical Colleges (AAMC) projects that U.S. physician demand will grow faster than supply, leading to a projected total physician shortage of between 54,100 and 139,000 physicians by 2033. The shortage of PCPs is expected to range from 21,400 to 55,200, while the shortage of specialty care physicians is expected to range from 33,700 to 86,700 (AAMC, 2020).
- According to the Healthforce Center at the University of California, San Francisco (UCSF), although data suggest that the number of new registered nurse (RN) graduates entering the profession is larger than the number retiring, employers indicate reluctance to hire new graduates to fill newly-vacant positions. In 2018, more than 25% of California's RNs had less than 5 years of experience in nursing, and employers may face difficulty supporting these nurses as they transition from novices to experts (UCSF, 2020).
- Forecasting performed by the Healthforce Center at UCSF indicates that 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 practicing

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).

- 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 offering health career pipeline programs for students from low-income backgrounds; providing academic, advising and health career development support to underrepresented college students; expanding educational programs that train students to provide health care in underserved communities and providing scholarships for low-income students (CFHWC, 2019).
- A CHCF survey of frontline health care workers during COVID-19 reflects the mental and emotional toll of providing patient care during the pandemic. Three in ten providers indicated that they are at least “somewhat” likely to reduce their hours or change where they practice or work, while 2 in 10 say they are at least “somewhat” likely to retire early or stop providing direct patient care. And, 1 in 10, is at least “somewhat” likely to leave the health care field temporarily or altogether (CHCF, 2020).

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
- Collaborate with local schools to promote interest and provide career pathways in health care
- Provide training for local, national and international health care professionals

FY 2020 Report of Activities

In FY 2020, SMH collaborated with local, state and national schools, colleges and universities to provide hospital-based opportunities for students to explore and train for a variety of careers in health care. Although still significant, in FY 2020, student participation in some of these programs declined as a result of temporary interruptions to on-site learning caused by COVID-19.

SMH and the OPP offered various placement and professional development opportunities for students and interns throughout SDC. More than 300 nursing students and more than 180 ancillary (non-nursing) students from a variety of colleges and universities spent approximately 83,550 hours at SMH. Program partners included

Alliant International University, APU, California College San Diego, California State University, Chico, CBD College, Clarkson University, Concordia University, Creighton University, California State University San Marcos, Emory University, EMSTA College, Grand Canyon University, Grossmont College, Grossmont Health Occupations, Keck Graduate Institute, Midwestern University, Mount St. Mary's University, National University, Old Dominion University, Palomar College, Pima Medical Institute, Point Loma Nazarene University (PLNU), Roseman University of Health Sciences, Saint Louis University, Saint Mary-of-the-Woods College, 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, University of Cincinnati, University of Southern California, University of St. Augustine for Health Sciences, University of the Pacific, University of Wisconsin-La Crosse, USD, West Coast University – Los Angeles Campus, West Coast Ultrasound Institute, and Western University of Health Sciences.

In addition, SMH team members provided guest lectures to nursing students in FY 2020. In November, this included a presentation on enteral and parenteral nutrition to approximately 20 APU students. Lectures were also provided on human trafficking — including both labor and sex trafficking — and best practices for clinicians to identify and respond to patients who have been trafficked. This included presentations in October, February and March to 100 students at PLNU as well as a virtual presentation to 30 students from Duquesne University in Pittsburgh, Pennsylvania in April.

The SMH Clinical Pastoral Education program continued to train community clergy members interested in health care chaplaincy, training 12 chaplain students in FY 2020. Throughout the year, the Spiritual Care and Education Department hosted three educational events for professional chaplains focused on best practices in chaplaincy. Each event drew 50 to 60 attendees, including graduates of SMH's chaplaincy program as well as chaplains from various hospitals and hospices in SDC. Events included Addressing Cultural Awareness and Competence; Profound Regard for the Patient: Dignity Therapy; and a virtual event titled Sharing Our Spiritual Care Practices During COVID-19.

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 10 community paramedic interns in FY 2020. Each student completed 144 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 approximately 1,440 hours of clinical training and supervision to these specialized community programs in FY 2020.

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 EMS base station in need of new MICNs — RNs who are specially trained to provide care in the pre-hospital setting. MICNs must meet the following criteria: successful completion of a 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 2020, including two six-hour Joint Base Regional Care Conferences for local EMS personnel and MICN nurses throughout SDC.

SMH continued to participate in the Health Sciences High and Middle College (HSHMC) program to provide early professional development and career pathways for high school students. During the school year, 83 students in ninth through 12th grade were supervised for approximately 11,300 hours between SMH and the OPP. Students shadowed staff in a variety of hospital departments, including administration, cafeteria, cardiac rehabilitation, case management, ED, endoscopy, laboratory, nursing units, patient transport, pharmacy, radiology and supply chain. 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, two HSHMC students devoted 180 hours to shadowing team members at SRSMD's San Diego facility located adjacent to SMMC.

Sharp Rehab provided free professional development opportunities for community and Sharp professionals in FY 2020, 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. Both the CCT and MSC courses were provided in-person prior to March, after which they transitioned to a virtual format during the COVID-19 pandemic. More than 80 health professionals received training through these courses in FY 2020.

Further, in October, Sharp Rehab partnered with the Golden State Chapter of the United Spinal Association, Cure Medical, Rehabilitation Care Coordination and other community sponsors to provide a free course titled Trending Topics for Living with Spinal Cord Injury/Disorder. Approximately 75 community rehabilitation professionals attended the event at Sharp's Spectrum office location, which included a panel discussion and speakers on the topics of life skills and independence, ability and aging, and self-advocacy in relation to living with SCI.

In 2018, the SMH assistant librarian created the Health Subcommittee for the San Diego Regional Human Trafficking and CSEC Advisory Council. This multidisciplinary group — including physicians, nurses, mental health professionals, social workers, executives and community stakeholders — was established to support health care systems in addressing human trafficking through best practice sharing, protocol

development and education. As part of this work, in FY 2020, SMH contributed to professional conferences, trainings and other events that helped equip approximately 370 community health care professionals with best practices to identify and support patients who have experienced human trafficking. Education was provided to clinical instructors from the Loma Linda University School of Nursing during the California Association of Free & Charitable Clinics conference in Orange, California; attendees of the International Association of Forensic Nurses 2020 Virtual Conference; and staff at Planned Parenthood of the Pacific Southwest, Urban Street Angels and St. Vincent de Paul. The team member also moderated the Human Trafficking and Healthcare Panel at the San Diego Human Trafficking Research and Data Advisory Roundtable conference at the Liberty Station Conference Center in February. Further, the team member provided planning support for a virtual continuing education event in August titled The Intersections of Race and Human Trafficking — an event held in partnership with Sharp Continuing Medical Education (CME), the Health Subcommittee for the San Diego Regional Human Trafficking and CSEC Advisory Council and the California Association for Nurse Practitioners – San Diego Central Chapter. Additional contributions included an article for the *Medical Library Association Global Health & Health Equity* blog titled Assisting Clinicians in Addressing Human Trafficking, and the development of a toolkit to provide health care systems with resources for human trafficking protocol development, patient assessment, and staff education and resources.

Additional presentations provided by SMH in FY 2020 included a webinar in April titled COVID-19 Colloquium: What It Is, How To Protect Yourself, and Next Steps. The webinar was led by an SMH infection preventionist for approximately 100 leadership, faculty and staff from the Ashford University College of Arts and Sciences. Several presentations were also provided at Sharp's 2019 Heart and Vascular Conference at the Hotel del Coronado in October. Led by four SMH physicians, presentations included The Prevention/Reduction and Monitoring of Cardio Toxicities in Oncology Patients; Debate – Minimally Invasive vs. Open or Structural Heart; New Interventions for Atrial Fibrillation; and Left Ventricular Assist Device/Treatments for Advanced Heart Failure.

Further, in November, the Laurel Amtower Cancer Institute supported the educational development of community health care professionals through the provision of speakers and planning activities for a continuing education conference at Sharp's corporate office location titled Sharp HealthCare Early Intervention and Prevention of Breast Cancer-Related Lymphedema.

FY 2021 Plan

SMH will do the following:¹⁵²

- Provide professional development opportunities for health professions students and interns throughout SDC
- Collaborate with HSHMC to provide opportunities for high school students to explore careers in health care
- Offer virtual CCT and MSC courses for community health professionals

- Provide education and hospital tours for the local, national and international health care community on the Planetree philosophy of care
- Participate in oncology-related continuing education opportunities for community physicians and other health care professionals
- Partner with Sharp CME to provide a continuing education series on human trafficking
- 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's 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.
- An analysis of ICD-10 (International Classification of Diseases – 10th Revision) codes indicates that, in FY 2020, a total of 2,734 patients (1,339 inpatients and 1,395 outpatients) at SMH experienced homelessness — a 21% increase compared to FY 2019.
- In addition, a total of 256 SMH patients had an ICD-10 diagnosis for problems related to living alone in FY 2020.
- In 2019, 13.5% of SDC adults, teens and children reported having no usual source of health care. In addition, 14.8% of SDC residents reported that they had not visited a doctor at all in the previous year (CHIS, 2019).
- A survey conducted by the San Diego Association of Governments (SANDAG) to assess the impact of the COVID-19 pandemic on SDC residents found that, among approximately 3,500 respondents, 71% reported having immediate unmet needs, with the most common related to food, housing, utilities, and employment. Two-thirds (66%) of those surveyed reported that their employment was negatively affected by COVID-19 and more than half (52%) reported some type of housing instability due to the pandemic (SANDAG, 2020).
- According to estimates from the San Diego Hunger Coalition, as of August 2020, 33% of San Diegans experienced food insecurity and 44% of children lived in food insecure households (San Diego Hunger Coalition, 2020).
- As of October 2020, the overall unemployment rate in SDC was 7.7%, which was lower than the unemployment rate for the state of California (9.0%) and the national rate (6.6%) during the same period (Labor Market Information, California EDD, 2020).
- The Regional Taskforce on the Homeless' January 2020 *WeAllCount* campaign estimated that there were 7,619 individuals experiencing homelessness in SDC, more than half of whom were unsheltered.
- According to findings from the CHCF's California Health Policy Survey, in 2019, over half of respondents (51%) reported that difficulties affording health care led them to take some sort of action related to delaying or skipping medical treatment or medications. Of those who postponed or skipped care due to cost, 42% said their health condition got worse (CHCF, 2020).
- In addition, 12% of CHCF survey respondents reported being uninsured in 2019, with the most common reasons cited as cost and unemployment or job loss. In addition, 37% of uninsured adults reported worrying that signing up for health insurance would draw attention to their or a family member's immigration status (CHCF, 2020).

Objectives

- Collaborate with community organizations to provide follow-up medical care, financial assistance, psychiatric and social services to individuals experiencing homelessness or who lack a safe home environment
- Collaborate with community partners to connect individuals experiencing homelessness, food insecurity or other SDOH hardships to community-based services
- Assist economically disadvantaged individuals through transportation and pharmaceutical assistance

FY 2020 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 2020, 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 Medi-Cal beneficiaries who are homeless and 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 individuals experiencing homelessness, trauma patients from the ED and any other patient who lacks clothing when leaving the hospital. SMH may also provide uninsured patients with financial assistance for medication and medical equipment. In FY 2020, SMMC assisted economically disadvantaged individuals with nearly \$105,000 in free medications and transportation through its Project HELP program. In addition, SMH funded temporary housing or skilled nursing care for several patients, including individuals experiencing homelessness.

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.

Beginning in FY 2019, SMH 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 under which people live, learn, work and play — have a significant impact on a person's

ability to access care and maintain 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 to meet those needs.

More than 100 CIE community partners — including health care organizations, the County of San Diego HHSA, housing networks, food banks and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared records enable CIE partners to evaluate an individual's SDOH needs and utilization history of community services, and to make direct referrals to critical, community-based resources. SMH case managers and social workers were trained on CIE in order to better serve vulnerable patients in the acute care setting, including those patients experiencing homelessness, food insecurity and other SDOH hardships.

In its first pilot year, implementation and utilization of CIE was delayed due to logistical barriers as well as the COVID-19 pandemic. However, in the final quarter of FY 2020, Sharp team members increased their CIE utilization and began connecting patients to community-based organizations via the platform. To date, the top three socioeconomic needs identified for Sharp patients enrolled in CIE include food, housing and utilities assistance — a reflection of the challenges faced by community members across SDC and that have been exacerbated by COVID-19. Metrics of this partnership, including demographic and utilization data, as well as volume and impact of community referrals, continue to be collected and will help to assess the value of the partnership at the end of its second year in early summer 2021.

FY 2021 Plan

SMH will do the following:

- Collaborate with community organizations that provide medical care and case management services to individuals experiencing homelessness
- Partner with the Whole Person Wellness program to provide care management to Medi-Cal patients who are homeless and high users of medical services
- Administer funds to those in need of transportation assistance or financial support for medications
- With funding from the SMH Auxiliary, provide approximately 200 items of clothing to patients who lack usable clothing at discharge
- Provide financial assistance for prescription copayments and other personal items
- Participate in 2-1-1's CIE program to serve patients experiencing homelessness and other SDOH hardships by connecting them to critical community services

SMH Program and Service Highlights

Sharp Memorial Hospital:

- 24-hour Emergency and Trauma Center, including heliport and base station — designated STEMI (ST-elevation myocardial infarction or acute heart attack) 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 Community Care Partner (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 services¹⁵⁵
- Hospice¹⁵⁶
- Imaging services, including interventional radiology
- Infection prevention services
- Intensive care units with 24-hour staffing by board-certified critical care physicians
- Interpreter services
- Laboratory services
- Mindful Café, offering healthy and nutritious food options for patients, family and staff
- 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
- Senior Resource Center

¹⁵⁵ Provided through Sharp Home Health, located at: 8080 Dagget Street in San Diego, ZIP code 92111.

¹⁵⁶ Provided through Sharp HospiceCare.

- 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
- Telehealth services
- ThinkFirst San Diego
- Van transportation services
- Warfarin management
- Weight loss (bariatric) surgery program
- Wound and ostomy inpatient services

Sharp Memorial Outpatient Pavilion:

- Diabetes education and management accredited by the ADA
- 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
- Laurel Amtower Cancer Institute, including the Breast Health Center and Neuro-Oncology Center. Services include:
 - Nutrition counseling
 - Genetic counseling
 - Nurse navigators
 - LCSWs
 - Radiation therapy
 - Infusion services
 - Diagnostic imaging
- Outpatient Imaging Center, including CT scan, virtual CT colonoscopy, and digital and 3-D tomosynthesis mammography
- Outpatient Surgery Center
- SRSMG Surgical Eye Consultants, including ophthalmology and optometry
- Summerfelt Endoscopy Center
- Vision Laser Center, including ophthalmology, diagnostic and laser treatment

Sharp Senior Health Center Downtown¹³⁷:

- 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



Addressing Behavioral Health Needs During a Pandemic

Sharp Mesa Vista Hospital and Sharp McDonald Center

The staff at Sharp Mesa Vista Hospital regularly address heightened levels of anxiety, stress and overwhelm. To keep people safe and mitigate the potential spread of COVID-19, the hospital transformed its care to continue meeting the behavioral health needs of the San Diego community. Within the first week of the pandemic, Sharp Mesa Vista began scheduling telehealth assessments and psychiatric evaluations for all ages using a secure video chat platform. Through this initiative, Sharp Mesa Vista remained committed to providing vital behavioral health services while ensuring the health and well-being of San Diegans during a time of uncertainty.

Section

11 Sharp Mesa Vista Hospital and Sharp McDonald Center

Community is a state of mind – it is the collective of shared values, beliefs, and goals for the good of humanity. This branches out into our neighborhoods, places of work, worship and activity (play).

— Shanette Smith, Senior Specialist, Sharp Mesa Vista Hospital & Sharp McDonald Center

Fiscal Year (FY) 2020 Community Benefit Program Highlights

Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) provided **\$26,468,219** in community benefit in FY 2020. See **Table 50** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697) and **Figure 30** 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 2020**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2020 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹⁵⁷	\$2,657,216
	Shortfall in Medicare ¹⁵⁷	11,889,977
	Shortfall in County Medical Services (CMS) ¹⁵⁷	9,593,812
	Shortfall in CHAMPVA/TRICARE ¹⁵⁷	1,251,007
	Charity Care ¹⁵⁸	694,183
	Bad Debt ¹⁵⁹	(144,478)
Other Benefits for Vulnerable ¹⁶⁰ Populations	Patient transportation and other assistance for the vulnerable ¹⁶¹	349,892
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 ¹⁶¹	82,492
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ¹⁶¹	94,118
TOTAL		\$26,468,219

¹⁵⁷ 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.

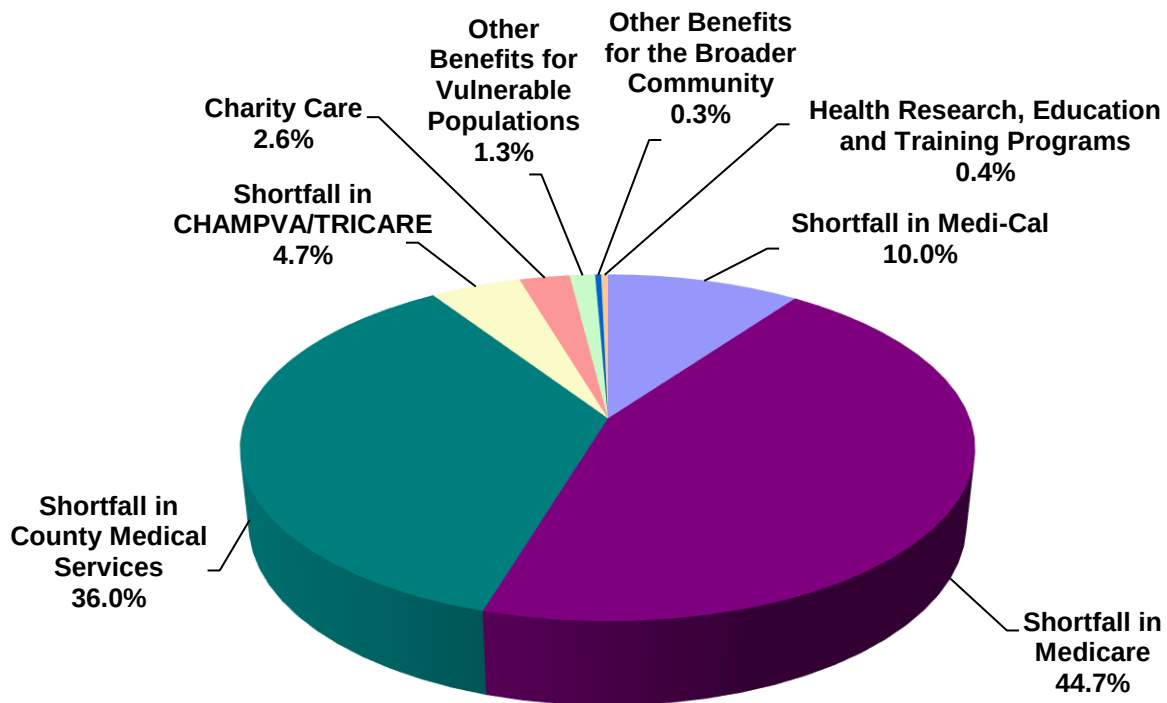
¹⁵⁸ Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

¹⁵⁹ In FY 2020, due to COVID-19 and consequent dramatic drops in patient volume, a greater amount of historical bad debt was resolved into charity care than was offset by new patient volume and subsequent new patient bad debt.

¹⁶⁰ "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>.

¹⁶¹ 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 30: Percentage of Community Benefit by SB 697 Category
Sharp Mesa Vista Hospital and Sharp McDonald Center — FY 2020**



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 and substance use assessments and referrals; programs to address barriers to behavioral health services for disadvantaged, culturally diverse urban seniors; contribution of time to 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 substance use topics, participation in community health and behavioral health events, and collaboration with local schools to promote interest and provide career pathways in health care. 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 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 2020. In addition, the category includes 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

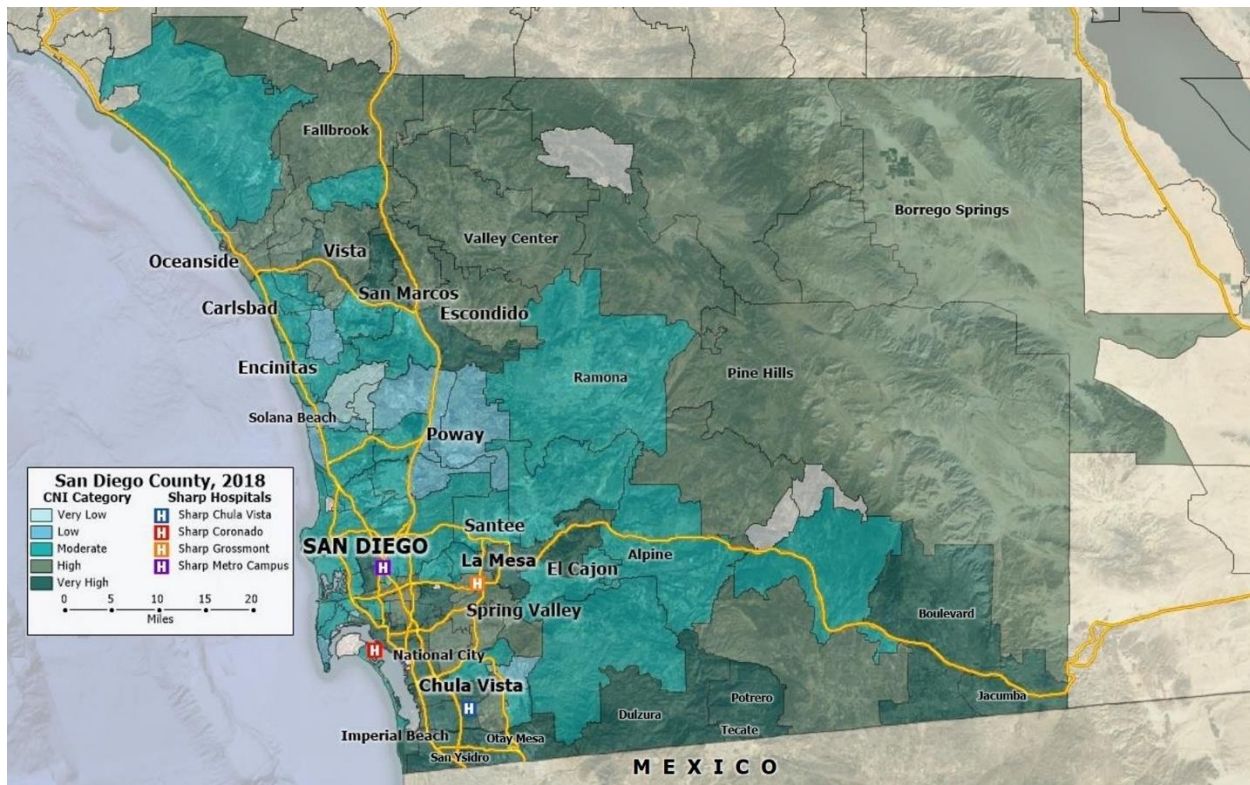
- *SMV is located at 7850 Vista Hill Avenue in San Diego, ZIP code 92123.*
- *SMC is located at 7989 Linda Vista Road in San Diego, ZIP code 92111.*
- *SMV Mid-City Outpatient Programs are located at 4275 El Cajon Boulevard, Suite 100 in San Diego, ZIP code 92105; SMV East County Outpatient Programs 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 used to identify communities within SDC with greater health disparities. The CNI measures this inequity on a scale ranging from very low health disparity to very high health disparity for every ZIP code in the U.S. This measurement is determined through an analysis of 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 31** presents a map of the CNI findings across SDC.

Figure 31: CNI Map — SDC¹⁶²



Description of Community Health

In 2020, there were 494,281 residents ages 65 and older in SDC, representing 14.8% of the population. Between 2020 and 2025, it is anticipated that SDC's senior population will grow by 17.4%.¹⁶³

In 2018, 12.5% of the SDC population reported living below 100% of the federal poverty level (FPL). The county's unemployment rate was 6.1% and 5.0% of households received Supplemental Security Income.¹⁶⁴

According to estimates from the San Diego Hunger Coalition, as of August 2020, 33% of San Diegans experienced food insecurity¹⁶⁵ and 44% of children lived in food insecure households.¹⁶⁶ In 2018, 7.2% of households in SDC received Supplemental Nutrition Assistance Program (SNAP) benefits, while 19.0% of the population lived at or below 138% FPL and were eligible for the program.¹⁶⁴ Please refer to **Table 51** for SNAP participation and eligibility in SDC.

¹⁶² Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018.

¹⁶³ SpeedTrack Inc.; U.S. Census Bureau.

¹⁶⁴ County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Community Health Statistics Unit, December 2020, U.S. Census Bureau, 2014-2018 American Community Survey 5-year estimates.

¹⁶⁵ Food security means access by all people at all times to enough food for an active, healthy life.

¹⁶⁶ <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/>.

¹⁶⁶ San Diego Hunger Coalition (2020), San Diego County Food Insecurity Estimates, August 2020.

Table 51: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2018¹⁶⁴

Food Stamps/SNAP Benefits	Percent of Population
Households	7.2%
Families with Children	6.8%
Eligibility by FPL	
Population ≤130% FPL	17.7%
Population ≤138% FPL	19.0%
Population 139% – 350% FPL	31.7%

In SDC in 2018, 95.5% of children ages 18 and under, 86.0% of young adults ages 19 to 25, 86.3% of adults ages 26 to 44, 90.8% of adults ages 45 to 64, and 98.7% of seniors ages 65 and older had health insurance.¹⁶⁴ Health insurance coverage for each age group was lower than the Healthy People 2030 (HP2030) national target of 92.1% health insurance coverage for all individuals under age 65, with the exception of children ages 0 to 18 years.¹⁶⁷ See **Table 52** for health insurance coverage in SDC in 2018.

Table 52: Health Insurance Coverage in SDC, 2018¹⁶⁴

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 Years	95.5%	92.1%
Young adults 19 to 25 years	86.0%	92.1%
Adults 26 to 44 years	86.3%	92.1%
Adults 45 to 64 years	90.8%	92.1%
Seniors 65+ years	98.7%	N/A ¹⁶⁸

According to the California Health Interview Survey (CHIS), in 2019, 20.0% of SDC's population was covered by Medi-Cal.¹⁶⁹ See **Table 53** for details.

¹⁶⁷ The U.S. Department of Health and Human Services' HP2030 initiative represents the nation's prevention agenda for the third decade of the 21st century. HP2030 has four overarching goals: to attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and attain health literacy to improve the health and well-being of all; to create social, physical, and economic environments that promote attaining the full potential for health and well-being for all; to promote healthy development, healthy behaviors, and well-being across all life stages; and to engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve health and well-being of all.

¹⁶⁸ HP2030 does not include targets for individuals ages 65 and older.

¹⁶⁹ 2019 CHIS.

Table 53: Medi-Cal (Medicaid) Coverage in SDC, 2019¹⁶⁹

Description	Rate
Covered by Medi-Cal	20.0%
Not covered by Medi-Cal	80.0%

CHIS data also revealed that 13.5% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 54**).¹⁶⁹

Table 54: Regular Source of Medical Care in SDC, 2019¹⁶⁹

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	86.5%	84.0%
Has no usual source of care	13.5%	16.0%

In 2019, 24.1% 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, 47.1% received treatment. Overall, 15% of SDC adults ages 18 to 64 reported seeing a health care provider for mental, emotional or substance use issues. Among SDC seniors, 11.4% of those surveyed in 2019 reported needing help for mental, emotional or substance use issues in the past year.¹⁶⁹

In 2018, 7,694 individuals in SDC visited the emergency department (ED) for a self-inflicted injury, an age-adjusted rate of 232.5 per 100,000 population. In total, 305 seniors (an age-adjusted rate of 63.3 per 100,000 population) visited the ED in 2018 and 105 were hospitalized (21.8 per 100,000 population) for a self-inflicted injury. During the same year, the age-adjusted suicide rate in SDC was 12.6 per 100,000 population, or 435 deaths. Among seniors, the rate of suicide was substantially higher (22.8 deaths per 100,000 population)¹⁶⁴ — much higher than the HP2030 target rate of no more than 12.8 deaths per 100,000 population.

An analysis of 2018 mortality data for SDC revealed Alzheimer's disease and suicide to be the third and 10th leading causes of death for SDC, respectively.¹⁷⁰ 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>.

¹⁷⁰ County of San Diego HHSA, Public Health Services, Community Health Statistics Unit (2020), *Leading Causes of Death Workbook 2011-2018*.

Table 55: Leading Causes of Death in SDC, 2018¹⁷⁰

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	4,988	23.1%
Diseases of the Heart	4,655	21.5%
Alzheimer's Disease	1,461	6.7%
Cerebrovascular Diseases	1,446	6.7%
Accidents/Unintentional Injuries	1,250	5.8%
Chronic Lower Respiratory Diseases	1,007	4.7%
Diabetes Mellitus	775	3.6%
Essential Hypertension and Hypertensive Renal Disease	453	2.1%
Influenza and Pneumonia	451	2.1%
Intentional Self-Harm (Suicide)	435	2.0%
All Other Causes	4,679	21.7%
Total Deaths	21,600	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 identified health needs are addressed through programs and services provided by Sharp Mary Birch Hospital for Women & 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.

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 2020 Report of Activities conducted in support of the objective(s), and FY 2021 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.
- 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) ages 18 to 26, and 16.7% were children ages 17 and under.
- 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.¹⁷¹
- According to 2019 CHIS data, 15.2% of adults in SDC have ever seriously thought about committing suicide, a 36.9% increase from 2015 (11.1%).
- In 2018, there were 442 hospitalizations attributed to substance related disorders in SDC. The age-adjusted rate of hospitalizations due to substance related disorders was 12.9 per 100,000 population.

¹⁷¹ Truven Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018; Office of Statewide Health Planning and Development via SpeedTrack®, Inc., 2017.

- In 2018, the age-adjusted rate of ED visits for substance related disorders in SDC was 124.9 per 100,000 population. Age-adjusted rates of substance related disorder ED visits were higher among males, Black individuals and those ages 25 to 44 years in comparison among groups.
- In 2018, California's state mental health authority provided treatment to 118,364 adolescents ages 13 to 17, representing 16.0% of all individuals treated by the state and a 13.4% increase from 2017 (Substance Abuse and Mental Health Services Administration (SAMHSA), 2019).
- In 2019, 15.7% of U.S. adolescents experienced a major depressive episode, of whom an estimated 43.3% received treatment for depression (SAMHSA, 2020).
- SAMHSA estimates that, in 2019, approximately 13.1 million adults in the U.S. had co-occurring mental health and substance use disorders (SAMHSA, 2020).
- According to HP2030, effective treatments for substance use problems are available, but very few people with a substance use disorder get the treatment they need. Lack of access to care, lack of screening, and stigma all contribute to this treatment gap. Promising strategies include developing best practices for screening in primary care settings and increasing provider capacity to prescribe medications for treating substance use disorders.
- 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).
- According to the 2019 CHIS, California veterans had a significantly higher rate of having seriously considered suicide at some point compared to those who did not serve. Among female veterans ages 25 to 44, 41.7% reported having seriously considered suicide in the past year, compared to 24.5% of male veterans in that age group (CHIS, 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 Corp., 2018).
- The *National Veteran Suicide Prevention Annual Report* indicated that, in 2018, 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 multiple factors, including: economic disparities; race, ethnicity and LGBTQ+ (lesbian, gay, bisexual, transgender and queer (or questioning) and others) disparities; homelessness;

service-connected disability status; social connection and isolation; and personal health and well-being (VA, 2020).

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 2020 Report of Activities

Between October and March, 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 psychotherapy, 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. Following the onset of the COVID-19 pandemic, SMV's onsite education and Friends in the Lobby programs were temporarily suspended beginning in March.

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 2020, SMV's Trauma and PTSD Recovery IOP supported approximately 700 veterans and community members impacted by trauma.

From October to March, SMV and SMC participated in a variety of community behavioral health educational events, health and wellness fairs, conferences and fundraisers. Although additional events were planned for FY 2020, beginning in March all in-person activities were suspended or canceled in response to the COVID-19

pandemic, resulting in a decrease in community member contacts compared to previous years.

SMV and SMC provided a variety of behavioral health educational opportunities and resources to community groups in FY 2020. Through Sharp's partnership with the City of San Diego, SMV and SMC clinicians delivered two lectures on the basics of behavioral health at Lopez Ridge Recreation Center in October and Mission Valley Library in February. Thirteen community members were served by these lectures. SMV also provided a lecture titled Mental Health Issues for Women and Girls to approximately 75 attendees at a Women Give San Diego event held at AMN Healthcare in November. In addition, a lecture on addiction and high stress professions was delivered in December to nearly 50 employees of the City Attorney Association of San Diego.

In FY 2020, SMV and SMC provided behavioral health education, resources and presentations to approximately 100 community members through participation in health and wellness fairs, conferences and events. This included A New PATH's True Love Not Tough Love 101 event at Joe & Vi Jacobs Center; PERT's Resource Fair at Marina Village; a Breaking Down Barriers event at JFS for LGBTQ+ community members and health providers; and Community Alliance for Healthy Minds' 12th annual Forum for Healthy Minds at California State University San Marcos (CSUSM).

SMV also sponsored and participated in several events benefitting behavioral health organizations across SDC in FY 2020. Events included NAMI's 16th 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, which was held in a virtual format; 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 professionals provided behavioral health education to the community through interviews with local news outlets, including KUSI News, ABC 10News San Diego, CBS News 8 — San Diego, *San Diego Union-Tribune*, *Times of San Diego* and KPBS. Information was also shared through Sharp Health News (Sharp's online news center). Professionals offered expertise in various disciplines, including marriage and family therapy (MFT), licensed clinical social work, child and adolescent services, clinical psychology and clinical child psychology. Interview topics included talking with children after tragic events; the negative effects of social media on teens; surprising stress triggers and how to handle them; ways to cope after celebrity deaths; how habitual untidiness and disorder cause stress; and the mental health aspect of racism, including ways to cope with racial unrest. Following the onset of the COVID-19 pandemic, SMV clinicians provided an array of interviews and education on topics to help community members manage their behavioral health during this challenging time. This included tips for handling conflict while living in close quarters; the increased risk of domestic violence during stay-at-home orders; co-parenting during COVID-19; the pandemic's impact on mental health; the transition to virtual behavioral

health services; the impact of social isolation on teenagers; maintaining children's mental health amid virtual schooling; the rapid increase in fatalities involving opioids and other substances since the start of the pandemic; and the increase in suicides during the pandemic.

In FY 2020, SMV and SMC sponsored and participated in four walks to increase awareness and raise funds for behavioral health services, including NAMI Walks Your Way SDC, American Foundation for Suicide Prevention's (AFSP's) Out of the Darkness Walk to Fight Suicide, Survivors of Suicide Loss and Directing Change's 14th annual Walk in Remembrance with Hope, and the American Heart Association's 2020 San Diego Heart & Stroke Walk Digital Experience. With the exception of the AFSP walk, all events were conducted virtually to encourage social distancing.

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 2020, 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 this year's virtual NAMI Walks Your Way SDC event to raise awareness and reduce stigma around behavioral health.

In FY 2020, SMV continued to collaborate with CHIP and the Independent Living Association (ILA) to improve housing conditions for community members living with serious, persistent mental illness. Through this initiative, the ILA Work Team seeks to maintain quality standards and improve conditions for independent living facilities (ILFs) and their residents. This includes linking residents with essential services and health 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 2021 Plan

SMV or SMC will do the following:¹⁷²

- 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
- Provide education on medication-assisted treatment to community members and behavioral health providers throughout SDC to address the opioid epidemic

¹⁷² Where applicable, SMV and SMC will perform these activities as COVID-19 public health and safety guidelines allow.

- Serve 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
- Collaborate with CHIP and the ILA to maintain quality standards and improve housing conditions for ILFs and residents living with serious, persistent 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 many strategies and resources to address behavioral health issues, including (but not limited to): wider availability of substance use programs; 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.
- 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 ages 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.¹⁷¹
- In 2018, there were 5,774 ED visits related to mood disorders in SDC. The age-adjusted rate of ED visits for mood disorders was 172.7 per 100,000 population.
- There were 435 deaths due to self-inflicted injury (suicide) in SDC in 2018. The age-adjusted suicide rate was 12.6 per 100,000 population.
- According to 2019 CHIS data, 15.2% of adults in SDC have ever seriously thought about committing suicide, a 36.9% increase from 2015 (11.1%).
- Among adults served by California's public mental health system in 2019, 82.9% of those ages 18 to 20, 76.4% of those ages 21 to 64, and 93.9% of those ages 65 or older were not in the labor force (SAMHSA, 2019).
- According to the SAMHSA, 21.6 million Americans ages 12 or older (7.8% of the population) needed substance use treatment in 2019, but only 1.5% of the population received treatment at a specialty facility (SAMHSA, 2020).
- According to a report from the California Health Care Foundation (CHCF) titled *Bed Check: Inpatient Psychiatric Care in Three California Counties*, in SDC, the number of available psychiatric inpatient beds per one million persons declined from 246.2 in 2010 to 208.0 in 2016. Over the same period, the rate of psychiatric inpatient discharges remained steady, illustrating a decrease in available capacity relative to need (CHCF, 2020).
- Further, the number of people seeking care in California EDs for mental health needs increased 12% statewide from 2012 to 2017. In SDC, stakeholders have attributed the increased use of EDs to difficulties accessing outpatient behavioral health care, as well as increased use of methamphetamine among county residents. Although the county has made an effort to add emergency and crisis services, there is a need for additional services to alleviate the pressure on EDs (CHCF, 2020).

- According to the CDC, the COVID-19 pandemic has resulted in elevated levels of adverse mental health conditions, substance use and suicidal ideation among U.S. adults. Data analysis indicates that, in June 2020, the prevalence of symptoms of anxiety disorder was approximately three times those reported in the prior year (25.5% versus 8.1%), while the prevalence of depressive disorder was approximately four times what was reported in June 2019 (24.3% versus 6.5%) (CDC, 2020).
- A CHCF survey of California health care workers found that 9 out of 10 providers (91%) have seen an increase in patients experiencing anxiety, depression, suicidal ideation, stress-related disorders, or other mental health impacts during the COVID-19 pandemic, with 54% seeing a “significant” increase. In addition, two-thirds of providers say they have seen an increased use of alcohol or other drugs among their patients, including over 1 in 4 (27%) who are seeing a “significant” increase (CHCF, 2020).

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 2020 Report of Activities

In FY 2020, SMV and SMC provided several behavioral health and substance use screening opportunities for the community: on-site, virtually 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. Prior to the onset of COVID-19, assessments were conducted through phone calls, walk-ins and scheduled appointments. However, since the pandemic began, SMV transitioned the vast majority of these assessments to a telehealth format. In addition, SMC spent more than 1,600 hours offering free substance use assessments, educational materials and community referral resources to more than 850 community members. The 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 2020, SMV partnered with CHIP and Live Well San Diego (LWSD) to provide Check Your Mood screenings — a brief questionnaire to assess risk for depression — and behavioral health resources to 40 community members at San Diego City College.

SMV recognized Mental Health Awareness Month in May by providing virtual behavioral health resources and screenings to Sharp team members and the community. This included virtual Check Your Mood screenings conducted through an online

questionnaire, a variety of educational articles through Sharp's intranet, and a webinar on coping during COVID-19.

Throughout the COVID-19 pandemic, SMV has provided behavioral health resources, guidance and support to community members as well as local public officials. In April, SMV began offering telehealth services to crew members on cruise ships that were unable to enter port due to the pandemic. Clinicians working with these individuals identified several common concerns, including worry for the health and safety of themselves and their families; financial uncertainty; and not knowing how or when they would be able to return home. With these issues in mind, SMV created a workbook for each crew member, which incorporated research on the mental health of seafarers prior to COVID-19. Specific topics highlighted in the workbook were the impact of extended periods away from home; isolation and loneliness; and how additional stressors from the pandemic could make those experiences worse. Exercises included in the workbook provided useful, tangible coping skills to help bolster crew members' mental health and help them navigate distressing emotions during the current situation and beyond.

In May, California State Assemblymember and mayoral candidate Todd Gloria invited SMV to participate in his Back to Work SD task force. This coalition brought together a diverse group of elected officials, industry leaders and community members to help develop a blueprint for San Diego's economic recovery following the COVID-19 pandemic.

In FY 2020, 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. Although these support groups were suspended in March due to COVID-19, prior to that they were attended by approximately 450 community members.

SMV further supported the community by providing free meeting space for a variety of self-help groups. Between October and March, groups were booked for approximately 950 hours, and served an average of 500 community members each week. Groups included Narcotics Anonymous, the Nar-Anon Family Group, Alcoholics Anonymous, Al-Anon, Pills Anonymous, Project SMILE 12 Step Recovery Workshop, Co-Dependents Anonymous, Depression and Bipolar Support Alliance, Obsessive Compulsive Disorder support group, Hoarders Working Support San Diego, Concerned United Birthparents, the California Board of Registered Nursing's Nursing support group, and the SMV and SMC Aftercare and Lifetime Support meetings.

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, food insecurity, behavioral health and other education and awareness programs. Prior to the COVID-19 pandemic, SMV continued to donate food to the SDRM on a weekly basis to help support approximately 400 men, women and children living in the shelter. Between October and March, SMV collected and donated nearly 3,800 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.

Beginning in FY 2019, SMV joined Sharp's systemwide pilot partnership with 2-1-1 San Diego's (2-1-1'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 under which people live, learn, work and play — have a significant impact on a person's ability to access care and maintain health. SMV 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 to meet those needs.

More than 100 CIE community partners — including health care organizations, the County of San Diego Health and Human Services Agency (HHSA), housing networks, food banks and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared records enable CIE partners to evaluate an individual's SDOH needs and utilization history of community services, and to make direct referrals to critical, community-based resources. SMV case managers and social workers were trained on CIE in order to better serve vulnerable patients, including patients who experience economic instability, food insecurity, and other SDOH hardships.

In its first pilot year, implementation and utilization of CIE was delayed due to logistical barriers as well as the COVID-19 pandemic. However, in the final quarter of FY 2020, Sharp team members increased their CIE utilization and began connecting patients to community-based organizations via the platform. To date, the top three socioeconomic needs identified for Sharp patients enrolled in CIE include food, housing and utilities assistance — a reflection of the challenges faced by community members across SDC and that have been exacerbated by COVID-19. Metrics of this partnership, including demographic and utilization data, as well as volume and impact of community referrals, continue to be collected and will help to assess the value of the partnership at the end of its second year in early summer 2021.

FY 2021 Plan

SMV or SMC will do the following:

- Provide free psychiatric assessments, substance use screenings and referrals for the community
- Participate in psychiatric rehabilitation programs and activities
- Explore further collaborations and partnerships with community partners
- Host and facilitate various virtual support groups and provide free meeting space for a variety of community self-help groups as public health and social distancing guidelines allow
- Provide weekly food donations to the SDRM, pending COVID-19 public health and safety guidelines
- Participate in 2-1-1's CIE program to serve patients who experience SDOH hardships by connecting them to critical community services

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 disease 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 use 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 2018, Alzheimer's disease was the third leading cause of death in SDC and the state of California, and the sixth leading cause of death in the U.S. (County of San Diego HHSA, 2020; CDC, 2020).
- In 2018, 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.
- Assuming current trends continue, by 2030, nearly 115,000 SDC residents ages 55 and older will be living with Alzheimer's Disease and Related Dementias, representing a 36.5% increase from 2015 (*Alzheimer's Disease and Related Dementias in San Diego County*, 2018).
- The Alzheimer's Association projects that, by 2025, there will be approximately 840,000 Californians ages 65 and older living with Alzheimer's disease, a 21.7% increase from 2020 (*2020 Alzheimer's Disease Facts and Figures*, 2020).
- According to 2019 CHIS data, 6.5% of SDC adults over the age of 65 thought about committing suicide in the past year. In addition, 73.1% 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 28.7% between 2014 and 2018. This was the largest percentage increase among all age groups over the five-year period.
- The 2018 hospitalization rate for acute substance-related disorders was 13.5 per 100,000 among SDC residents over the age of 65. This is a significant decline from 2014 (48.3 per 100,000 SDC residents over the age of 65).
- According to the CDC, nearly one-fourth of adults ages 65 and older are considered to be socially isolated. Studies have found that social isolation has a negative impact on physical and mental health in numerous ways, including: increased risk of premature death from all causes; significantly greater risk of dementia, heart disease and stroke; and higher rates of depression, anxiety and suicide (CDC, 2020).
- 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 services (UCLA, 2018).
- 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 particularly high 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 2020 Report of Activities

In FY 2020, SMV clinicians collaborated with Serving Seniors to provide nearly 450 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 health assessment; 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. In March, the Gary and Mary West Senior Wellness Center closed its doors temporarily due to COVID-19, however it was able to resume services in June in a limited capacity. While community members were not permitted to receive services on-site, SMV used telemedicine to provide behavioral health services to clients, as well as collaborated with Serving Seniors staff to offer home-based outreach and services to seniors living at Potiker Family Senior Residence in East Village and Potiker City Heights Residence.

SMV also continued to collaborate with the Gary and Mary West Senior Wellness Center beyond the provision of clinical services. Both on-site and virtually, SMV provided free prevention and early intervention initiatives for vulnerable, culturally diverse seniors. Programs were designed to improve the utilization and effectiveness of behavioral health services for these particular community members, and address barriers to accessing behavioral health care, including stigma, isolation and lack of available services. These services were enhanced by case management, free psychoeducation and support for staff, seniors and families, and a weekly healthy aging support group led by an SMV clinician. This support group, which focused on aging and behavioral health issues, including depression, anxiety and coping with loss, transitioned to a virtual format during the COVID-19 pandemic.

In FY 2020, SMV partnered with Alzheimer's San Diego to provide a variety of screenings, behavioral health education and resources to community members. In June, SMV sponsored Alzheimer's San Diego's virtual Date with a Cure event. An SMV clinician also participated in a panel discussion about recent advances in Alzheimer's treatment during the event. Between October and March, SMV and Alzheimer's San

Diego provided free monthly memory screenings — a wellness tool that identifies possible changes in memory and cognition — to approximately 50 community members who were concerned about memory loss or interested in establishing a baseline to detect future changes. Although activities at the Alzheimer’s San Diego office were suspended in March due to COVID-19, clinicians provided screenings at SMV’s Clinical Research Center throughout FY 2020 to more than 100 community members.

Additionally, in FY 2020, SMV clinicians provided educational materials and lectures on advances in Alzheimer’s research and opportunities to enroll in clinical research studies to approximately 200 community members at locations across SDC, including Congregation Tower in Chula Vista, the John D. Spreckels Center and Bowling Green and Point Loma Community Presbyterian Church. SMV clinicians also presented on clinical trials and Alzheimer’s research throughout the year to nearly 60 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. From October to March, SMV participated in Memory Café events at Poway Library, Silvercrest Residences in Chula Vista, Grace Point Church, El Cajon Library, Mission Hills-Hillcrest/Knox Library and La Jolla Community Center. In addition, in December, an SMV clinician presented a lecture titled Loneliness: A Closer Look to approximately 70 community seniors at San Diego Oasis in La Mesa.

FY 2021 Plan

SMV will do the following:¹⁷²

- In collaboration with Serving Seniors, provide outreach and education to seniors without stable housing
- Address the behavioral health needs of vulnerable, culturally diverse seniors
- Through SMV’s Senior IOP (SIOP), provide education and support to community members around senior behavioral health issues
- Explore a collaboration with the Sharp Senior Health Center to evaluate the impact of isolation on seniors, and provide community members with education and resources on managing social isolation
- 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 and Career Pathways in Behavioral Health

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.
- A report from California's Department of Consumer Affairs (DCA) identified the following barriers to facilitating training programs in allied health professions: prohibitions on payment by program accrediting entities; lack of demographic and workforce data necessary to recognize needs and opportunities; misalignment between allied health training programs and registered apprenticeship opportunities; lack of coordination between state authorities and health workforce training programs; funding; and difficulty finding clinical practicum sites and sponsors (DCA, 2019).
- 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 2020, there were 536 designated Mental Health Care Health Professional Shortage Areas (HPSAs) in California, representing approximately 9.4 million residents. The Kaiser Family Foundation estimates that 490 new practitioners would need to be added to the behavioral health workforce in order to remove HPSA designation from all areas (Kaiser Family Foundation, 2020).
- 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 (Healthforce Center at the University of California, San Francisco (UCSF), 2018).

- 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 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).
- According to a 2017 report from the National Council for Behavioral Health (National Council), 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 social workers, including clinical and behavioral health social workers, is projected to grow 13% from 2019 to 2029, much faster than the average for all occupations. Employment of substance use, behavioral disorder and mental health counselors is anticipated to increase 25%. 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, 2020).
- 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, 2020).
- The National Council reports that over half (52%) of behavioral health organizations have seen an increased demand for services as a result of the COVID-19 pandemic. Despite increased demand, organizational capacity to provide behavioral health services has declined — 54% of organizations reported that they have had to close programs, while 65% have had to cancel, reschedule or turn away patients during the pandemic due to staffing and financial challenges (National Council, 2020).

Objectives

- Collaborate with local schools to promote interest and provide career pathways in health care
- Collaborate with the behavioral health community — including other behavioral health educational institutions — to provide education and training for health care professionals

FY 2020 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), clinical chaplaincy, medicine and nursing. Academic institution partners included, but were not limited to: Alliant International University, Azusa Pacific University, California State University, Chico, CSUSM, Keck Graduate Institute, National University, Point Loma Nazarene University (PLNU), San Diego City College, San Diego State University (SDSU), Sodexo Dietetic Internships, Southwestern College, Touro University, University of Cincinnati, University of San Diego (USD) and University of Wyoming.

While the COVID-19 pandemic forced many student training programs across Sharp to reduce or suspend in-person operations, psychology and practicum (MFT and Master of Social Work (MSW)) students performed a critical role in the provision of patient care at SMV. Students had the opportunity to take on additional hours while continuing to receive instruction — earning valuable hands-on experience while supporting SMV staff during this time of unprecedented behavioral health need. SMV also worked with its student population to adjust learning expectations and opportunities as needed, including providing virtual educational offerings. Throughout FY 2020, SMV provided clinical supervision and training for 39 psychology trainees, including 24 graduate students, eight doctoral interns, two postdoctoral fellows and five behavioral health therapists, as well as 19 MFT, seven MSW and six Bachelor of Social Work student interns. In FY 2020, ancillary (non-nursing) students served more than 57,400 hours on the SMV campus — an increase of nearly 70% over FY 2019.

In addition, nearly 320 nursing students spent approximately 19,400 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 approximately 20,500 hours at SMV in FY 2020. Nursing students from various universities and colleges were also provided free meeting space as needed.

In FY 2020, SMV received more than 150 applications for eight doctoral intern positions available through Sharp's yearlong, American Psychological Association (APA) accredited doctoral internship in clinical psychology. 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 45 detailed psycho-diagnostic assessments throughout the year. In addition, psychology trainees provided more than 2,000 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. In FY 2020, Sharp recognized the important contributions of these trainees by converting all eight intern positions to paid employee status, including benefits. SMV continued to mentor behavioral health therapist trainees during FY 2020, allowing the hospital to provide clinical programming on its inpatient units seven days per week.

At SMV and SMC, psychologists, licensed MFTs 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. Due to COVID-19, beginning in March, these lectures were converted to a virtual format.

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 2020. The program provided nine 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 2020, HSHMC students spent more than 1,215 hours at SMV.

In FY 2020, SMV provided behavioral health resources to approximately 45 students at the Grass Roots Health Fair at Mesa College. At PLNU's Annual Field Internship Agency Fair, CSUSM and SDSU's 2020 Agency Internship Fair, the MFT Consortium Practicum Fair at Liberty Station, and USD's fall and spring orientation events, SMV provided more than 350 social work and behavioral health students, graduate students and clinicians with behavioral health resources and information about student internships.

SMV and SMC provided continuing education and training for behavioral health care professionals in FY 2020. In August, SMV's SIOP partnered with the Jewish Federation of San Diego to offer a virtual education opportunity on Person-Centered, Trauma-Informed (PCTI) care targeted to health professionals. During this event, a clinician from SMV's SIOP participated in a panel discussion on the importance of using PCTI with Holocaust survivors. In total, the event provided education to 50 local physicians, midlevel practitioners, MFTs, social workers and other health and human service providers.

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 2020, 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 2020, 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, 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, San Diego Military Family Collaborative, San Diego Psychological Association Supervision Committee, SPC Media and Higher Education Subcommittees; Special Needs Trust Foundation, TAY Behavioral Health Services Council and VA San Diego Mental Health Council.

FY 2021 Plan

SMV or SMC will do the following:

- Offer internship and clinical training programs or placement for clinical dietary/nutrition, psychology, clinical social work, social work administration, MFT, medicine, music therapy, HIT, nursing, recreation therapy, chemical dependency counseling, clinical chaplains and pharmacy students
- Provide lectures on behavioral health issues to the local academic community
- As public health guidelines allow, continue the behavioral health careers curriculum within the HSHMC program and provide students with experience in a 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 program 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 use inpatient and outpatient treatment services
- Residential treatment services
- Medically-supervised inpatient detoxification services
- Dual-diagnosis outpatient treatment services
- MAT intensive outpatient program
- Continuing care and alumni support programs
- Family counseling programs
- Sober living and substance use 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 Sustainable Early Episode Clinic Telehealth

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



Supporting Local Nonprofits

Sharp Health Plan

Sharp Health Plan proudly supports The Nonprofit Institute at the University of San Diego — an organization that strengthens and supports the growing field of nonprofits and philanthropy through education, training and research. As a member of the institute's advisory board, Sharp Health Plan provides guidance on community impact and education activities, as well as assists with fundraising, marketing efforts and setting overall strategic direction. Sharp Health Plan also financially contributes to the organization's events, including the Nonprofit Governance Symposium and Annual State of Nonprofit and Philanthropy Summit. These events highlight current best practices, challenges and effective board leadership trends, as well as help guide leaders in implementing and evaluating innovative and collaborative strategies for the future. Through this partnership, Sharp Health Plan demonstrates its commitment to a thriving San Diego nonprofit community.

Section

12 Sharp Health Plan

As the region's local health plan, Sharp Health Plan is committed to the health and well-being of all San Diegans. We strive to be a good neighbor through giving and volunteerism that enriches and improves the future 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) 2020, 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 2020 Community Benefit Program Highlights

SHP provided a total of **\$87,202** in community benefit in FY 2020. See **Table 56** in this section for a summary of unreimbursed costs for SHP based on the categories identified in SB 697, and **Figure 32** for the distribution of SHP's community benefit among those categories.

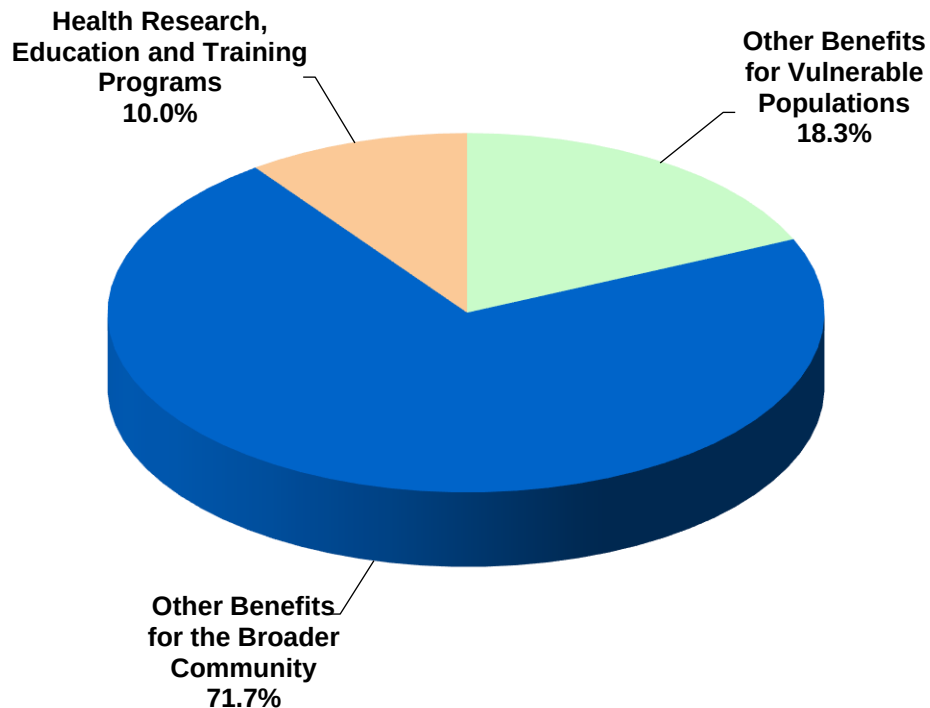
**Table 56: Economic Value of Community Benefit Provided
Sharp Health Plan — FY 2020**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2020 Unreimbursed Costs
Other Benefits for Vulnerable ¹⁷³ Populations	Donations to community health centers and other agencies serving the vulnerable, and contribution of time to Feeding San Diego ¹⁷⁴	\$15,950
Other Benefits for the Broader Community	Health education programs, donations to community organizations, meeting room space, and participation in community organizations ¹⁷⁴	62,502
Health Research, Education and Training Programs	Support of education and training programs for students, interns and health care professionals ¹⁷⁴	8,750
TOTAL		\$87,202

¹⁷³ "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>.

¹⁷⁴ 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 32: Percentage of Community Benefit by SB 697 Category
Sharp Health Plan — FY 2020**



Key highlights:

- **Other Benefits for Vulnerable Populations** included contribution of time to Feeding San Diego; 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), American Heart Association (AHA), Asian Business Association of San Diego (ABASD), Big Brothers Big Sisters of San Diego County, Epilepsy Foundation San Diego County, Episcopal Community Services, San Diego Food Bank (Food Bank), Girl Scouts San Diego, Home Start, Inc., Las Patronas, Lightbridge Hospice, Neighborhood House Association, Pacific Arts Movement, San Diego Community College District Corporate Council, San Diego Hunger Coalition, San Diego Second Chance, SAY San Diego, Susan G. Komen® San Diego Development Committee, The Arc of San Diego, The Nonprofit Institute at the University of San Diego (USD) Advisory Board and Board Chairs Learning Group, Union of Pan Asian Communities, Vietnamese American Youth Alliance, Wave Academy and others. See **Appendix A** for a listing of Sharp HealthCare's (Sharp's) involvement in

community organizations in FY 2020. The category also includes costs associated with community benefit planning and administration.

- **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 among the priority health issues affecting members of the communities served by SHP.
- The HASD&IC 2019 CHNA process described the following recommendations for addressing priority health needs: implementation of overarching strategies to address the health needs; development or expansion of resources to meet the needs; and creation of systemic, policy and environmental changes to better support health outcomes. Each of these approaches require collaboration between health care providers, community organizations, residents, and political, health system, and community leaders.
- USD's *2019 State of Nonprofits and Philanthropy Annual Report* notes that San Diegans collectively express high levels of confidence in nonprofits to act on the public's behalf, provide high quality services, act ethically, and spend money wisely. Public confidence drives engagement in the nonprofit sector (USD, 2019).
- The same report indicates that, despite uncertainty in financial markets and tax policy changes, San Diego's nonprofit sector maintains an impressive economic footprint with 11,523 nonprofits producing \$19.6 billion in revenue, stewarding \$32 billion in assets and contributing \$7.3 billion in total wages (USD, 2019).
- According to USD's *2020 State of Nonprofits and Philanthropy Annual Report*, half of all local organizations reported increased demand for services, nearly all of whom attributed changes in demand to be in part a result of COVID-19. However, only 14% of nonprofit leaders reported being able to meet all increased demand for services, indicating there is substantial unmet need in the community (USD, 2020).
- In a report titled *Causes Count*, the California Association of Nonprofits (CalNonprofits) explains that California's nonprofits bring in more than \$40 billion each year from out-of-state sources and are responsible for 1 in every 14 California jobs. Statewide, nonprofits employ over 1.2 million people, accounting for 7% of all California employment (CalNonprofits, 2019).

- According to the American Hospital Association's Center for Health Innovation, health care providers, public health agencies and community-based organizations need to effectively coordinate their efforts together to create meaningful movement toward healthy communities. Each partner should have defined roles and responsibilities within the collaborative, to help address power imbalances with decision-making processes as well as help each partner focus on their strengths to best contribute to the effort (American Hospital Association Center for Health Innovation, 2020).
- The National Council of Nonprofit's 2019 *Nonprofit Impact Matters* report indicates that nonprofits face challenges larger and more complex than any one individual or organization can solve alone. Collaboration among nonprofit organizations enables individuals to connect with and learn from peers, while organizations can discover innovative approaches and gain new allies (National Council of Nonprofits, 2019).
- According to the Nonprofit Finance Fund, changing incentives, poor health outcomes and rising costs have spurred a wave of partnerships between human services providers and health care organizations to address pressing issues related to health and social determinants of health (SDOH). Because many human services organizations are chronically under-resourced, investments in capacity and capital are necessary to support effective partnership. This includes 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).

Objectives

- Participate in community-sponsored events
- Support nonprofit community-based organizations that address identified community needs through financial donations, board service and other contributions

FY 2020 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.

SHP served on boards and committees for the following organizations in FY 2020: California Association of Health Plans, Community Information Exchange (CIE) Advisory Board, Girl Scouts San Diego, Health Plan Alliance, Health Sciences High and Middle College, Health Transformation Alliance, North San Diego Business Chamber Health Committee, Pacific Arts Movement Advisory Board, San Diego Community College District Corporate Council, Second Chance Board of Directors, Susan G. Komen® San Diego Development Committee, and The Nonprofit Institute at USD's Advisory Board and Board Chairs Learning Group. In response to the COVID-19

pandemic, beginning in March and through the remainder of the year, several organization meetings occurred through virtual platforms.

In addition, in FY 2020, SHP provided financial support to the following organizations: 2-1-1, AHA, Alliance for Quality Education, ABASD, Better Business Bureau of San Diego, Big Brothers Big Sisters of San Diego County, California Coast Credit Union, Epilepsy Foundation San Diego County, Episcopal Community Services, Food Bank, Girl Scouts San Diego, Home Start, Inc., Las Patronas, Lightbridge Hospice, Neighborhood House Association, Pacific Arts Movement, Palomar Health Foundation, San Diego Association of Health Underwriters, San Diego Chinese Women's Association, San Diego Hunger Coalition, San Diego Second Chance, SAY San Diego, The Arc of San Diego, Union of Pan Asian Communities, USD, Vietnamese American Youth Alliance, Wave Academy and more.

As part of its commitment to the community, SHP proudly supports local organizations that help other San Diego nonprofits flourish. SHP demonstrates this commitment in part through its collaboration with The Nonprofit Institute at USD. Established in 2002, The Nonprofit Institute provides education, training, research and the necessary tools to build leaders and strengthen and support nonprofits and philanthropy in San Diego. The organization creates and shares knowledge by providing research that builds organizational capacity and highlights the state of nonprofits and philanthropy in the region. In FY 2020, SHP served as a member of the advisory board, providing guidance for community impact and education activities, as well as assisting with fundraising, marketing efforts and setting the organization's overall strategic direction. SHP also contributed financially to the organization's events, including the Nonprofit Governance Symposium and the Annual State of Nonprofit and Philanthropy Summit. The events offered research and practical learning opportunities to guide community organization leaders in creating, implementing and evaluating successful, innovative and collaborative strategies. The events also highlighted the latest findings on the state of the nonprofit sector and philanthropy and provided key trends and perspectives from leaders in the field.

ABASD is dedicated to building sustainable communities by providing educational workshops, technical assistance, business mentorship, advocacy and access to capital to Asian Pacific Islander-owned small businesses throughout SDC. ABASD is also part of the San Diego & Imperial Small Business Development Center network, which provides no-cost advising and consulting services to entrepreneurs and small businesses, as well as empowers small business creation and growth. In FY 2020, SHP continued to financially support ABASD by sponsoring events including the 2020 Lunar New Year and Year of the Rat celebration in February. Attendees — including business and community leaders — enjoyed food from local Asian and Pacific Islander restaurants. The event also featured a traditional Chinese lion dance to bring good luck for the new year.

Las Patronas is committed to providing financial assistance to nonprofit organizations in SDC that offer valuable community services that enhance quality of life, including in the

areas of health, education, social services, and cultural arts. SHP provided financial support to Las Patronas through its Jewel Ball, an annual fundraiser for San Diego nonprofit organizations. Although typically held in-person, the August event was conducted virtually due to COVID-19, enabling attendees to enjoy entertainment, bid on the live auction, hear from beneficiaries, and more from the comfort of their homes.

Beginning in FY 2019, SHP 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 under which people live, learn, work and play — have a significant impact on a person's ability to access care and maintain health. SHP joined the CIE pilot partnership in order to provide more informed, holistic care to members with SDOH needs, and to connect them directly to community resources to meet those needs.

More than 100 CIE community partners — including health care organizations, the County of San Diego Health and Human Services Agency, housing networks, food banks and other social service agencies — use an integrated technology platform to support proactive, holistic, person-centered care. Shared records enable CIE partners to evaluate an individual's SDOH needs and utilization history of community services, and to make direct referrals to critical, community-based resources. SHP staff were trained on CIE in order to better serve vulnerable members, including those who experience homelessness, food insecurity, and other SDOH hardships.

In its first pilot year, implementation and utilization of CIE was delayed due to logistical barriers as well as the COVID-19 pandemic. However, in the final quarter of FY 2020, Sharp team members increased their CIE utilization and began connecting patients to community-based organizations via the platform. Sharp team members connected patients to community resources for food, housing, transportation and legal services, among others. To date, the top three socioeconomic needs identified for Sharp patients and SHP members enrolled in CIE include food, housing and utilities assistance — a reflection of the challenges faced by community members across SDC and that have been exacerbated by COVID-19. Metrics of this partnership, including demographic and utilization data, as well as volume and impact of community referrals, continue to be collected and will help to assess the value of the partnership at the end of its second year in early summer 2021.

FY 2021 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

- Serve on various community boards that support the health and well-being of the community
- Participate in 2-1-1's CIE program to improve services for members who experience homelessness and other SDOH hardships.

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 2020. Community organizations are listed alphabetically.

- 2-1-1 San Diego (2-1-1)
- 2-1-1 Community Information Exchange
- A New PATH (Parents for Addiction, Treatment and Healing)
- Adult Protective Services
- Alliance for Quality Education
- Alliant International University
- 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 Health Research & Educational Trust Board of Trustees
- American Hospital Association Regional Policy Board
- American Nursing Informatics Association
- America's Physician Groups (APG) Board of Directors
- APG California Policy Committee
- APG Executive Committee
- American Psychiatric Nurses Association
- American Red Cross
- American Society of Health-System Pharmacists
- Angels Foster Family Network
- 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 for Healthcare Philanthropy
- Association of California Nurse Leaders
- Association of Fundraising Professionals – San Diego Chapter
- Association of Oncology Social Work

- Association of Women's Health, Obstetric and Neonatal Nurses
- Azusa Pacific University
- Balboa Institute of Transplantation
- Bayside Community Center
- Beacon Council's Patient Safety Collaborative
- Better Business Bureau of San Diego
- Big Brothers Big Sisters of San Diego County
- Borrego Health
- Brigham Young University
- Cabrillo Credit Union Sharp Division Board
- Cabrillo Credit Union Supervisory Committee
- Cal Hospital Compare Board of Directors
- 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 Medical Staff Services – San Diego Chapter
- California Association of Marriage and Family Therapists San Diego Chapter
- California Association of Physician Groups
- California Board of Behavioral Health Sciences
- California Chamber of Commerce
- California Coast Credit Union
- California College San Diego
- California Department of Managed Health Care Financial Solvency Standards Board
- California Department of Public Health (CDPH)
- CDPH Clinical Laboratory Technology Advisory Committee
- CDPH Healthcare Associated Infection Advisory Committee
- CDPH Healthcare Associated Infections/Antimicrobial Stewardship Program subcommittee
- CDPH Joint Advisory Committee
- California Health Care Foundation California POLST eRegistry Evaluation Team
- California Hospice and Palliative Care Association
- California Hospital Association (CHA)
- CHA Advisory Board
- 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 (CSU) Chico
- CSU Fresno
- CSU Long Beach
- CSU Northridge

- CSU Sacramento
- California State University San Marcos
- California Teratogen Information Service
- Cameron Family YMCA
- Capella University
- Caregiver Coalition of San Diego
- CBD College
- Celebrando Latinas
- Champions for Health
- Chula Vista Chamber of Commerce
- Chula Vista Police Foundation
- City of Chula Vista
- City of San Diego
- City of San Diego Park & Recreation
- Clarkson University
- Coalition for Compassionate Care of California
- Colorado Technical University
- 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
- Concorde Career College
- Concordia University
- Consortium for Nursing Excellence, San Diego
- Coronado Chamber of Commerce
- Coronado Public Library
- Coronado SAFE (Student and Family Enrichment)
- Council of Women's and Infants' Specialty Hospitals
- County of San Diego Aging and Independence Services (AIS)
- County of San Diego AIS Health Promotion Committee
- County Service Area – 69 Advisory Board
- Creighton University
- Cruz Roja (Red Cross)
- Drexel University
- Downtown San Diego Partnership
- Downtown San Diego Silvercrest Residence
- East County Action Network
- East County Elder Abuse Council
- East County Senior Service Providers
- East County Transitional Living Center
- Emergency Nurses Association – San Diego Chapter
- Emory University
- Employee Assistance Professionals Association
- EMSTA College
- Epilepsy Foundation San Diego County
- Episcopal Community Services
- Evidence-Based Practice Institute
- Family Health Centers of San Diego
- Father Joe's Villages
- Feeding San Diego
- Gary and Mary West Senior Wellness Center

- George G. Glenner Alzheimer's Family Centers, Inc.
- Girl Scouts San Diego
- Glendale Career College
- Grand Canyon University
- Grossmont College
- Grossmont College Occupational Therapy Assistant Advisory Board
- Grossmont College Respiratory Advisory Committee
- Grossmont Health Occupations
- Grossmont Healthcare District (GHD) Board
- GHD Community Grants and Sponsorships Committee
- GHD Independent Citizens' Bond Oversight Committee
- Grossmont Imaging LLC Board
- Grossmont Union High School District
- Health and Science Pipeline Initiative
- Health Information and Management Systems Society
- Health Insurance Counseling and Advocacy Program
- Health Plan Alliance
- Health Sciences High and Middle College (HSHMC)
- HSHMC Board
- Health Services Advisory Group
- Health Transformation Alliance
- 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
- Hunger Advocacy Network
- I Love a Clean San Diego
- Integrated Healthcare Association
- Integrative Therapies Collaborative
- International Association of Eating Disorders Professionals
- International Bipolar Foundation
- Jacobs & Cushman San Diego Food Bank
- Jewish Family Service of San Diego (JFS)
- JFS Behavioral Health Committee
- JFS Public Affairs Committee
- John A. Davis Family YMCA
- John D. Spreckels Center & Bowling Green
- Keck Graduate Institute
- Kitchens for Good
- La Maestra Community Health Centers
- La Mesa Lion's Club
- La Mesa Park and Recreation Foundation
- Lantern Crest Senior Living Advisory Board
- Las Damas de San Diego International Nonprofit Organization
- Las Patronas
- Life Rolls On
- Lightbridge Hospice
- Live Well San Diego Check Your Mood Committee
- Mama's Kitchen
- March of Dimes

- Meals on Wheels San Diego County
- Meals on Wheels San Diego County East County Advisory Board
- Mental Health America
- Midwestern University
- Mount St. Mary's University
- National Active and Retired Federal Employees Association
- National Alliance on Mental Illness
- National Association for Behavioral Healthcare
- National Association of Catholic Chaplains
- National Association of Emergency Medical Services Educators
- National Association of Orthopedic Nurses
- National Eating Disorders Association
- National Hospice and Palliative Care Organization Hospice Action Network
- National Quality Forum Geriatrics and Palliative Care Standing Committee
- National University
- Neighborhood Healthcare
- Neighborhood House Association
- North San Diego Business Chamber
- North San Diego Business Chamber Emerging Leaders Network
- North San Diego Business Chamber Health Committee
- Old Dominion University
- Olivet Nazarene University
- Oncology Support Network
- Pacific Arts Movement
- Pacific University
- Palomar Community College
- Palomar Health Foundation
- Partnership for Smoke-Free Families
- Peninsula Family YMCA
- Peninsula Shepherd Senior Center
- Perinatal Care Network
- Perinatal Social Work Cluster
- Philippine Nurses Association of San Diego County, Inc.
- Phlebotomy Training Academy
- PhlebotomyU
- Pima Medical Institute
- Planetree Board of Directors
- Point Loma/Hervey Library
- Point Loma Nazarene University
- Potiker Family Senior Residence
- Practice Greenhealth
- Press Ganey
- Psychiatric Emergency Response Team
- Public Health Emergency Hospital Preparedness Program
- Rancho Bernardo Community Council
- Regional Perinatal System
- Ronald McDonald House Operations Committee
- Roseman University of Health Sciences
- Rotary Club of Chula Vista
- Rotary Club of Coronado
- Rutgers University

- Ryan Family YMCA
- Saint Louis University
- Saint Mary-of-the-Woods College
- Saint Mary's College of California
- Samuel Merritt University
- San Diegans for Healthcare Coverage
- San Diego Adolescent Pregnancy and Parenting Program
- San Diego Association of Diabetes Educators
- 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 Chinese Women's Association
- San Diego City College
- San Diego Clinical Pastoral Educators
- 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 Corporate Council
- San Diego County Breastfeeding Coalition
- San Diego County Capacity All Hazards Committee
- 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
- San Diego County Emergency Medical Care Committee
- San Diego County Emergency Medical Services
- San Diego County Health Services Capacity Task Force
- San Diego County Healthcare Disaster Coalition
- San Diego County Hospice Veteran Partnership
- San Diego County Medical Society Bioethics Commission
- San Diego County Medical Society Care Commission
- San Diego County Older Adult Behavioral Health System of Care Council
- San Diego County Public Health Nursing Advisory Board
- 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 Freedom Ranch
- San Diego Habitat for Humanity
- San Diego Health Connect
- San Diego Health Connect POLST e-registry workgroup
- San Diego Housing Commission
- San Diego Humane Society
- San Diego Hunger Coalition
- San Diego Imaging – Chula Vista

- San Diego-Imperial County Council of Hospital Volunteers
- San Diego LGBT Pride
- San Diego Mental Health Coalition
- San Diego Mesa College
- San Diego Military Family Collaborative
- San Diego National Association of Hispanic Nurses
- San Diego Nursing & Allied Health Service-Education Consortium
- San Diego Organization of Healthcare Leaders
- San Diego Police Foundation
- San Diego Psychological Association Supervision Committee
- San Diego Regional Chamber of Commerce
- San Diego Regional Economic Development Corporation
- San Diego Regional Home Care Council
- San Diego Regional Human Trafficking and Commercial Sexual Exploitation of Children (CSEC) Advisory Council
- San Diego Regional Human Trafficking and CSEC Advisory Council – Health Subcommittee
- San Diego Rescue Mission
- San Diego River Park Foundation
- San Diego Rotary Club 33
- San Diego Second Chance
- San Diego Senior Community Foundation
- San Diego Square
- San Diego State University (SDSU)
- SDSU Institute for Public Health
- San Diego Unified School District
- San Diego Workforce Partnership (SDWP)
- San Diego Wreaths Across America
- San Jose State University
- San Ysidro Health
- Santee Chamber of Commerce
- Santee-Lakeside Rotary Club
- SAY San Diego
- Second Chance Board of Directors
- Serra Mesa Planning Group Board
- Serving Seniors
- Sharp and Children's MRI Board
- Sharp and University of California (UC) San Diego Health's Joint Venture
- Sodexo Dietetic Internship
- Soroptimist International of Coronado
- South County Action Network
- Southern California Association of Neonatal Nurses
- Southern Caregiver Resource Center
- Southwestern College
- Special Needs Trust Foundation
- St. Catherine University
- St. Paul's PACE
- St. Paul's Retirement Home Foundation
- St. Peter's by the Sea Lutheran Church
- STAT! Soroptimists Together Against Trafficking
- Statewide Medical Health Exercise Program

- Suicide Prevention Council Media and Higher Education Subcommittees
- Surfrider Foundation
- Survivors of Suicide Loss
- Susan G. Komen® San Diego Development Committee
- The Arc of San Diego
- The Health Management Academy
- The National Alliance for Caregiving
- Touro University
- 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 California, San Francisco
- University of Cincinnati
- University of Phoenix
- University of Pittsburgh
- University of San Diego (USD) Advisory Committee
- USD Hahn School of Nursing and Health Science Advisory Committee
- USD – The Nonprofit Institute
- University of Southern California
- University of St. Augustine for Health Sciences
- University of the Pacific
- University of Wisconsin-La Crosse
- University of Wyoming
- USS Midway Museum
- Utah State University
- VA San Diego Healthcare System
- VA San Diego Mental Health Council
- Value Based Healthcare Investor Alliance
- Vaughn's Valley Foundation and Immunotherapy Foundation
- Vietnamese American Youth Alliance
- Vista Hill Foundation
- Vista Hill ParentCare
- Wave Academy
- We Honor Veterans
- West Coast Ultrasound Institute
- West Coast University – Los Angeles Campus
- Western University of Health Sciences
- Westminster Manor
- Women, Infants and Children Program
- Wreaths Across America — San Diego
- YWCA of San Diego County Becky's House®
- YWCA of San Diego County Board of Directors
- YWCA of San Diego County In the Company of Women Event

Appendix

B Map of Sharp HealthCare Locations



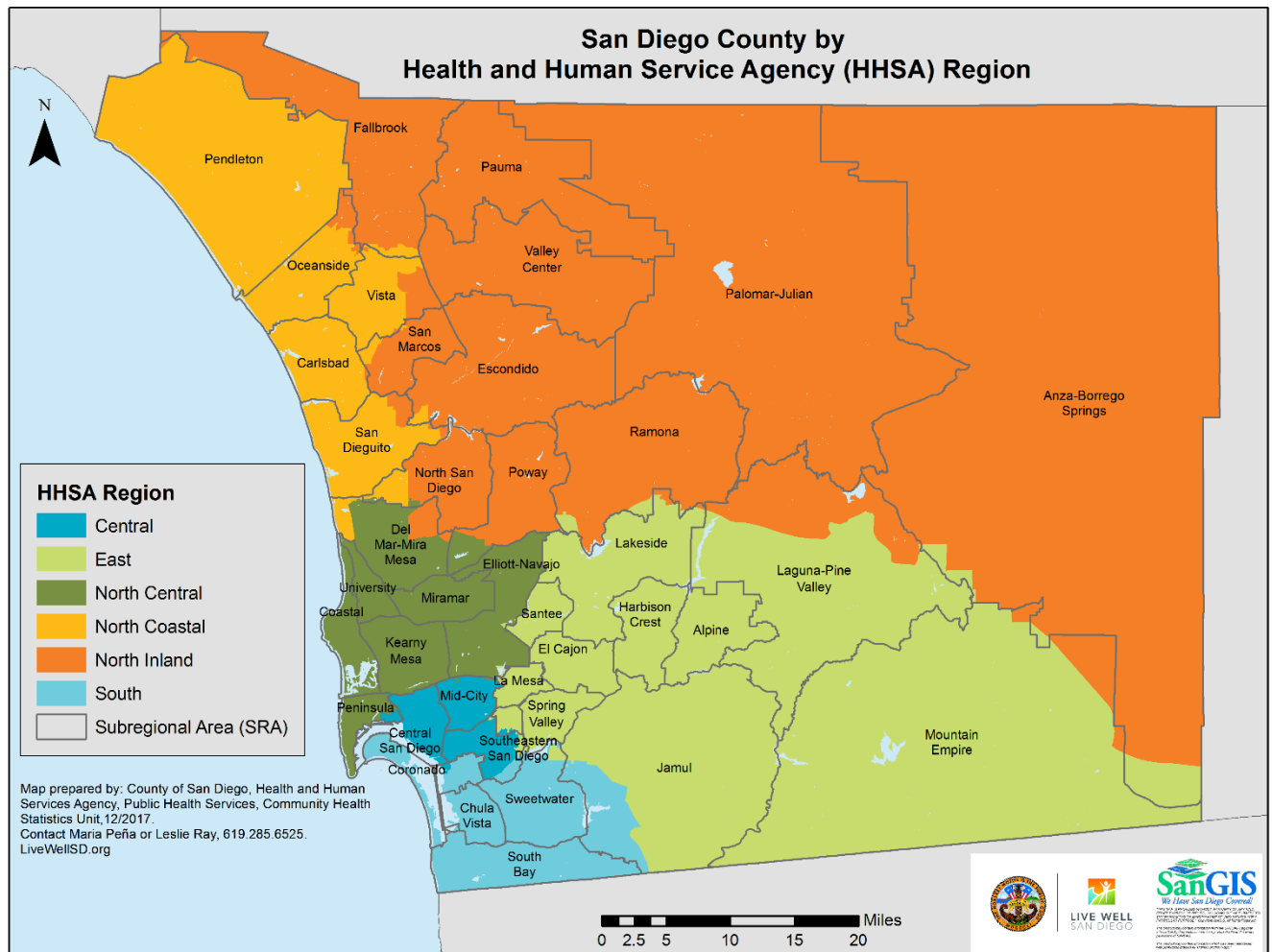
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Appendix

C

Map of Community and Region Boundaries in San Diego County¹⁷⁵



¹⁷⁵ Map prepared by County of San Diego, Health & Human Services Agency, Public Health Services, Community Health Statistics Unit.



A Health Care Organization Designed Not For Profit, But For People