

Sharp HealthCare Community Benefit Plan and Report

Fiscal Year 2021



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



**Sharp HealthCare
Community Benefit Plan and
Report
Fiscal Year 2021**

Submitted to:

Department of Health Care Access and Information
Healthcare Information Division – Accounting and Reporting Systems Section
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Sacramento, CA 95811

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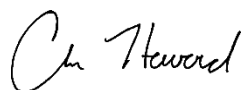
Community. It's a powerful word. It means different things to different people.

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 grew stronger throughout 2021, as San Diegans continued to navigate the COVID-19 pandemic. Every day, Sharp team members went above and beyond to provide uninterrupted care, programs and services to community members amidst the year's challenges. Perhaps the strongest testament to Sharp's community commitment was our systemwide COVID-19 Community Vaccination Program, which administered well over a half-million vaccine doses to San Diegans throughout our county, including individuals who were homebound or faced other access challenges.

Each page of the *Sharp HealthCare Community Benefit Plan and Report*, Fiscal Year 2021 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 2021, Sharp's community benefit contributions totaled \$500,660,074. 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 fluid and cursive, with the first name "Chris" and last name "Howard" clearly distinguishable.

Chris Howard
President and Chief Executive Officer

Preface

Sharp HealthCare prepared this Community Benefit Report for fiscal year 2021 in accordance with the requirements of California 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 Department of Health Care Access and Information (HCAI) 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 HCAI. See California Health and Safety Code Section 127340, et seq. HCAI was formerly known as the Office of Statewide Health Planning and Development.

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

AAP

American Academy of Pediatrics

ABASD

Asian Business Association of San Diego

ACE

Adverse Childhood Experience

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

AHA

American Heart Association

AHP

Association for Healthcare Philanthropy

AIDS

Acquired Immunodeficiency Syndrome

AIM

Advanced Illness Management

AIS

(County of San Diego) Aging and Independence Services

ALA

American Lung Association

AMR

American Medical Response

ANCC

American Nurses Credentialing Center

APA

American Psychological Association

APEx

Accreditation Program for Excellence

APG

America's Physician Groups

App

A mobile application

APU

Azusa Pacific University

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

BEFAST

Balance, Eyes, Face, Arm, 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

BSW

Bachelor of Social Work

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.

CalNonprofits

California Association of Nonprofits

CalRecycle

California Department of Resources,
Recycling and Recovery

CAMSS

California Association Medical Staff
Services

Cancer Centers of Sharp

Cancer Centers of Sharp HealthCare

CAPC

Center to Advance Palliative Care

CARF

Commission on Accreditation of
Rehabilitation Facilities

Caregiver Coalition

Caregiver Coalition of San Diego

CBT

Cognitive behavioral therapy

CCCC

Coalition for Compassionate Care of
California

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

CERT

Community Emergency Response Team

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

CHAT

Community Health Advisory Team

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

CIE

Community Information Exchange

CME

Continuing Medical Education

CMS

County Medical Services

CNI

Community Need Index

CO₂

Carbon Dioxide

CoC

Commission on Cancer

COPD

Chronic Obstructive Pulmonary Disease

COR

Clinical Oncology Research

Covered California

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

COVID-19

Coronavirus disease 2019 — an illness caused by a virus that can spread from person to person

CPR

Cardiopulmonary Resuscitation

CRRA

California Resource Recovery Association

CSEC

Commercial Sexual Exploitation of Children

CSUSM

California State University San Marcos

CT

Computed Tomography

CTI

Care Transitions Intervention

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

Department of Health and Human Services (also HHS)

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

EKG
Electrocardiography

EMCC
(County of San Diego) Emergency
Medical Care Committee

EMS
(County of San Diego) Emergency
Medical Services

EMSA
Emergency Medical Services Authority

ENR
Engineering News-Record

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

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

HASD&IC
Hospital Association of San Diego and
Imperial Counties

HASPI
Health and Science Pipeline Initiative

HCAI
California Department of Health Care
Access and Information

HEAL

Health, Education, Advocacy, Linkage

HESI

Healthcare Exploration Summer Institute

HHS

U.S. Department of Health & Human Services (also DHHS)

HHSA

(County of San Diego) Health and Human Services Agency

HICS

Hospital Incident Command System

HID

Highly Infectious Disease

HOPPs RCx

San Diego Higher Opportunity Projects and Programs Retrocommissioning Program

Howell Foundation

Doris A. Howell Foundation for Women's Health Research

HP2030

Healthy People 2030 — a set of national health objectives to be achieved by 2030 that are to be used by individuals, states, communities, professional organizations and others to help develop health improvement programs. HP2030 was developed through a broad consultation process, based on the best scientific knowledge and designed to measure programs over time.

HPP

Hospital Preparedness Program

HPSA

Health Professional Shortage Area

HRC

Human Rights Campaign

HRO

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

HRPP

Human Research Protection Program

SHSMC

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

IHA

Integrated Healthcare Association

IHI

Institute for Healthcare Improvement

ILA

Independent Living Association

ILFs

Independent living facilities

INCP

Integrated Network Cancer Program

IOP

Intensive Outpatient Program at SMV

IPH

Institute for Public Health

IRB

Institutional Review Board

Information Technology

IT

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**KFF**

Kaiser Family Foundation

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

LLC

Limited Liability Company

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

NCCIH

National Center for Complementary and Integrative Health

NCHS

National Center for Health Statistics

NCI

National Cancer Institute

NCQA

National Committee for Quality Assurance

NHDD

National Healthcare Decisions Day

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

NNLM

NIH National Library of Medicine

NRI

Neonatal Research Institute

NRI-PAB

NRI Parent Advisory Board

NU

National University

O**OPP**

Sharp Memorial Outpatient Pavilion

ORI

(Sharp) Outcomes Research Institute

P

PACE

Program of All-Inclusive Care for the Elderly

PBA

Pharmacy Benefits Administration

PCP

Primary Care Physician

PEARR Tool

Provide privacy, education, ask, respect and respond tool

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

PHS

San Diego County Public Health Services

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

PMI

Pima Medical Institute

POLST

Physician Orders for Life-Sustaining Treatment

POLST e-registry

An electronic POLST registry

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.

Project SAVE

San Diego County PHS' Scheduling Assistance for Vaccine Equity

PTSD

Post-traumatic stress disorder

R

RD

Registered Dietician

RN

Registered Nurse

RTFH

San Diego Regional Task Force on Homelessness

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

SCMG

Sharp Community Medical Group

SCVMC

Sharp Chula Vista Medical Center

SDADVS

San Diego Association of Directors of Volunteer Services

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

SDCOE

San Diego County Office of Education

SDG&E

San Diego Gas & Electric

SDGBC

San Diego Green Building Council

SDOH

Social Determinants of Health

SDSU

San Diego State University

SDWP

San Diego Workforce Partnership

SEA

Sharp Equality Alliance

SEEC

Sustainable Early Episode Clinic

Sewall Healthy Living Center

Sewall Healthy Living Center at Sharp Coronado Hospital

SGH

Sharp Grossmont Hospital

SGHWN

Sharp Grossmont Hospital for Women & Newborns

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 and Bowling Green

SRSMC

Sharp Rees-Stealy Medical Centers

SRSMG

Sharp Rees-Stealy Medical Group

STEMI

ST-elevation myocardial infarction — acute heart attack

SUD

Substance Use Disorder

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

TIC

Trauma-Informed Care

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

UPAC

Union of Pan Asian Communities

U.S.

United States

USD

University of San Diego

V**VA**

U.S. Department of Veterans Affairs

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



Providing Care With Compassion and Courage

Sharp's mission is to improve the health of those we serve with a commitment to excellence in all that we do. In fiscal year 2021, as San Diegans continued to navigate the pandemic, this commitment was underscored through Sharp's systemwide COVID-19 community vaccination initiative — the largest-scale vaccination effort in Sharp's history of service to the San Diego community.

Beginning in January 2021, Sharp partnered with San Diego County Public Health Services to launch a first-of-its-kind COVID-19 Community Vaccination Program. Spearheaded by Sharp Grossmont Hospital, vaccination clinics were held throughout the county, often in partnership with community-based organizations, and included the operation of five vaccination super stations, a homebound senior program and a mobile vaccination program. Nearly 9,300 Sharp volunteers dedicated more than 144,000 hours to the COVID-19 Community Vaccination Program and provided over 621,000 vaccines to community members. Further, as part of a larger effort to resume safe travel on cruise ships and improve local tourism, Sharp collaborated with Holland America Line, Princess Cruises and the Port of San Diego in May to help vaccinate nearly 450 crewmembers in port and at sea.

Sharp's systemwide vaccination initiative exemplifies our commitment to meeting the challenge of COVID-19 — and any challenge to the health of San Diegans — head-on. The *Sharp HealthCare Community Benefit Plan and Report*, Fiscal Year 2021 highlights the important role that we — the people of Sharp — play in caring for our community. Sharp will continue to rise to future challenges through innovative, collaborative work that sets standards, exceeds expectations, and preserves the health and well-being of the San Diego community.

Section

1 An Overview of Sharp HealthCare

The events of the past year underscore the importance of a strong community health partnership. It has been our honor to care for and vaccinate our community during the COVID-19 pandemic, and beyond.

— 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; 26 medical centers; five urgent care centers; three skilled nursing facilities (SNF); two inpatient rehabilitation centers; home health, hospice and home infusion programs; numerous outpatient facilities and programs; three charitable foundations; 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, 2021, Sharp is licensed to operate 2,209 beds and has approximately 2,700 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, integrative and rehabilitative therapies, orthopedics, a community fitness center and emergency services.

Sharp Grossmont Hospital (542 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 nearly 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 use, 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 use 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 we serve with a commitment to excellence in all that it we do. Our 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 transform the health care experience and be recognized as the best place to work, the best place to practice medicine and the best place to receive care. Sharp will be known as an excellent community citizen embodying an organization of people working together to do the right thing every day to improve the health and well-being of those we 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
 - Continuous, Creative, 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 over 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 more than 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 Committee 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:



Be the leader in clinical excellence across the care continuum.



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



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



Create an inclusive, values-driven culture that attracts, retains and promotes the best people, representative of the community.



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



Be the integrated delivery system of choice by enhancing market position, innovation, physician collaboration, systemness and our value proposition.



Be an exemplary public citizen by improving the health equity and wellness 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 2021, Sharp ranked No. 30 in the large employer category as one of the “Best Places to Work” for information technology (IT) professionals by the International Data Group’s Computerworld survey. Sharp was also ranked No. 5 among the top 10 employers for diversity and inclusion. The list is compiled by evaluating a company’s benefits, training, retention, career development, average salary increases, employee surveys, workplace morale and more. Sharp has been recognized as one of the “Best Places to Work” in IT each year since 2013.



Sharp was named one of the nation’s “Most Wired” health care systems from 2012 to 2021 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. In 2021, Sharp met the criteria to be designated a Level 8 Acute health system, meaning it has

deployed various technologies and strategies to help analyze data and is starting to achieve meaningful clinical and efficiency outcomes.



In 2021, SMH was recognized on *Newsweek's* third annual list of the top 1,000 hospitals worldwide. SMH was ranked No. 78 among all United States (U.S.) hospitals included in the ranking and No. 11 in California. SCVMC was also ranked at No. 141 in the U.S. for 2021, while SGH was ranked among *Newsweek's* Best Maternity Hospitals. SMH was previously ranked No. 78 in 2020 and No. 89 in 2019, while SCVMC was ranked No. 137 in 2019.



In 2015, and from 2017 to 2021, Sharp was ranked "San Diego's Best Hospital Group" in the annual *San Diego Union-Tribune* Readers Poll. In 2017, and from 2019 to 2021, SMH was ranked "San Diego's Best Hospital." Sharp Rees-Stealy Medical Group (SRSMG) was ranked "Best Hearing Aid Store" in 2021 for the fifth year in a row, as well as "San Diego's Best Medical Group," "Best Audiologist," "Best Weight Loss Clinic/Counseling," "Best Laser Eye Center" and "Best Pharmacy." Sharp Home Care was ranked "Best In-Home Care (Medical)." Sharp Community Medical Group (SCMG) was previously ranked "San Diego's Best Medical Group" in 2020 as well as from 2015 to 2018.



In 2021, SCHHC 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. SMBHWN was previously recognized as a Top Hospital in 2016, 2017 and 2019, and SMH was recognized in 2016.



SCVMC, 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. SCVMC received its first designation in 2021.



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.



In 2021, SGH received Gold Standard Level 1 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. SGH is the second hospital in California to receive this status. Previously, in 2020, SGH and SCHHC were recognized with Bronze Standard Level 3 accreditation.



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.



In fiscal year (FY) 2021, Sharp Specialty Pharmacy earned full accreditation from two of the country's leading health care accrediting agencies, the Utilization Review Accreditation Commission and the Accreditation Commission for Health Care. This dual accreditation recognizes Sharp's commitment to providing quality care and services to patients who are on complex, high-cost medication to treat serious and specialized disease states.



San Diego Business Journal's Corporate & Social Responsibility Diversity, Equity & Inclusion Awards recognize the significant accomplishments of local organizations who embrace these values and incorporate them into company culture. In 2020, Sharp was recognized with this award for its commitment to equity and inclusion, as demonstrated by the ongoing work of the Sharp Equality Alliance (SEA).



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.



The San Diego Green Building Council (SDGBC) is a group of building industry professionals and sustainability advocates who work to promote sustainable building and community practices to help the San Diego region achieve its climate, water, waste and energy goals. In 2020, SDGBC selected the new SRSMC Santee facility as a Zero Net Energy awardee in its third annual Sustainability Awards.



Engineering News-Record (ENR) California's annual Regional Best Projects competition evaluates construction projects statewide on a variety of safety and sustainability metrics. In 2021, ENR California awarded SRSMC Santee the Sustainability Award of Merit in the Southern California region.



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 2021, 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. Sharp entities awarded in the Employee Engagement category include 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. In 2021, Sharp was recognized for Physician Engagement. Between 2013 and 2020, Press Ganey recognized SMH six times for Patient Experience.



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. In 2021, SHP was recognized with distinction in the Electronic Clinical Data category, which recognizes organizations that collect and report structured electronic clinical data for quality measurement and improvement. SHP previously maintained the NCQA's highest level "Excellent" accreditation status for service and clinical quality annually from 2013 to 2018. Accreditation status is based on compliance with rigorous requirements and performance on the Healthcare Effectiveness Data and Information Set, and Consumer Assessment of Healthcare Providers and Systems measures. 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 five out of five-star overall rating in Covered California's 2021 Coverage Year Quality Ratings, which included five-star ratings in the categories of "Plan Services for Members" and "Members' Care Experience," and a four-star rating in "Getting the Right Care."



The Foundations of Sharp HealthCare achieved High Performer: Overall status among respondents for the 2020 Association for Healthcare Philanthropy (AHP) Report on Giving. AHP recognizes high performance based on organizations that fall within the 75th percentile in net production returns, calculated by subtracting total fundraising expenses from total production returns. This is the seventh consecutive year that Sharp has been recognized as an AHP High Performer.



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 SRSMB each year from 2010 to 2020. In consideration of the ongoing impact of the COVID-19 (coronavirus disease 2019) pandemic, APG canceled its awards survey for 2021.



The Integrated Healthcare Association recognized SCMG in 2020 with its annual Excellence in Healthcare Award, California's top honor for provider organizations. The award recognizes provider organizations that earn strong results in clinical quality and patient experience while effectively managing costs. SCMG was one of only 20 provider organizations across California to earn this recognition in 2020. In addition, SCMG was one of eight winners honored with the Ronald P. Bangasser, M.D., Memorial Award for Quality Improvement for demonstrating the highest year-to-year relative quality improvement in the San Diego region.



The Women's Choice Award® is a symbol of excellence in customer experience awarded by the collective voice of women. In 2021, multiple Sharp entities were recognized in a variety of categories, including: Best Mammogram Imaging Center, Comprehensive Breast Centers, Heart Care, Minimally-Invasive Surgery, Obstetrics, Orthopedics, Patient Experience and Patient Safety. Awarded Sharp entities included SCHHC, SCVMC, SGH, SMH (including SMBHWN and OPP), and several SRSMC locations, including Sorrento Mesa, Downtown, Rancho Bernardo, El Cajon and Sharp Rees-Stealy Breast Imaging Center in Mira Mesa. Previously, in 2019, Birch Patrick Convalescent Center was recognized among America's Best Extended Care and Nursing Homes.



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 recognizes employers who have made strides to promote alternative commute choices — in the platinum tier in 2016, 2020 and 2021, and in 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.

COVID-19 Programs and Support

In FY 2021, the COVID-19 pandemic continued to significantly impact the health and well-being of San Diegans. Throughout these challenges, Sharp remained committed to providing its community with quality, innovative and compassionate care, education and support.

Among the most far-reaching of these efforts was Sharp's systemwide COVID-19 Community Vaccination Program — the largest-scale vaccine effort in Sharp's history of service to the San Diego community. In January 2021, Sharp partnered with County of San Diego Public Health Services (PHS) to launch a first-of-its-kind Community Vaccination Program. The vaccination campaign required coordination of multiple operational elements, including vaccine supply management, setting patient appointments, access and data management, staffing and marketing. Spearheaded by SGH, the COVID-19 Community Vaccination Program provided vaccination clinics

throughout the county, including five vaccination superstations, a homebound senior program and a mobile vaccination program.

Sharp staffed its vaccination clinics with a combination of clinical and nonclinical volunteers as well as team members. Clinical staff included team members throughout the Sharp system, as well as nursing, medical, pharmacy and other clinical students from local colleges, universities and technical schools. Overall, nearly 9,300 volunteers dedicated more than 144,000 hours to the COVID-19 Community Vaccination Program and provided over 621,000 vaccines to community members in FY 2021.

Sharp operated vaccination superstations in the South Bay, East County, central San Diego, Coronado and San Marcos in order to provide vaccinations across its diverse community. Sharp offered both scheduled and walk-in appointments to accommodate the unique schedules and needs of San Diegans. The vaccination clinics and superstations were set up to optimize flow and provide The Sharp Experience for employees, physicians and community members. Vaccination superstations featured music, comedy, photo booths and volunteers who served as “cheerleaders” to create an energetic, joyful environment for San Diegans receiving their vaccines. After weeks of successful outreach through the vaccination superstations, Sharp responded to increased community demand and pivoted its efforts to community-based sites, broadening access to vaccinations.

Sharp supported programming that ensured vaccine equity for communities who experience health disparities through the County of San Diego PHS’ Project SAVE (Scheduling Assistance for Vaccine Equity). In partnership with Project SAVE, Sharp provided vaccination appointments for eligible individuals at high risk for COVID-19 complications, and for individuals who were unable to get vaccination appointments or had challenges navigating the system or accessing technology to make an appointment. Appointments were filled through outreach to underserved communities by *promotoras* and community health workers at various locations in the South Bay, including grocery stores, faith centers, food distribution sites, childcare facilities, waste management facilities and housing complexes.

Also in partnership with County of San Diego PHS, SGH launched its homebound vaccination program in May and administered 825 vaccines in FY 2021. An ongoing effort, the program coordinates with eligible, high-risk patients (or their caregivers) throughout SDC to receive COVID-19 vaccines in their homes. The homebound vaccination program helps to ensure health equity for patients with mobility challenges throughout San Diego.

Sharp also provides small, agile mobile vaccination teams, which include a triad of pharmacy, nursing and administrative support. The teams travel to sites throughout San Diego to administer the COVID-19 vaccine, including schools, churches, businesses and local events, such as the Coronado Independence Day parade. Further, as part of a larger effort to resume safe travel on cruise ships and boost tourism, Sharp collaborated

with Holland America Line, Princess Cruises and the Port of San Diego in May to provide COVID-19 vaccines to nearly 450 crewmembers in port and at sea.

In addition, Sharp offers COVID-19 vaccinations through its community-facing clinics, including the community clinic at SCVMC, the SGH Care Clinic and the Sharp Coronado Community Pharmacy. Looking to FY 2022, Sharp will continue protecting the San Diego community through COVID-19 pediatric and booster vaccination efforts.

Even as in-person care resumed, Sharp continued to provide telehealth options for patients who prefer to meet virtually. In addition, protocols to ensure a safe, welcome environment for patients seeking care on-site continued and evolved as needed. Further, many patient support groups and on-site education classes continued in virtual formats to sustain connection, learning and peer support. SMH and SGH maintained operation of their Family Resource Centers, which began at the start of the pandemic to support caregivers and family members with a loved one in the hospital.

The COVID-19 pandemic also continues to profoundly impact the lives of Sharp frontline workers and other staff throughout the health system. In response, in FY 2021, Sharp implemented several virtual programs to support the physical and emotional well-being of its team members. Offerings included health and nutrition information, fitness classes, a support group for grief and loss, a general support community and a live webinar series on stress relief and self-care, as well as strategies for employees to support their children and families.

Sharp physicians, leaders and staff also continued to provide broader community education on COVID-19 best practices and equity-related subjects through several local media outlets. A variety of topics were covered, including vaccination clinic updates, behavioral health impacts of the pandemic, timing receipt of the flu vaccine amid COVID-19, COVID-19 and the holidays, mask-wearing, social isolation, pregnancy and the COVID-19 vaccine, strategies to alleviate COVID-19 symptoms and improve recovery, coping with grief and loss during COVID-19 and more. In addition, Sharp continued to participate in numerous community boards and committees — including multiple County of San Diego Health and Human Services Agency COVID-19 task forces to strategize next steps and ensure safe, effective care for the broader community. Further, SMV participated in Mayor Todd Gloria's Back to Work SD initiative as part of the Community Health Advisory Team, which provided guidance and education on the health impacts of COVID-19 — including its psychological and psychiatric implications — to the mayor, his team and constituents.

Throughout this report, details are provided on these and other efforts that Sharp implemented in FY 2021 to address the impact of COVID-19 on San Diegans. Every day, but especially in times of challenge, Sharp demonstrates exceptional commitment to caring for and responding to the needs of its community.

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 2021, Sharp helped more than 96,400 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 2021, Sharp secured this benefit for more than 1,160 unfunded patients in the ED.

In support of Covered California's annual open-enrollment period, Sharp's registration staff included 25 Certified Application Counselors 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 used 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 5,500 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 & Human Services 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.

Sharp's Patient Assistance Program helps patients 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 2021, the Patient Assistance Program helped patients access more than \$9.1 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 2021, the Maximum Out of Pocket Program assisted with more than \$640,000 in adjustments to patient bills.

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 — federally known as the 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 880 Sharp patients have been granted CalFresh benefits as a result of this effort.

Health Professions Training

Students and recent health care graduates are valuable assets to the community. Sharp demonstrates a deep investment in new and prospective members of the health care workforce through internships and career pipeline programs. Throughout FY 2021, many student training and internship programs at Sharp remained paused or were severely limited due to the COVID-19 pandemic. Despite these challenges, in FY 2021, more than 2,770 student interns dedicated over 355,000 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 and business. Students came from local community colleges, such as Grossmont College, MiraCosta College, Palomar College, San Diego Mesa College and Southwestern College; local and national universities, such as California State University San Marcos (CSUSM), Point Loma Nazarene University (PLNU), San Diego State University (SDSU), University of California (UC) San Diego, University of San Diego (USD) and University of St. Augustine for Health Sciences; and vocational schools, such as Concorde Career College, Phlebotomy Training Academy and Grossmont Adult Education Health Occupation Center. **Table 1** presents the total number of students and student hours at

each Sharp entity in FY 2021. **Figure 1** presents the distribution of students at Sharp by internship type in FY 2021.

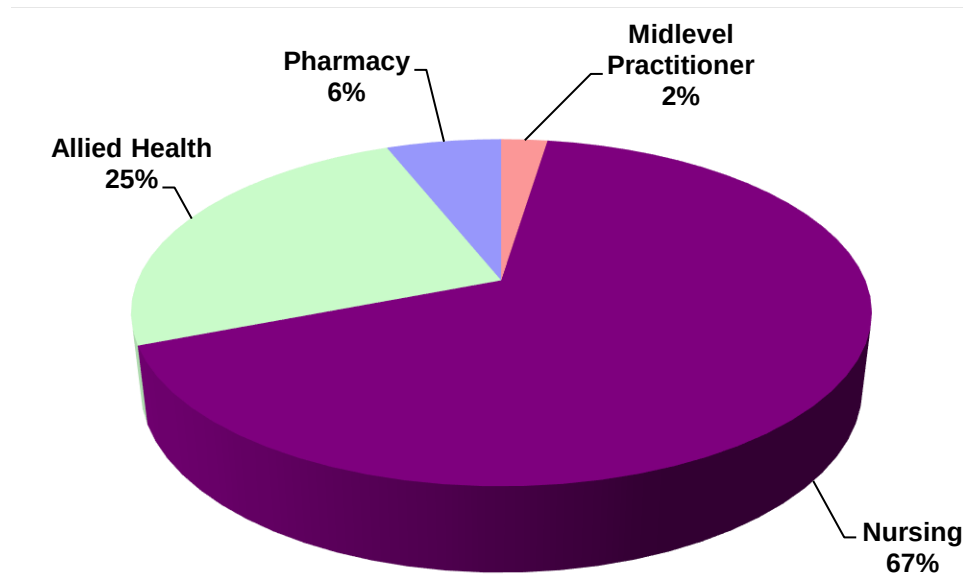
Table 1: Sharp HealthCare Internships — FY 2021

Sharp HealthCare Entity	Nursing		Midlevel Practitioner		Ancillary		Total	
	Students	Hours ³	Students	Hours	Students	Hours	Students	Hours
Sharp Chula Vista Medical Center	138	12,690	3	300	117	30,629	258	43,619
Sharp Coronado Hospital and Healthcare Center	79	2,975	-	-	27	7,034	106	10,009
Sharp Grossmont Hospital	682	3,780	7	782	239	65,319	928	69,881
Sharp Mary Birch Hospital for Women & Newborns	192	3,840	-	-	16	3,096	208	6,936
Sharp Memorial Hospital	342	11,286	3	480	249	71,692	594	83,458
Sharp Mesa Vista Hospital	376	1,207	2	300	137	107,034	515	108,541
Sharp HospiceCare	2	135	1	130	2	480	5	745
Sharp HealthCare ⁴	41	1,235	51	6,177	72	24,927	164	32,339
Total	1,852	37,148	67	8,169	859	310,211	2,778	355,528

³ Nursing hours include both group hours (groups of students with a 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, SHP and SRSMC.

Figure 1: Sharp HealthCare Interns by Student Type — FY 2021



Sharp also 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 2021, the program supervised 14 chaplain students on the campuses of SGH, SMBHWN, SMH and SMV. Graduates of Sharp's Clinical Pastoral Education program serve various health care institutions and hospices in San Diego.

In addition, Sharp provides specialized classes to prepare future preceptors for their mentoring role. Through the Precepting with Pride class, Sharp health professionals who are new to the role of precepting learn about the essential components of role modeling and educating. 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. The Precepting with Pride class and orientation for new nurse mentors and mentees were offered virtually in FY 2021, while the Advanced Precepting with Pride class was offered on-site at a Sharp System Office.

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. In response to ongoing in-person restrictions due to COVID-19, Sharp continued to provide virtual options for lectures and presentations throughout FY 2021. Lecture topics included diabetes; careers in dietetics; end-of-life care, including advance care planning, Physician Orders for Life-Sustaining Treatment (POLST), End of Life Options Act, hospice, bereavement, bioethics and goals of care; and executive leadership in the health care setting. Lectures were delivered to students from a variety of graduate and undergraduate programs at SDSU and Azusa Pacific University (APU).

For more than a decade, Sharp has collaborated with SDSU to offer a semester-long class, Hospital and Ambulatory Care Management, for its Master of Public Health students. The class covers a variety of topics, including but not limited to an overview of Sharp, 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 virtually by Sharp executives and leaders during the pandemic.

Sharp's Continuing Medical Education (CME) Department is accredited to provide continuing medical education for physicians by the Accreditation Council for Continuing Medical Education and the American Board of Medical Specialties Portfolio Program. Sharp's CME Department provides needs-based and clinically relevant professional development opportunities to help practicing physicians and pharmacists improve clinical outcomes. In FY 2021, Sharp's CME Department invested more than 1,300 hours in online CME activities for San Diego health care providers. In compliance with COVID-19 health and safety guidelines, Sharp did not provide any in-person conferences.

Sharp's CME Department also develops and implements performance improvement projects and online education to inspire clinicians and teams to improve their practice and optimize patient care. Online education increased by 131% from FY 2018 to FY 2021 and included topics on COVID-19; physician wellness and leadership; infection prevention; equity, diversity and inclusion; "webisode" manner (telemedicine); palliative care, which can help avoid needless suffering and enhance the quality of life for all older adults; and Lifestyle Medicine Practice — a care model focused on addressing the root lifestyle causes of disease. Additionally, CME partnered with Sharp's Lean Six Sigma team as well as Sharp-affiliated physicians to complete two performance improvement projects titled Physician Wellness and POLST. Due to the COVID-19 pandemic, engagement in performance improvement projects declined in FY 2021.

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, Sharp's CME Department has worked with Sharp Community Benefit and used findings from Sharp's triennial Community Health Needs Assessments (CHNA) to inform the selection of these public health priorities. In FY 2021, the CME Department focused on trauma-informed care (TIC) as well as stigma. The department collaborated with the Health Subcommittee of the San Diego Regional Human Trafficking & Commercial Sexual Exploitation of Children Advisory Council to develop an online educational series on TIC. Topics included the neurobiology of trauma; TIC principles; TIC skills for clinicians; the PEARR Tool, an evidence-based framework for the assessment of trafficking and other forms of interpersonal violence; and the ACE (Adverse Childhood

Experience) score — a metric that represents the amount of toxic stress endured during childhood.

In addition, the CME Department contributed to the design of two surveys for Sharp's 2022 CHNA that collected input from Sharp providers and patients on education provided by the CME Department. Data collected will include feedback on the impact of this education on patient care and experience, as well as guidance for future educational topics.

In addition, Sharp's CME Department provided virtual presentations across Sharp that covered a vast array of topics, including two new ongoing oncology case conferences on hepatopancreatobiliary/gastroenterology, cancer and lung cancer. Additional topics included a general overview of artificial intelligence, legislative updates and outlook, ovarian cancer, communication skills with patients and staff, improving patient adherence to reduce hospital readmissions, optimizing stroke care, skull-based tumors, and management of valvular heart disease.

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 initiatives that help advance patient care and outcomes worldwide. 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 to protect participant safety and maintain responsible research conduct.

In FY 2021, a dedicated IRB committee of 17 — 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 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 (the largest share of Sharp's clinical trials), orthopedics and, most recently, COVID-19.

Since FY 2020, the CFR expedited the opening of 43 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 many activities during the pandemic while 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 FY 2021, the CFR's research on COVID-19, including clinical drug trials and impacts on trauma patients, was cited in multiple journals and news sources, including *The New England Journal of Medicine*, *The Lancet Respiratory Medicine*, *European Journal of Trauma and Emergency Surgery*, *Surgery*, *Journal of Trauma and Acute Care Surgery* and *Cision PR Newswire*.

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. Throughout FY 2021, meetings featured a variety of presentations on COVID-19, including existing clinical trials, the impact of different therapeutics in COVID-19 treatment, the prevalence of COVID-19 among Sharp team members, and other Sharp COVID-19 research updates. In addition, a presentation was given on Perinatal Outcomes of Subjects Enrolled in a Multicenter Trial with a Waiver of Antenatal Consent.

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 the University of Arizona.

The ORI shares its research studies with other community health and research professionals. In FY 2021, this included collaboration with Sharp researchers on COVID-19 clinical trials that were published in the peer-reviewed journals *Infectious Diseases and Therapy* and *Critical Care Explorations*. In addition, ORI studies investigated the differential risk of COVID-19 infection and the severity of illness for Arab American populations. Further, the ORI participated in the North American COVID-19 ST-Segment-Elevation Myocardial Infarction data registry project, which strives to determine the cause or origin of the disease and the associated clinical outcomes. Sharp was also selected as a participating site for the University of Arizona's five-year National Institutes of Health-awarded grant study, *Ethnicity and Lung Cancer Survival: A Test of the Hispanic Sociocultural Hypothesis*, which will be implemented in early 2022.

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, the U.S. Department of Veterans Affairs (VA) San Diego Healthcare System, Kaiser Permanente, PLNU, SDSU, APU, National University 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 2021 program launched in March, using an interactive, virtual platform to deliver education structured around the San Diego 8A's Evidence-Based Practice Model. Created by experts in evidence-based practice from Sharp and UC San Diego Health, the model guides the translation of evidence into practice and results in enhanced decision-making and better outcomes. The model includes the following steps: The Catalyst, Assessing, Asking, Acquiring, Appraising, Applying, Analyzing, and Advancing and Adopting.

The nine-month program culminated with a virtual conference and graduation ceremony in November 2021, during which the EBPI fellows and mentors shared their project results. Forty-four project teams, composed of mentors and fellows, graduated from the program. Projects addressed issues in clinical practice and patient care, including care of the diabetic patient, fall prevention, early recovery after surgery, pressure injuries, sleep hygiene, interdepartmental transfers of care, stroke recovery, readiness for discharge, workplace violence, obstructive sleep apnea and care of psychiatric patients in the acute care setting.

Volunteer Service



Sharp Lends a Hand

In FY 2021, 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 continued to impact volunteer operations and capacity at a number of organizations, SLAH worked to identify opportunities for Sharp team members to continue supporting the community.

SLAH selected seven volunteer projects for FY 2021: Sharp's COVID-19 Community Vaccination program, the San Diego Food Bank (Food Bank), Mama's Kitchen, Kitchens for Good, Wreaths Across America San Diego, USS Midway Foreign Object Damage (FOD) Walk-down, and the San Diego River Park Foundation's Clean & Green River Cleanup event. More than 13,600 Sharp employees, family members and friends volunteered more than 146,400 hours in support of these projects.⁵

Between January and May, SLAH helped coordinate Sharp's COVID-19 Community Vaccination program at superstations located at Chula Vista Center, Grossmont Center, SMMC, Coronado Community Center and CSUSM. More than 11,500 clinical and non-clinical volunteers, including Sharp team members, family, and friends as well as other members of the community, donated over 144,000 hours of their time. Clinical volunteers assisted with administering vaccine doses, while nonclinical volunteers greeted and registered patients and then monitored patients who received the vaccine at each vaccination site. As a result of these efforts, the community clinics were able to administer over 500,000 doses of the COVID-19 vaccine.

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.

The Food Bank's mission is to provide nutritious food to people in need, advocate for the hungry and educate the public about hunger-related issues. Each month, the Food Bank collaborates with 500 nonprofit community partners to provide meals to 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 continued to offer enhanced services to support community members experiencing food insecurity during the COVID-19 pandemic through Super Pantry hubs offering contactless food distribution as well as the Emergency Food Assistance Program. At three events in November, January and July, seven 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.

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 October, December and August, 13 SLAH volunteers helped Mama's Kitchen serve meals by preparing and packaging snack and vegetable items for delivery.

Each year, Kitchens for Good assembles and distributes over 288,000 homemade 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 October and July, six SLAH volunteers helped portion, seal and label meals for distribution.

In December 2020, 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 Fort Rosecrans National Cemetery, more than 90 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. In November, 10 SLAH volunteers mimicked a real FOD walk-down, using hand tools and vacuums to clear the decks of debris.

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. In June, nine SLAH volunteers joined the Clean & Green

River Cleanup event, where they assisted with removing trash and debris along Forester Creek in Santee.

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 2021, Sharp hosted 72 blood drives at 12 Sharp locations to benefit the San Diego Blood Bank. In addition, SLAH encouraged Sharp employees to donate blood at local American Red Cross locations. Despite limitations related to the ongoing COVID-19 pandemic, SLAH helped Sharp collect nearly 2,000 units of blood.

Community Walks

Heart disease is the leading cause of death in the U.S. and the second leading cause of death in SDC. Sharp proudly supports the American Heart Association's (AHA) annual San Diego Heart & Stroke Walk, which promotes physical activity to build healthier lives, free of cardiovascular disease (CVD) and stroke. In FY 2021, nearly 100 teams across the Sharp system helped raise more than \$165,000 for the walk, through activities such as auctions, prize drawings and a vendor fair at a Sharp System Office location. This year, the walk included a new experience that offered different ways to participate for maximum flexibility during the COVID-19 pandemic. Participants were encouraged to choose their own preferred walking route, or join in at designated routes at multiple locations, including Balboa Park, the Embarcadero, Chula Vista Elite Athlete Training Center and Harbaugh Seaside Trails. Nearly 650 employees, family members and friends represented Sharp during the walk and enjoyed a fun, heart-healthy experience together. For the past 25 years, Sharp has maintained its position as the first-place fundraising team in San Diego and, in 2021, was the third-place team in the AHA Western States Affiliate. Sharp has raised more than \$3.7 million since its support of the AHA Heart & Stroke walk began.

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. This includes devoting time and compassion to patients within Sharp's hospitals; assisting with community events for the public; and supporting annual golf tournaments, galas and other events to benefit Sharp's foundations, including the Sharp HealthCare Foundation, Grossmont Hospital Foundation and Coronado Hospital Foundation. As a result of the COVID-19 pandemic, Sharp's in-person volunteer activities were severely limited throughout FY 2021. In addition, SRSMD's volunteer program remained paused for the duration of FY 2021. Sharp will continue to monitor COVID-19 public health guidelines to support volunteer opportunities as appropriate.

On average, approximately 420 individuals actively volunteered at Sharp each month between October 2020 and September 2021.⁶ This included more than 970 auxiliary members, individual volunteers from the San Diego community and volunteers for Sharp's foundations. During this time, volunteers contributed over 55,600 hours of service to Sharp and its initiatives.⁷ More than 7,200 of these hours were dedicated to activities in the community, such as delivering meals to homebound seniors and assisting with events.

Table 2⁸ details the average number of active volunteers per month in FY 2021, as well as the total number of volunteer service hours provided to each Sharp entity, specifically for patient and community support. **Figure 2⁹** displays the percentage of these volunteers by entity.

Table 2: Sharp HealthCare Volunteers and Volunteer Hours — FY 2021

Sharp HealthCare Entity	Average Active Volunteers per Month	Total Volunteer Hours
Sharp Chula Vista Medical Center	63	9,596
Sharp Coronado Hospital and Healthcare Center	66	7,175
Sharp Grossmont Hospital	158	22,819
Sharp HospiceCare	40	3,585
Sharp Metropolitan Medical Campus	93	12,435
TOTAL	420	55,610

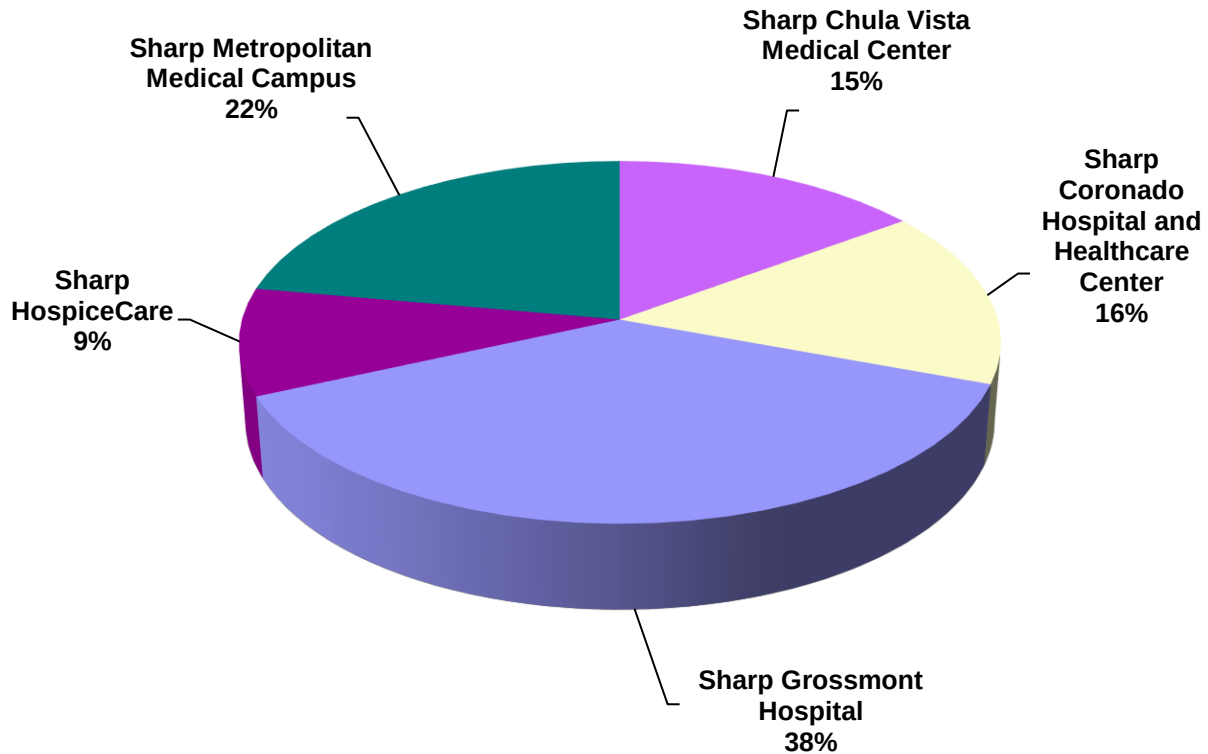
⁶ The total represents the average number of active volunteers at Sharp per month in FY 2021.

⁷ The total represents the number of volunteer hours at Sharp in FY 2021.

⁸ Table displays the total number of volunteer hours and the average number of active volunteers at Sharp per month in FY 2021.

⁹ Figure displays the percentage of the monthly average of Sharp volunteers by entity in FY 2021.

Figure 2: Sharp HealthCare Volunteers by Entity — FY 2021



Sharp also offers a systemwide Junior Volunteer Program for high school students to give back to their communities and explore 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. By volunteering in the gift shops and thrift store, students learn about merchandising, fundraising and retail sales. Junior volunteers may also help raise funds for hospital programs and provide clerical support to hospital departments. Traditionally, volunteers also observe clinical work on inpatient units, but these opportunities did not occur in FY 2021 due to COVID-19 restrictions.

In FY 2021, more than 210 high school students contributed over 5,100 hours to the Junior Volunteer Program. This included more than 70 junior volunteers who dedicated over 2,200 hours of service at SCVMC and more than 140 junior volunteers who contributed approximately 2,900 hours of service at SGH. Due to hospital visitor

restrictions during the COVID-19 pandemic, the SMH and SMBHWN Junior Volunteer programs remained paused throughout FY 2021. Even with this limitation, an SMH junior volunteer recruited other high school students to write more than 100 thank-you cards for health care workers. The cards were distributed to SMH nurses and other hospital teams.

In October, SGH transformed its eighth annual NICU (neonatal intensive care unit) Reunion into a superhero-themed drive-thru event, where four “super” junior volunteers greeted attendees and provided wayfinding assistance. Approximately 100 families with babies previously treated in the NICU attended the event. Also in October, nine junior volunteers assisted with games, giveaways and wayfinding at SGH’s Family Night Drive-In Movie featuring *Ghostbusters*. In honor of Veteran’s Day in November, five SGH junior volunteers assisted in decorating SGH campus’ YUnity Park with signs and flags and painting red, white, and blue stars on the lawn to show appreciation and gratitude.

SGH volunteers also assisted with the Discharge with Dignity program at SGH. The program provides patients with clothing, shoes and other necessary personal items upon discharge from the hospital. It 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 drive-thru clothing drive in October, which collected thousands of clothing items for the hospital’s patients in need. During the clothing drive, 21 SGH junior, college and adult volunteers helped unload and sort items donated by community members. In addition, 12 SGH volunteers assisted at the Sharp Grossmont Center Vaccination Superstation.

From August 2020 through July 2021, eight volunteers participated in SCVMC’s Community Care Partner program. Community Care Partner volunteers are available to take the place of a care partner when a patient does not have one. Prior to the pandemic, volunteers traditionally provided friendly in-person visits and comfort and support to lonely patients at their bedside if family members or friends weren’t available. With restrictions on visitors, care partners and all in-person volunteers during the pandemic, patients expressed feelings of isolation and loneliness. In response, SCVMC quickly modified the volunteer role to a virtual setting and established a system in which each unit’s charge nurse provided volunteers with a list of patient room numbers. To respect patient privacy, only the room numbers of those individuals who would benefit from a friendly phone call with a Virtual Community Care Partner were provided. Volunteers called patients in their rooms, introduced themselves, explained the purpose of their call and engaged in friendly conversation. After the phone call, volunteers provided feedback to the charge nurse and addressed any issues or concerns. Patients expressed appreciation for being heard as well as the care and time offered by the volunteers. Volunteers also provided friendly phone calls to connect with residents at Birch Patrick Convalescent Center.

Throughout FY 2021, SCVMC volunteers continued to knit, sew and crochet various items for patients in need at the hospital, including cloth face masks, lap robes, prayer

and baby blankets, booties, and hair bonnets and caps. The volunteers met off campus every week as well as worked at home independently. Finished items were sent to the hospital, where they were distributed to patients by social workers and chaplains. In addition, 15 SCVMC volunteers, as well as junior volunteers, assisted at the Sharp South Bay Vaccination Superstation in FY 2021.

At the Sharp Coronado Vaccination Station, 29 SCHHC volunteers assisted with registration and greeting individuals as well as had jobs as vaccinator, vaccinator assistant, discharge monitor and line monitor.

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. In addition, Sharp's various entity boards include volunteers who provide program oversight, administration and decision-making regarding the organization's finances. In FY 2021, more than 100 volunteers contributed time to Sharp's boards.

The following section describes the achievements of various Sharp volunteer programs in FY 2021.

Sharp HospiceCare Volunteer Programs

Sharp HospiceCare provides a variety of training opportunities that offer valuable knowledge and experience to volunteers who are often working toward 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 clerical and community support activities for the hospice organization. In response to the ongoing COVID-19 pandemic, traditional in-person and hands-on volunteer activities were paused through the first half of FY 2021. Volunteers had the opportunity to return to duties in the hospice homes starting in March, and to resume providing services in patient homes in June.

In FY 2021, 13 volunteers completed Sharp HospiceCare's training program to confirm their understanding of and commitment to hospice care prior to beginning their volunteer activities. Due to COVID-19 public health guidelines, Sharp HospiceCare transitioned its typical in-person, 24-hour training to a 25-hour, 10-module online format, which culminated in three hours of in-person training. 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, administrative support, special-event planning and community outreach. All patient and caregiver support activities were conducted using appropriate personal protective equipment and in compliance with public health guidelines. In FY 2021, volunteers gave over 3,000 hours of in-person direct patient care and support. In addition, volunteers provided telephone

support throughout the year to patients who preferred not to receive in-person assistance.

One teenager participated in Sharp HospiceCare's Teen Volunteer program in FY 2021. The teen completed special projects in Sharp HospiceCare administration, as well as performed activities at Sharp HospiceCare's hospice homes, including patient grooming, sitting with patients, listening to their stories and holding their hand.

In FY 2021, 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 and 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 2021, 11th Hour program volunteers served 10 patients.

Eight volunteers supported Sharp HospiceCare's partnership with We Honor Veterans (WHV) in FY 2021. 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. Prior to COVID-19, the program also honored veteran patients through special pinning ceremonies, during which volunteers present veterans with a WHV pin and a certificate of appreciation for their service. In response to the pandemic, Sharp HospiceCare transitioned these ceremonies to a no-contact format, where volunteers dropped off a pin, certificate and flag at each veteran's home, as well as installed a yard sign honoring the individual's military service. In FY 2021, Sharp HospiceCare recognized approximately 60 of its veteran patients and their families through this initiative.

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 2021, volunteers dedicated nearly 1,400 hours to sewing more than 340 bears for approximately 200 families. From October to May, Sharp HospiceCare supported social distancing by offering families curbside pick-up and drop-off delivery of their bears. In-person pick-up and delivery of the bears resumed at the Sharp HospiceCare office in June.

Volunteers played a significant role in enhancing both community safety and morale throughout the COVID-19 pandemic. Between March and May, Sharp HospiceCare volunteers aided in both clinical and nonclinical roles at Sharp's four vaccination superstations at Chula Vista Center, Grossmont Center, SMMC and Coronado Community Center. In addition, volunteers created approximately 3,000 colorful greeting cards — including 2,000 cards for every Sharp HospiceCare patient and their family, and nearly 1,000 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 recognition of National Volunteer Week in April, Sharp HospiceCare honored volunteers with a drive-by luncheon at Lake Murray in La Mesa. Further, Sharp HospiceCare provided monthly continuing education and support groups to enhance volunteers' knowledge and skills, including newsletter-based education and support developed in response to COVID-19.

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

Established in 2007, the Arts for Healing program at SMMC brings a variety of arts experiences to patients facing significant health challenges, their loved ones, visitors and hospital staff. 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. Volunteer support is a key part of the Arts for Healing program, which is led by Sharp's Spiritual Care and Education Department and funded solely by philanthropy.

Arts experiences at SMMC are facilitated by board-certified art and music therapists and a team of trained volunteers. Art and music experiences include painting, creative writing, playing instruments, singing, songwriting, card-making, knitting, storytelling and live music.

In FY 2021, four employees and 14 volunteers facilitated art and music experiences for approximately 16,000 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 216,000 individuals.

At SMH, Arts for Healing primarily 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 the Sharp Allison deRose Rehabilitation Center, Arts for Healing provides weekly music and art therapy groups to adults recovering from strokes, brain injuries and spinal cord injuries. At SMBHWN, the program serves mothers with high-risk pregnancies who are

susceptible to stress and loneliness during extended hospital stays. The program also provided music therapy to infants in the NICU and their families to promote bonding and infant development. In FY 2021, Arts for Healing facilitated the donation of 125 blankets hand-knitted by generous local community members to patients receiving palliative care, end-of-life care and infusion therapy services at SMH. 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.

Since mid-March 2020, Arts for Healing activities were significantly impacted by the COVID-19 pandemic. Strict safety protocols prohibited volunteers and restricted patient visitors from entering hospital facilities, resulting in the temporary suspension of volunteer-based Arts for Healing services and the postponement of community events. Although these challenges continued into FY 2021, Arts for Healing volunteer musicians returned to playing in the lobby at SMH in April, and art-at-the-bedside volunteers returned to SMH in June and SMBHWN in July. Although SMV and SMC provide Arts for Healing programs, volunteer support remains paused due to the pandemic. Further, Arts for Healing public community events were not offered in FY 2021.

Prior to the return of Arts for Healing volunteers, Arts for Healing staff mindfully and creatively adapted and enhanced their services in response to the emerging needs of Sharp patients, guests and staff however possible. In addition, and in response to the stress, overwhelm, and emotional and physical fatigue experienced by many staff during COVID-19 surges, Arts for Healing directed efforts to support staff through inspirational and reflective arts experiences primarily at SMH. Experiences included art-based mindfulness, self-reflection tools, staff wellness events, supportive live music engagements and community art.

Community art experiences included a wishing wall; a motivational art exchange called "Give One, Take One," a metaphorical butterfly experience about change called "Beauty Emerging," an artful inspiration board called "Kaleidoscope of Hope," giant crossword and coloring murals and a creative appreciation exchange between staff at SMH and SMBHWN. Arts for Healing also implemented a variety of individual supportive arts experiences for staff that included mindfulness and self-reflection tools, such as positive intention bottles, vision boards, dedication hearts and meditation jars. Staff across the SMMC campus participated in Arts for Healing's annual Valentine card-making event in February as well as art-making activities during Hospital Week in May. In addition, Arts for Healing hosted five employee wellness events at SMH in collaboration with Sharp's Spiritual Care and Education Department. The events included art-making activities, live music, reiki and aromatherapy. For staff unable to leave the unit to attend wellness events, Arts for Healing provided a mobile event cart to staff on their units. Music therapists also provided live supportive music engagements at nursing unit huddles during the pandemic. Volunteers supported activities and events by preparing project materials at home and at the hospital. When volunteers returned to campus, they provided on-site support for art experiences.

Arts for Healing also continued to collaborate with chaplains from Sharp's Spiritual Care and Education Department to provide supportive kits to patients to promote self-care and comfort during a time without the physical presence of their loved ones. The kits included journals, adult coloring books, puzzles and games, poetry, reflections and prayer books, meditation tools, stress relief resources, music and mindfully selected jokes and Mad Libs. From June through September, art-at-the-bedside volunteers returned to making art and providing art kits to patients and guests at SMH and SMBHWN.

Since August 2020, Arts for Healing has 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 serving hospitalized adults experiencing isolation. At SMH, this included weekly, individualized virtual concerts for patients. Initially, the partnership offered virtual concerts to patients with heightened isolation precautions. As the COVID-19-positive patient population decreased, the program pivoted to offer virtual concerts to patients with an extended stay, including oncology and heart transplant patients. An Arts for Healing volunteer began facilitating these concerts in summer 2021.

Other Sharp Community Efforts

In FY 2021, 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 Homelessness (RTFH), there are at least 7,600 individuals experiencing homelessness in SDC, more than half of whom are unsheltered. In addition, data from RTFH's Homelessness Crisis Response System report from 2021 revealed that the number of individuals in SDC experiencing homelessness for the first time increased 79% from 2019 (2,326 individuals) to 2020 (4,152 individuals). Since 2012, 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 their loved ones. The program contacts the individual's family and friends to ensure that they have a place to stay and support to get back on their feet. The outreach team then provides the necessary transportation to reconnect the individual with their loved ones. With Sharp's help, the Family Reunification Program has reunited more than 3,500 individuals with friends and family across the nation.

For several years, Streets of Hope San Diego has served and provided hope to individuals who experience homelessness in Downtown San Diego. In December, SMV staff collaborated with the organization to host a holiday drive that collected essential items for unhoused San Diegans. Donated items included hand sanitizer, wipes, lip

balm, toothbrushes, toothpaste, blankets, pants, sweaters, jackets, hoodies, socks and more. Streets of Hope San Diego then distributed these essential donations to unhoused community members in Downtown San Diego.

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 2020 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 human immunodeficiency virus or 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 with well wishes for the coming school year. In August, the team gathered more than 125 backpacks at SGH and delivered them directly to Christie's Place.

In May, SGH's Obstetrics and Gynecology Unit Practice Council and Volunteer Services, along with other staff, collaborated to help underserved families with newborns who need a little extra help through its annual Sweet Start Family donation program. In its third year, the program brings hospital units together to collect diaper bags and other baby supplies, including hand-made and knitted clothing and items. This year's effort yielded more than 60 diaper bags filled with supplies, plus gift cards that will buy supplies for at least another 10 bags.

The SGH Engineering Department led a variety of volunteer initiatives in FY 2021. For the past 10 years, the SGH Engineering Department has provided This Bud's for You, a special program that delivers hand-picked flowers from the hospital campus' abundant gardens to unsuspecting visitors, patients and staff. Through the program, the landscaping team grows, cuts, bundles and delivers colorful bouquets to patient rooms along with an inspirational quote. Single-stem roses in a small bud vase are also offered to individuals passing by. In addition, for the 13th Mother's Day in a row, more than 20 vases of flowers were delivered to new mothers staying in the hospital. These efforts have become a natural part of the landscape team's day — acts that are simply part of what they do to enhance the experiences 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, along with a stuffed bear or a football.

For more than 15 years, Sharp has participated in the U.S. Marine Corps Toys for Tots Program. During the 2020 holiday season, Sharp collected new, unwrapped toys for the program to distribute as holiday gifts to local children in need. Through this program, Sharp has donated thousands of toys to children in San Diego. In addition, Sharp continued to host a Holiday Food Drive for Pets, where bagged or canned food were collected and donated to the Food Bank.

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. 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 document 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

helps identify opportunities for improvement to strategically plan initiatives that encourage 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.¹⁰ Hospitals are the second-most energy-intensive commercial buildings in the country,¹¹ using over 2.5 times the amount of energy as a typical office building.¹⁰ 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.¹⁰

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. To address this call, Sharp's Natural Resource Subcommittee continually invests in numerous conservation initiatives, including infrastructure changes and best practices to ensure its facilities operate at optimal levels while monitoring and measuring energy and water consumption. The subcommittee also educates employees about energy-conscious practices in the workplace and at home to promote energy and water savings opportunities.

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 using

¹⁰ 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.

¹¹ Energy Information Administration. 2012 Commercial Buildings Energy Consumption Survey: Energy Usage Summary. Available: <http://www.eia.gov/consumption/commercial/reports/2012/energyusage>.

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 cell¹² that was included with the building purchase, making it the first Sharp location to use fuel cell energy. 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 guideline (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 consulting firms Ecom-Energy and Altura Associates to develop these guidelines based on best practices for energy-efficient temperature control in hospitals.

In 2013, Sharp launched an initiative to replace fluorescent light bulbs and lower-performance light emitting diode (LED) lights with next-generation, high-performance LED lights and fixtures. As of FY 2021, retrofits at all Sharp locations have been completed. 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 use by 55%. The lighting projects completed from 2019 to 2021 are expected to save more than 4.4 million kWh in electricity per year — enough to power approximately 675 cars — and reduce annual CO₂ emissions by approximately 3,120 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

¹² A fuel cell uses the chemical energy of hydrogen or another fuel to cleanly and efficiently produce electricity (Office of Energy Efficiency & Renewable Energy).

includes energy- and water-saving features, such as high-efficiency boilers; more efficient heating, ventilation and air-conditioning (HVAC) systems in non-patient care areas; and a cool roof, which saves energy by reflecting more sunlight and absorbing less heat than standard roofs. Overall, SCVMC improved its energy efficiency by 36% from FY 2019 to FY 2021.

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 (EVC), parking lot solar panels, and a battery storage unit, which optimizes energy management by storing energy generated from the solar panels. This new building earned Sharp the 2020 Zero Net Energy award by the San Diego Green Building Council as well as ENR California's 2021 Sustainability Award of Merit for the Southern California region.

In 2021, Sharp committed to installing solar photovoltaic systems at three sites to produce its own clean, renewable energy. The proposed solar systems across SGH, SMMC and Sharp will total more than one megawatt of solar capacity and produce over 1.7 million kWh of electricity each year — equivalent to the amount of energy needed to power more than 145 homes annually.

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 standards.

SMMC participates in the San Diego Higher Opportunity Projects and Programs Retrocommissioning (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 kicking in after less than two years, on average. Between 2020 to 2021, Sharp also launched an analytics-based commissioning effort for six of its most energy-intensive hospitals, medical office buildings and corporate buildings. The commissioning focused on making building HVAC equipment run more efficiently by identifying faulty equipment, optimizing heating and cooling operations and increasing

equipment lifetime. Across the six sites, the analytics-based commissioning projects will reduce building energy use by an average of 20%.

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	✓	✓	✓	✓	✓	✓	✓	✓
EVC 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	✓	✓	✓	✓	✓	✓	✓	✓

Natural Resource Initiatives	Entity							
	SCHHC	SCVMC	SGH	System Offices	SHP	SMH/ SMBHWN	SMV/ SMC	SRSMG
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 pounds (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 2021, Sharp's waste minimization initiatives — including programs focused on recycling, donating, composting, reprocessing and reusing — helped divert more than 2,630 tons of waste (more than 24% of all waste). See **Table 5** for Sharp's waste diversion rates in FY 2021.

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 2021:

- 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, batteries, e-Waste, aluminum cans and glass containers.

- Sharp collected, reprocessed and sterilized more than 63,000 lbs. of surgical instruments for further use. Reprocessed items included compression devices, electrophysiology cables, ultrasonic scalpels and more.
- Sharp continued to help reduce plastic water bottle waste with touchless, filtered-water refill stations at its Spectrum system office.
- Sharp continued to significantly reduce paper waste through RightFax digital fax server, electronic bill pay, cloud-based document storage, and office supply reuse and repurposing programs. By transitioning to RightFax, in FY 2021, Sharp saved more than 1,250 trees and 2,100 cases of paper.
- Sharp continued to participate in SDC's Hazmat Stakeholder meetings to discuss best practices for medical waste management with other hospital leaders in SDC.

In 2021, SMH and SMBHWN were recognized by California's Department of Resources, Recycling and Recovery (CalRecycle) as the first hospitals in San Diego to participate in the City of San Diego's food scraps composting programs and continuing to engage in sustainability efforts. The material from these hospitals represents more than 5% of the hospitals' overall waste diversion.

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 CRRRA as the Outstanding Recycling Program for its innovative waste minimization initiatives.

Table 5: Sharp HealthCare Waste Diversion — FY 2021

Sharp HealthCare Entity	Total Waste Per Year (lbs.)	Diverted Waste Per Year (lbs.)	Percent Diverted
Sharp Chula Vista Medical Center	4,817,035	820,964	17%
Sharp Coronado Hospital and Healthcare Center	1,444,755	323,424	22%
Sharp Grossmont Hospital	5,503,172	1,481,386	27%
Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women & Newborns	6,212,774	1,956,452	31%
Sharp Mesa Vista Hospital	425,274	129,102	30%
Sharp Rees-Stealy Medical Centers	1,732,482	382,678	22%
System Offices	996,766	165,406	17%
Total Sharp HealthCare	21,132,258	5,259,412	24%

Table 6: Waste Minimization Efforts by Sharp HealthCare Entity

Waste Minimization Project	Entity							
	SCHHC	SCVMC	SGH	System Offices	SHP	SMH/ SMBHWN	SMV/ SMC	SRSMG
Establish Waste Diversion Baseline	✓	✓	✓	✓	✓	✓	✓	✓
Single-stream Recycling	✓	✓	✓	✓	✓	✓	✓	✓
Recycled Paper	✓	✓	✓	✓	✓	✓	✓	✓
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 — 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 became the first health system in the country to implement the new Sodexo 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 thrown away by the consumer) from entering landfills. In addition, the use of self-audit checklists helps kitchen teams across the system reduce waste between food preparation and cleanup.

Since 2016, SMH 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 Feeding San Diego (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 face challenges accessing 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 2021, Sharp's composting programs diverted approximately 200 tons of waste from landfills.

In FY 2021, Sharp's use of imperfect produce in its kitchens — produce that is aesthetically less-than-perfect yet still nutritious and usable — prevented more than 12,000 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 the hospital cafeterias, but not served in patient rooms. In addition, Sharp is in the process of eliminating oil fryers in its kitchens, with healthier methods of food preparation already in use at SGH and SCHHC. Further, in FY 2021, SGH and SCHHC recycled nearly 4,900 lbs. of used cooking oil.

Sharp is an active member of the Community Health Improvement Partners Farm to Institution Center'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	✓		✓	✓		✓	✓	N/A
Imperfect Produce		✓				✓	✓	N/A
Composting	✓	✓	✓			✓	✓	N/A
Oil Recycling	✓		✓					N/A
Fryers Eliminated		✓		✓		✓		N/A

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 2021.

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 76 EVCs at its corporate office, the Copley building, SCVMC, SMMC and some SRSMC sites. Sharp will continue to expand EVCs to all remaining entities in coming years.

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, several Sharp employees participated in SANDAG's 2021 Bike Anywhere Week in May, which encouraged San Diegans to bike to work, to school, to the store, or just around their neighborhood for a chance to win prizes. The event also included virtual education on bike yoga, bike safety, current and planned bike infrastructure projects in SDC, and more, as well as provided a variety of biking routes throughout the county for participants to explore.

Furthering its commitment to improve commuting options for employees, Sharp supplies and supports the hardware and software for more than 1,000 employees who are able to efficiently and effectively telecommute. During 2021, Sharp granted nearly 2,300 employee remote access requests due to the Emergency Work-From-Home Initiative brought on by COVID-19. Telecommuting employees work in areas that do not require an on-site presence, such as IT, transcription and human resources. Sharp also offers compressed work schedules to eligible full-time employees, which enables them to complete the standard 80-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**.

**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	✓					✓		
Prescription Drug Recycling Kiosks	✓	✓						
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 FY 2021, 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 continued to take place virtually due to COVID-19.

Members of Sharp's disaster leadership team donate their time to various state and local organizations and committees. In FY 2021, 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 team, including leadership, participated in the Hospital Preparedness Program (HPP) budget, decontamination and SharePoint subcommittees. The HPP budget subcommittee strives to improve readiness by building supply caches of readily available health care supplies that can be used during a disaster. In addition, the decontamination subcommittee aims to standardize equipment and processes for hospitals, while the SharePoint committee is designed to build a coalition SharePoint site, which will provide members with disaster health care education and information.

Further, through participation in the Department of Health and Human Services (DHHS) Public Health Emergency 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. Due to the COVID-19 pandemic, these groups and committees continue to operate virtually.

In FY 2021, the ongoing COVID-19 pandemic 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 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 that aligns with current public health guidelines. The group is also developing a cybersecurity readiness plan that will define how San Diego hospitals and other health care delivery systems respond in the event of a cybersecurity incident. The group expects completion of the cybersecurity readiness plan in 2022.

Further, Sharp's disaster leadership steers the organization's Highly Infectious Disease (HID) Committee, which is activated for infectious disease events such as COVID-19. The HID Advisory 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.

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 ongoing impact of COVID-19 has 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 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 develop partnerships to achieve health equity across the Sharp system and the San Diego community. The SEA accomplishes these goals by engaging Sharp's workforce in education and dialogue around diversity and equity, building relationships with the outside community through employee resource groups, and participating in community events to promote understanding, inclusivity and acceptance.

The SEA encourages diversity awareness through educational articles, videos and other 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, 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, leader and executive sponsor to help fulfill this work.

Since 2017, the SEA has hosted regular opportunities for Sharp employees and Sharp-affiliated physicians to learn and engage in meaningful conversations about current topics regarding diversity, equity and inclusion. Titled SEA Breakfast Forum – A Health Equity Series, FY 2021 forum themes included: Fifteen Things Veterans Want Healthcare Providers to Know; Yes, I Use a Wheelchair. Yes, I am a Doctor. So What?; Homelessness and Healthcare: A Panel Discussion; Recognizing and Addressing Caregiver Burnout During the Pandemic; and Discussing the Family Dynamics of Addiction. Prior forums have focused on topics addressing racial and gender health equity, food insecurity, mental health and stigma.

In addition, the SEA and Sharp Employee Assistance Program (EAP) host ongoing Safe Speak support sessions to provide Sharp employees and Sharp-affiliated physicians with a safe space to connect with peers, speak openly, find support, brainstorm solutions, and share their unique experiences related to current events (e.g., racial, societal, cultural, and political unrest). Safe Speak began in June 2020 as a way to give Black colleagues a safe, confidential space to come together and have their voices heard following national events and protests surrounding racial injustice. In FY 2021, Safe Speak expanded to support the voices and concerns of other ethnic communities experiencing violence and hate, including those of Asian American, Pacific Islander, Muslim and Jewish heritage. Further, Safe Speak sessions were held for Sharp team members of all political backgrounds to discuss feelings or concerns related to the outcome of the 2020 presidential election; employees experiencing feelings of social and political uncertainty, including stress and fatigue related to COVID-19; and team members who identify as LGBTQ+ (lesbian, gay, bisexual, transgender and queer (or questioning) and others). Attendance is limited during Safe Speak sessions to support confidentiality.

The SEA also continued to offer Current Conversations in FY 2021. Launched in summer 2020, Current Conversations is an online forum that allows for educational and engaging conversations with expert speakers about current topics surrounding identity. Current Conversations welcomes Sharp employees, Sharp-affiliated physicians and Sharp volunteers to participate in moderated virtual discussions on topics including race, ethnicity, gender, religion, culture, and more. Unlike Safe Speak, participation in Current Conversations is unlimited and non-confidential. In FY 2021, Current Conversations sessions explored the experiences of people who identify as Asian American and Pacific Islander, White/European American, Native American and

Indigenous and individuals who practice Islam. In addition, the series delved into the experiences of individuals with autism, neurodiversity, and mood disorders; those living with obsessive compulsive disorder and attention-deficit/hyperactivity disorder; and individuals affected by post-traumatic stress disorder or trauma. Previous Current Conversations themes focused on the experiences of those who identify as LGBTQ+, Hispanic/Latino/Latinx, and BIPOC (Black, Indigenous and People of Color).

The SEA continuously identifies and creates opportunities to demonstrate Sharp's commitment to diversity and inclusivity. Since its inception, the SEA has represented Sharp at numerous public events, and in FY 2021 these events included San Diego Pride and the Equality Alliance of San Diego County's 33rd Annual All People's Celebration honoring Dr. Martin Luther King Jr. In addition, SEA generated numerous internal communications around holidays that promote equality and acceptance for a variety of communities, including Juneteenth, Asian Pacific Islander Heritage Month and Jewish American Heritage Month.

In the coming year, the SEA plans to continue developing policies and procedures to help protect Sharp clinicians and staff from discrimination while providing patient care, including codes of conduct for Sharp patients and visitors. The SEA will also continue to enhance Sharp's employee diversity training to further strengthen cultural competency, inclusive thinking and workplace sensitivity. In addition, the SEA continues to develop specialized continuing education opportunities for clinicians to improve care for Sharp's LGBTQ+ patient population, including free training opportunities through the Human Rights Campaign (HRC) Foundation and the Just Health Collective.

Further, each Sharp hospital continues to work to obtain 2022 LGBTQ+ Healthcare Equality Leader designation through participation in the HRC 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. With SEA's leadership, Sharp has met significant milestones toward achieving this designation. In September, the SEA spearheaded the creation and passage of the new LGBTQ+ Patient Care policy systemwide. This policy provides rules and guidance for treating the LGBTQ+ community in San Diego and within Sharp. Additional achievements included Sharp's systemwide public-facing statement of support for equality legislation for the LGBTQ+ community; the development of hiring practices for the LGBTQ+ community; the creation and public distribution — through social media and events — of Sharp's LGBTQ+ graphic; and the modification of Sharp hospitals' electronic health record platform to permit the use of a patient's preferred name and gender identity within hospital data systems.

Employee Wellness: Sharp Best Health¹³

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 comprehensive website on Sharp's intranet designed to help employees understand and engage in 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. However, due to COVID-19 workplace restrictions, employee wellness screenings were suspended throughout FY 2021.

To promote overall health, the AHA recommends walking 10,000 steps each day. To align with this goal, in FY 2021, Sharp Best Health continued to offer Move More Rewards, an application (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 2021, more than 2,800 participants across the Sharp system participated in Move More Rewards, walking an average of 8,000 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.

Although most in-person fitness offerings were suspended throughout FY 2021, Sharp Best Health encouraged employees to stay active outside of work by offering group hiking opportunities at trails throughout SDC. SGH's co-ed softball team, the Grossmont Grizzlies, also resumed playing in-person in a league located at Santee Sportsplex. Sharp Best Health also continued to offer a discounted membership to fitness centers in San Diego and nationwide through the Active&Fit Direct program, as well as discounted access to a subscription-based online fitness program called Studio SWEAT OnDemand.

Sharp Best Health offered employees a variety of integrative therapies to help promote self-care during FY 2021. In partnership with SCHHC's Sewall Healthy Living Center and the Cushman Wellness Center at SMH, all Sharp employees were offered low-cost

¹³ Sharp Best Health programs are not financially valued in this community benefit report.

wellness services, including auricular acupressure, acupuncture, medical massage and emotional wellness coaching.

In response to the ongoing COVID-19 pandemic, Sharp Best Health continued to provide Sharp team members with a variety of virtual wellness activities and resources to support physical and emotional well-being. Bi-weekly offerings included recipes, health tips, and pre-recorded fitness classes and webinars. Sharp Best Health also presented a series of live webinars that addressed a variety of topics, including the importance of maintaining a self-care routine; emotional agility and aromatherapy; using aromatherapy for stress relief; using Healing Touch energy therapy as a self-care modality; how life's challenges teach us about inner strength; helping children with remote learning; managing fatigue and anxiety as a parent; practical tools to navigate life's stressors; and compassion fatigue. In addition, Sharp Best Health partnered with Sewall Healthy Living Center to promote live, virtual fitness classes. Further, in collaboration with Sharp's EAP, Sharp Best Health provided virtual support groups focused on grief and loss as well as parenting during the pandemic.

Sharp Best Health also offered virtual employee wellness initiatives in FY 2021. The Sleep Well Be Well Challenge was a four-week program designed to help individuals understand the benefits of sleep, become more aware of their own sleep health and learn strategies for improvement. The Better than Yesterday Challenge helped participants cultivate healthy eating habits, such as keeping a food journal, eating mindfully, meal-prepping, and controlling serving and portion sizes. Sharp Best Health also continued to offer the Cultivating Joy series in FY 2021. 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.

New in FY 2021, Sharp Best Health introduced the Here for Each Other employee well-being community — a peer-led, supportive group of Sharp employees who share resources and brainstorm ideas to help each other thrive and stay well during the pandemic and beyond. The Here for Each Other group met virtually each month, discussing topics such as staying connected remotely; wellness tips for working from home; snacking behaviors; tips for self-care and motivation; creative ways to stay active; laughter as medicine; and sharing travel experiences and personal hobbies. Approximately 10 employees participated in each session.

Sharp Best Health also offered the new Wellness Direct program for Sharp leadership to help provide customized resources to individual teams. Through this program, Sharp Best Health provides support to departments in a variety of ways, including stress management; reducing injury through wellness; fitness challenges; sleep health; developing resilience and preventing burnout; and nutrition education. Sharp Best

Health delivers resources to individual departments through team retreats, staff meetings and virtual offerings. Throughout FY 2021, seven teams systemwide used the Wellness Direct program, reaching approximately 200 employees.

In FY 2021, 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 lengths and skill levels, Whil helps employees 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, Sharp Best Health collaborated with certified mindfulness facilitators to provide virtual mindfulness programming to all Sharp employees. This included live Zoom mindfulness coaching sessions, weekly mindfulness mini-breaks and courses on the benefits of mindfulness. Sharp Best Health also offered a virtual training series on mindful self-compassion practices, which have been shown to greatly enhance emotional well-being, boost resilience, reduce anxiety and depression and help foster healthy lifestyle habits.

Throughout the year, Sharp Best Health continued to provide Wellness on Wheels to increase employee access to quick and relevant wellness resources at their workplace, 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 2021, approximately 1,670 employees participated in Wellness on Wheels, where they learned about a variety of topics, such as healthy snacks and wellness resources, sleep health, resiliency kits, essential oils, tea for the soul and self-care.

Sharp Best Health also continued to offer quiet, restorative spaces at various entities for employees to relax and practice self-care at work. These areas offered relaxing music and self-directed resources that were available for employees to visit at any time during their shift. In addition, Sharp Best Health provided nearly 20 massage chairs at locations across the Sharp system to help employees combat stress and fatigue associated with the pandemic.

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. This partnership, which was offered virtually throughout FY 2021, has provided Sharp team members with a variety of healthy eating and physical activity options that can be tailored to different lifestyles and schedules. At any given time during FY 2021, over 450 Sharp employees were actively using WW.

In addition to providing WW at work, during FY 2021, Sharp Best Health continued to partner with the Sharp Rees-Stealy Center for Health Management and Education to offer free online nutrition classes to Sharp employees and community members through the New Weigh program. New Weigh is a 10-week weight-loss program delivered in a webinar format that emphasizes nutrition education and healthy lifestyle development. Sessions are conducted online with a registered dietitian, who helps participants create a semi-structured food plan. During FY 2021, nearly 790 individuals completed the program, including community members, patients and Sharp staff.

According to March 2021 data from the San Diego Hunger Coalition, approximately 1 in 3 San Diegans experience nutrition insecurity or are unable to provide three nutritious meals per day for themselves or their families. 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 2020 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 nearly 4,200 lbs. of nutritious food for the Food Bank. In addition, team members donated nearly \$2,600 through the Sharp Virtual SuperFood Drive specifically benefiting the Food Bank. Combined, these donations and funds provided more than 16,450 healthy meals for San Diegans in need. Sharp Best Health also partnered with Vizer — a fitness app that converts workouts into meal donations — on a new holiday food drive called Move for Good. In November and December, more than 450 employees participated in this challenge and donated approximately 2,200 meals to the Food Bank.

Finally, Sharp Best Health supported the broader community through participation in virtual community health events throughout the year, including National Employee Physical Fitness Month, American Heart Month, National Nutrition Month, National Stress Awareness Month, Mental Health Awareness Month, Suicide Prevention Month, and National Walking Day.



Addressing the Community's Needs

In fiscal year 2021, 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 2021*, addresses the following community needs, in addition to needs created or exacerbated by COVID-19: access to care and social support for patients with barriers to health equity; education, screening, and support programs for community members, including programs focused on special populations and chronic health conditions; community flu and COVID-19 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

This past year helped re-commit the entire Sharp organization to the San Diego community. By providing COVID-19 vaccinations to hundreds of thousands of San Diegans, we have learned firsthand the value of Sharp in caring for our community and also the trust our community has in us. We provided vaccinations at schools, churches and even homes to reach all corners of our community and protect as many San Diegans as possible.

— Brett McClain, Chief Operating Officer, Sharp HealthCare

This Executive Summary provides an overview of community benefit planning at Sharp HealthCare (Sharp), a listing of community needs addressed in this Community Benefit Plan and Report, and a summary of community benefit programs and services provided by Sharp in fiscal year (FY) 2021 (October 1, 2020, through September 30, 2021). 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 2021*

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 that provide community and social support to address health equity challenges
- Flu and COVID-19 (coronavirus disease 2019) vaccination programs
- Education, screening and support programs for chronic health conditions and other health needs, including but not limited to heart and vascular 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, their loved ones and the community
- Support for 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 2021

The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2021.

- **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 and COVID-19 vaccinations for seniors; telephone reassurance and safety check program for isolated or homebound seniors and community members with disabilities, as well as continued outreach during COVID-19; financial and other support to community clinics to assist in providing and improving access to health services; Project HELP; Meals on Wheels; contribution of time to the San Diego Food Bank, Mama's Kitchen and Kitchens for Good; support services — including participation in 2-1-1 San Diego's Community Information Exchange — for patients experiencing homelessness and other challenges to health equity.
- **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 and COVID-19 vaccination programs, health screenings and virtual support groups. Sharp also collaborated with local schools to provide virtual opportunities to promote interest in health care careers. 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 listing of Sharp's involvement in community organizations. In addition, the 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 2021

In FY 2021, Sharp provided a total of **\$500,660,074** in community benefit programs and unreimbursed services. **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 2021¹⁴

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2021 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹⁵	\$118,147,575
	Shortfall in Medicare ¹⁵	323,697,389
	Shortfall in CMS ¹⁵	12,103,822
	Shortfall in CHAMPVA/TRICARE ¹⁵	13,527,874
	Shortfall in Workers' Compensation	190,996
	Charity Care ¹⁶	24,800,790
	Bad Debt ¹⁷	(428,680)
Other Benefits for Vulnerable¹⁸ Populations	Patient transportation and other assistance for the vulnerable ¹⁹	2,163,846
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 ¹⁹	3,834,510
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ¹⁹	2,621,952
TOTAL		\$500,660,074

¹⁴ Economic value is based on unreimbursed costs.

¹⁵ 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 and offset by the actual payments received. Costs for patients paid through Medicare on a prospective basis also include payments to third parties related to the specific population.

¹⁶ 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.

¹⁷ In FY 2021, 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.

¹⁸ "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://hcai.ca.gov/wp-content/uploads/2020/10/SB697-Report-to-the-Legislature-Community-Benefit.pdf>

¹⁹ 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 2021**

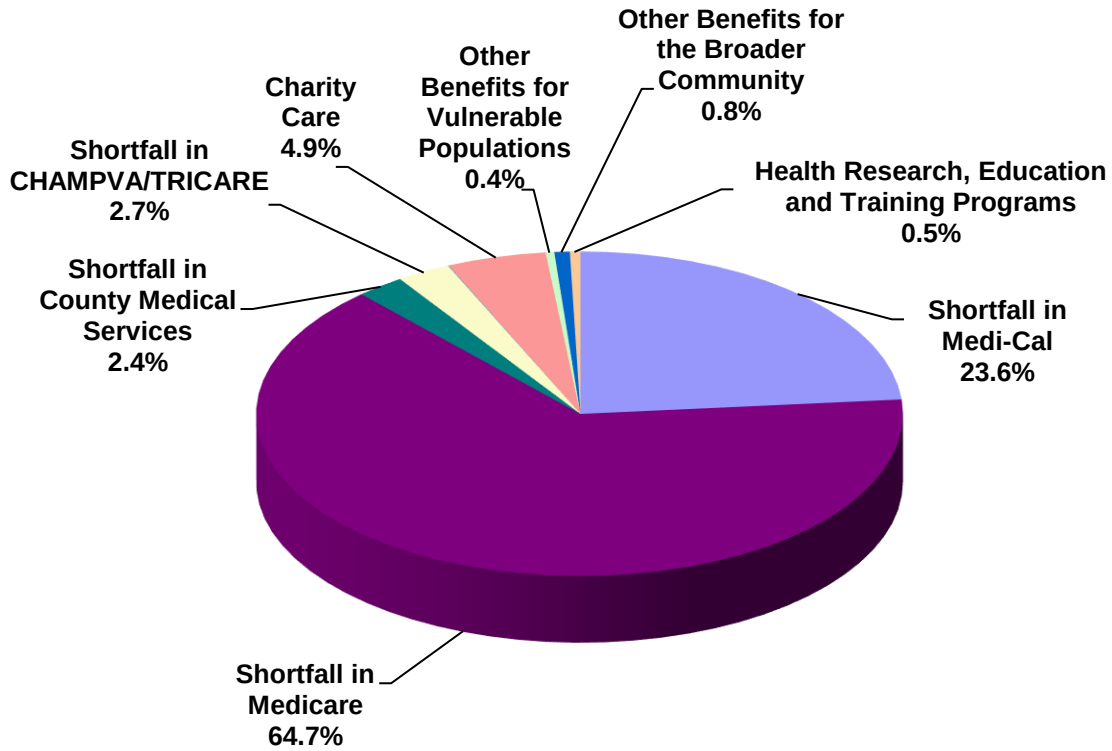


Figure 4: Sharp HealthCare Medical Care Services — FY 2021

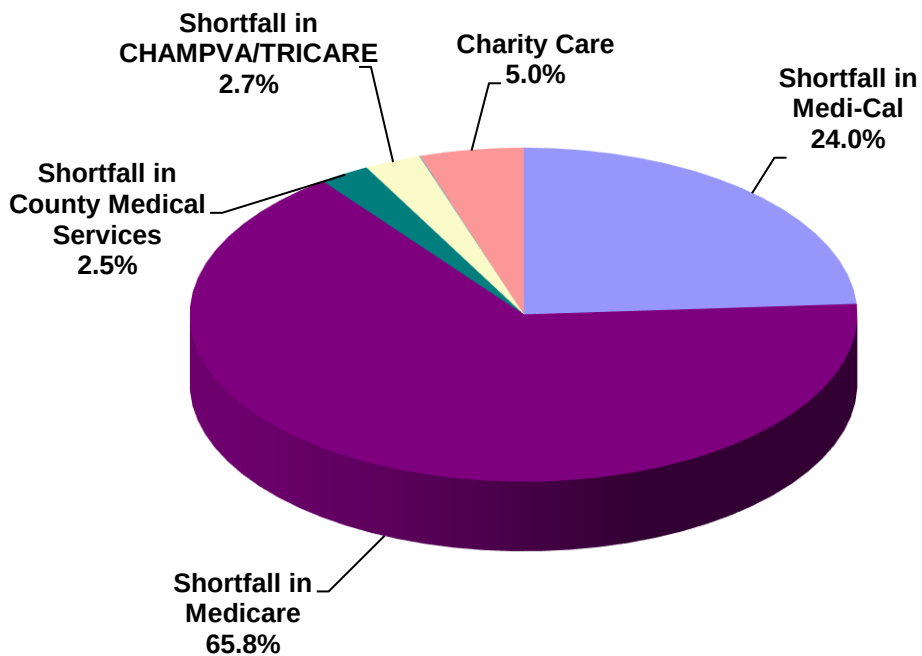
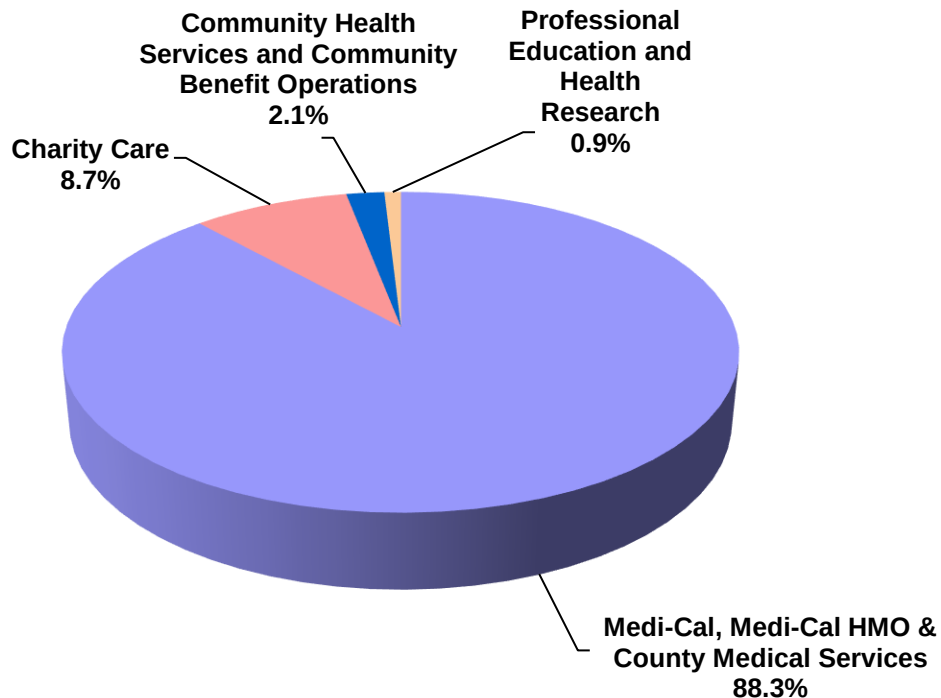


**Figure 5: Sharp HealthCare Community Benefit
by IRS Form 990 Schedule H Category — FY 2021**



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 \$279.1 million and quality assurance fees and pledges totaling \$152.9 million in FY 2021. The net FY 2021 impact of the program totaling \$120.6 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 2021 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 2021.

**Table 10: Sharp HealthCare Unreimbursed Medical Care Services:
Medi-Cal Hospital Fee Program Impact — FY 2021**

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	\$181,548,018	\$142,149,371	\$250,882,831	\$13,718,870	(\$428,680)	\$24,800,790	\$612,671,200
Provider Fee			(\$120,631,434)				(\$120,631,434)
Net Unreimbursed Medical Care Services After Provider Fee	\$181,548,018	\$142,149,371	\$130,251,397	\$13,718,870	(\$428,680)	\$24,800,790	\$492,039,766

**Figure 6: Sharp HealthCare Unreimbursed Medical Care Services
Before Medi-Cal Hospital Fee — FY 2021**

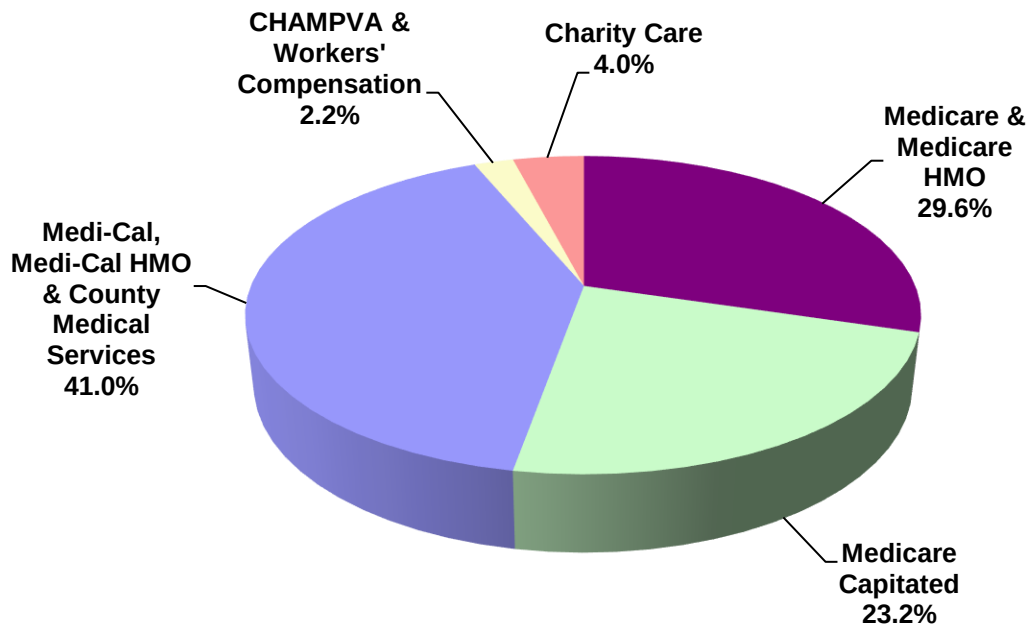


Table 11 lists community benefit costs provided by each Sharp entity and **Figure 7** shows the percentage distribution by Sharp hospital entity.

**Table 11: Total Economic Value of Community Benefit Provided²⁰
by Sharp HealthCare Entities — FY 2021**

Sharp HealthCare Entity	Estimated FY 2021 Unreimbursed Costs
Sharp Chula Vista Medical Center	\$122,387,779
Sharp Coronado Hospital and Healthcare Center	21,426,158
Sharp Grossmont Hospital	143,696,654
Sharp Mary Birch Hospital for Women & Newborns	4,721,259
Sharp Memorial Hospital	180,100,716
Sharp Mesa Vista Hospital and Sharp McDonald Center	28,199,760
Sharp Health Plan	127,748
TOTAL FOR ALL ENTITIES	\$500,660,074

**Figure 7: Percentage of Community Benefit Provided by
Sharp HealthCare Hospital Entities — FY 2021**

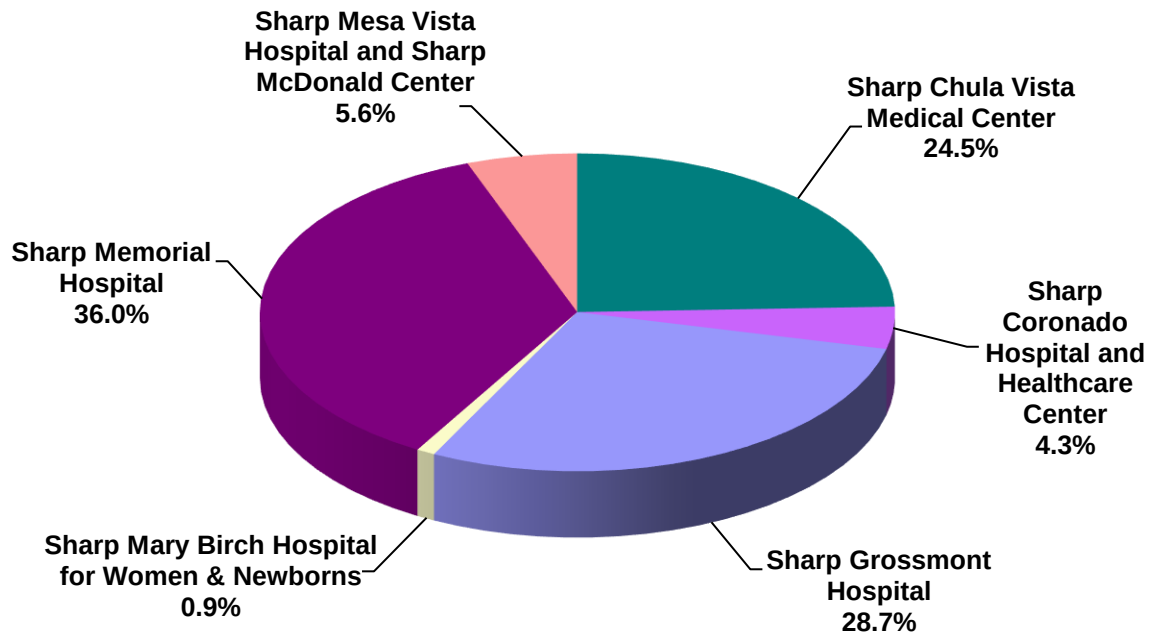


Table 12 includes a summary of unreimbursed costs for each Sharp hospital entity based on the categories specifically identified in SB 697. For a detailed summary of unreimbursed costs of community benefit provided by each Sharp entity in FY 2021, see tables presented in **Sections 4** through **11**.

²⁰ Economic value is based on unreimbursed costs.

Table 12: Detailed Economic Value of SB 697 Categories²⁰ — FY 2021

Sharp HealthCare Entity	SB 697 CATEGORY				Estimated FY 2021 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	\$120,788,144	\$255,756	\$453,325	\$890,554	\$122,387,779
Sharp Coronado Hospital and Healthcare Center	20,949,831	49,482	365,256	61,589	21,426,158
Sharp Grossmont Hospital	140,507,144	884,259	1,516,794	788,457	143,696,654
Sharp Mary Birch Hospital for Women & Newborns	3,995,555	41,152	559,102	125,450	4,721,259
Sharp Memorial Hospital	178,082,674	631,876	720,647	665,519	180,100,716
Sharp Mesa Vista Hospital and Sharp McDonald Center	27,716,418	274,171	124,856	84,315	28,199,760
Sharp Health Plan	–	27,150	94,530	6,068	127,748
ALL ENTITIES	\$492,039,766	\$2,163,846	\$3,834,510	\$2,621,952	\$500,660,074



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 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 2021, 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

It's always so rewarding to help a fellow community member through big acts or small. Great joy comes from making a difference for others.

— 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 the expertise of programs and services of each Sharp hospital — as well as knowledge of the populations and communities served by those hospitals — to provide a foundation for community benefit program planning and implementation. This section describes Sharp's most recent CHNA process and findings, which were completed in September 2019.

Sharp HealthCare 2019 Community Health Needs Assessments

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

For the 2019 CHNA process, Sharp actively participated in a collaborative CHNA effort led by the Hospital Association of San Diego and Imperial Counties (HASD&IC) and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU). The complete HASD&IC 2019 CHNA is available for public viewing and download at <https://hasdic.org/2019-chna/>. The methodology and findings of the collaborative HASD&IC 2019 CHNA significantly informed the process and findings of Sharp's individual hospital CHNAs; thus, both CHNA processes are described throughout this section.

The HASD&IC 2019 CHNA was implemented and managed by a standing CHNA Committee 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
- UC San Diego Health

To develop its individual hospital CHNAs, Sharp analyzed its own hospital-specific data and contracted separately with IPH to conduct community engagement activities expressly for the patients, providers and community members served by Sharp. Sharp develops and publicly reports CHNAs for the following Sharp hospital entities:

- Sharp Chula Vista Medical Center
- Sharp Coronado Hospital and Healthcare Center
- Sharp Grossmont Hospital
- Sharp Memorial Hospital (SMH)
- Sharp McDonald Center
- Sharp Mesa Vista Hospital

In accordance with federal regulations, the SMH 2019 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women & Newborns, as the two hospitals share a license, and report all utilization and financial data as a single entity to California's Department of Health Care Access and Information (HCAI).²¹ As such, the SMH 2019 CHNA summarizes the processes and findings for communities served by both hospital entities.

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

2019 CHNA Objectives

Both HASD&IC's and Sharp's 2019 CHNA processes 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.

²¹ HCAI was formerly known as the Office of Statewide Health Planning and Development.

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

- Build on and strengthen community partnerships established through the 2016 CHNA processes.
- Obtain deeper feedback from and about specific populations in San Diego who face inequities.
- Align with national best practices around CHNA development and implementation, including integrating health conditions with social determinants of health (SDOH).²³

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/IBM Watson Health Community Need Index (CNI) to identify communities with the highest level of health disparities and needs. The CNI generates a score for every ZIP code based on data about barriers to socioeconomic security.

The five barriers used to determine CNI scores are:

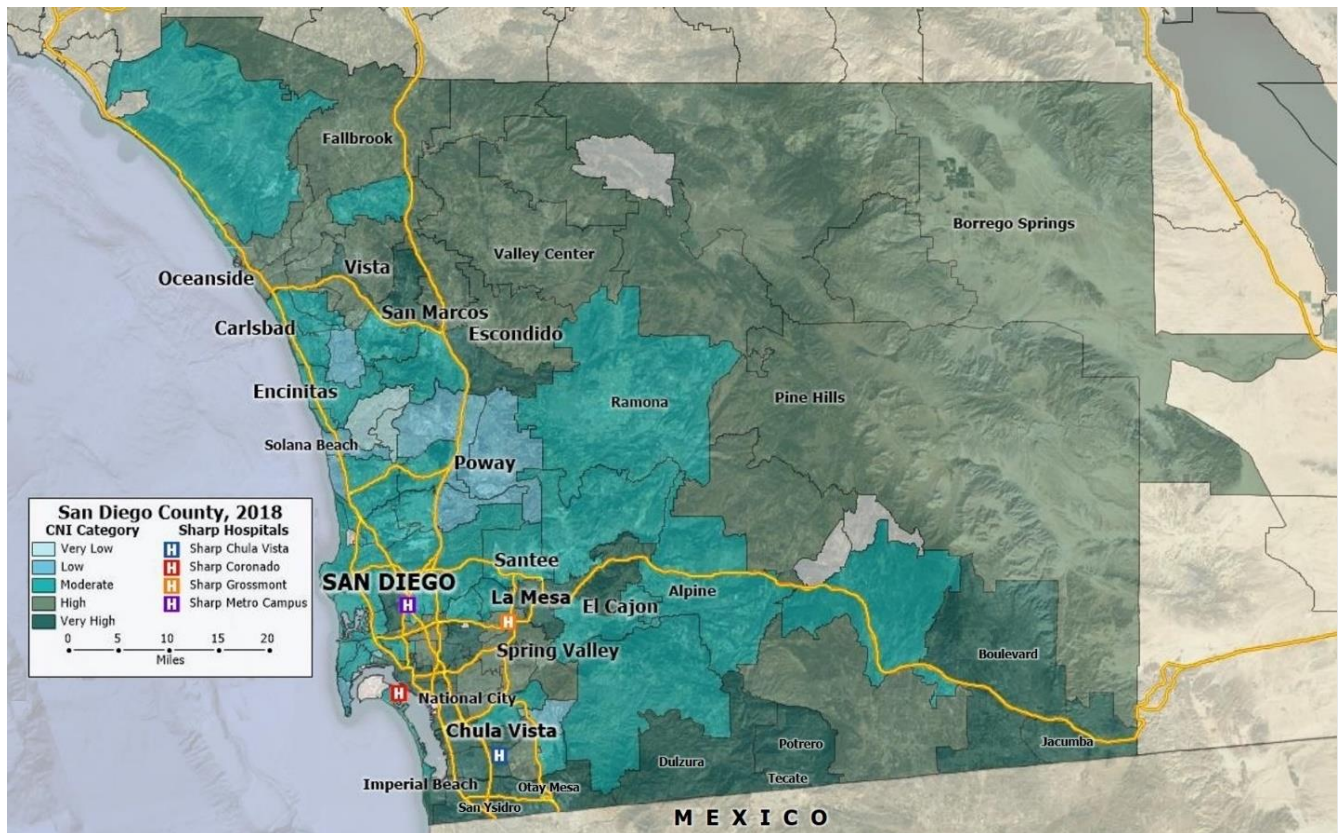
1. Income Barriers
2. Cultural Barriers
3. Educational Barriers
4. Insurance Barriers
5. Housing Barriers

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

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

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>.

Figure 8: San Diego County, CNI Map²⁴



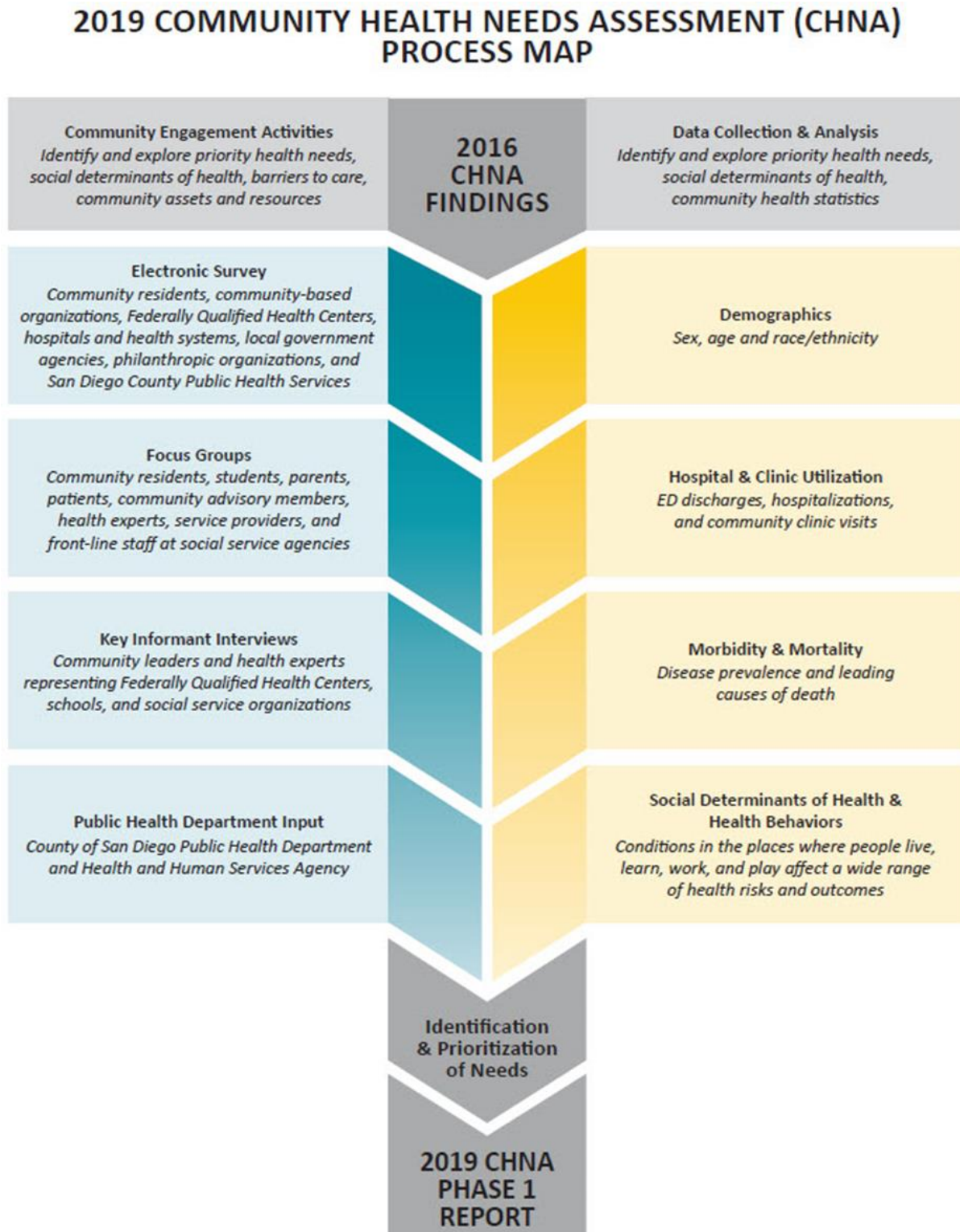
Methodology

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

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

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

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.

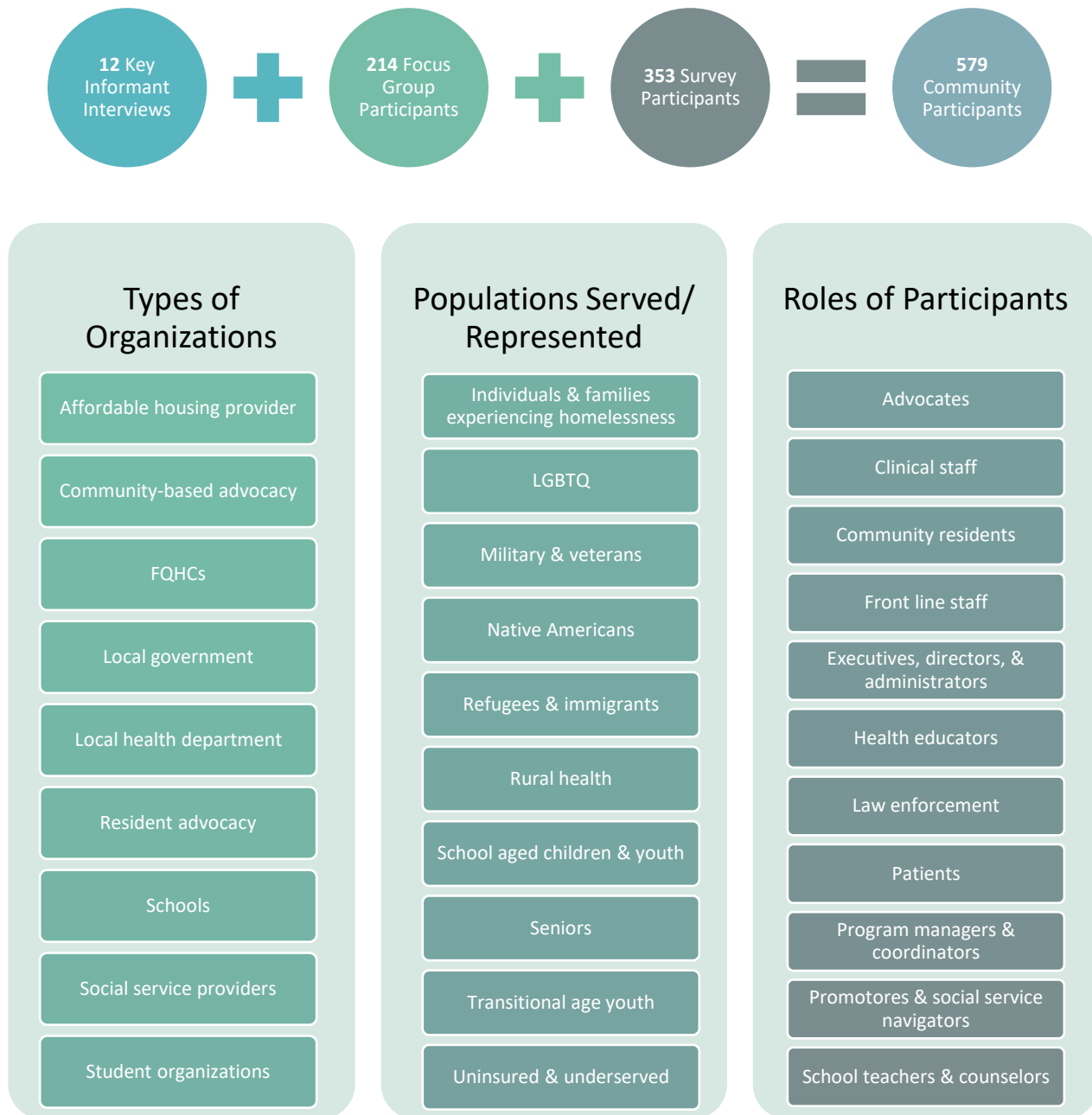
National and statewide data were analyzed, including SDC mortality and morbidity data, and data related to SDOH. In addition, Kaiser Permanente consolidated data from several national and statewide data sets related to a variety of health conditions and SDOH in SDC and conducted a comprehensive statistical 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 and 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 Public Health Services was vital to this process. A total of **579** individuals participated in the 2019 CHNA: **138** community residents and **441** leaders and experts. Please see **Figure 10** for details on the types of participants engaged.

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

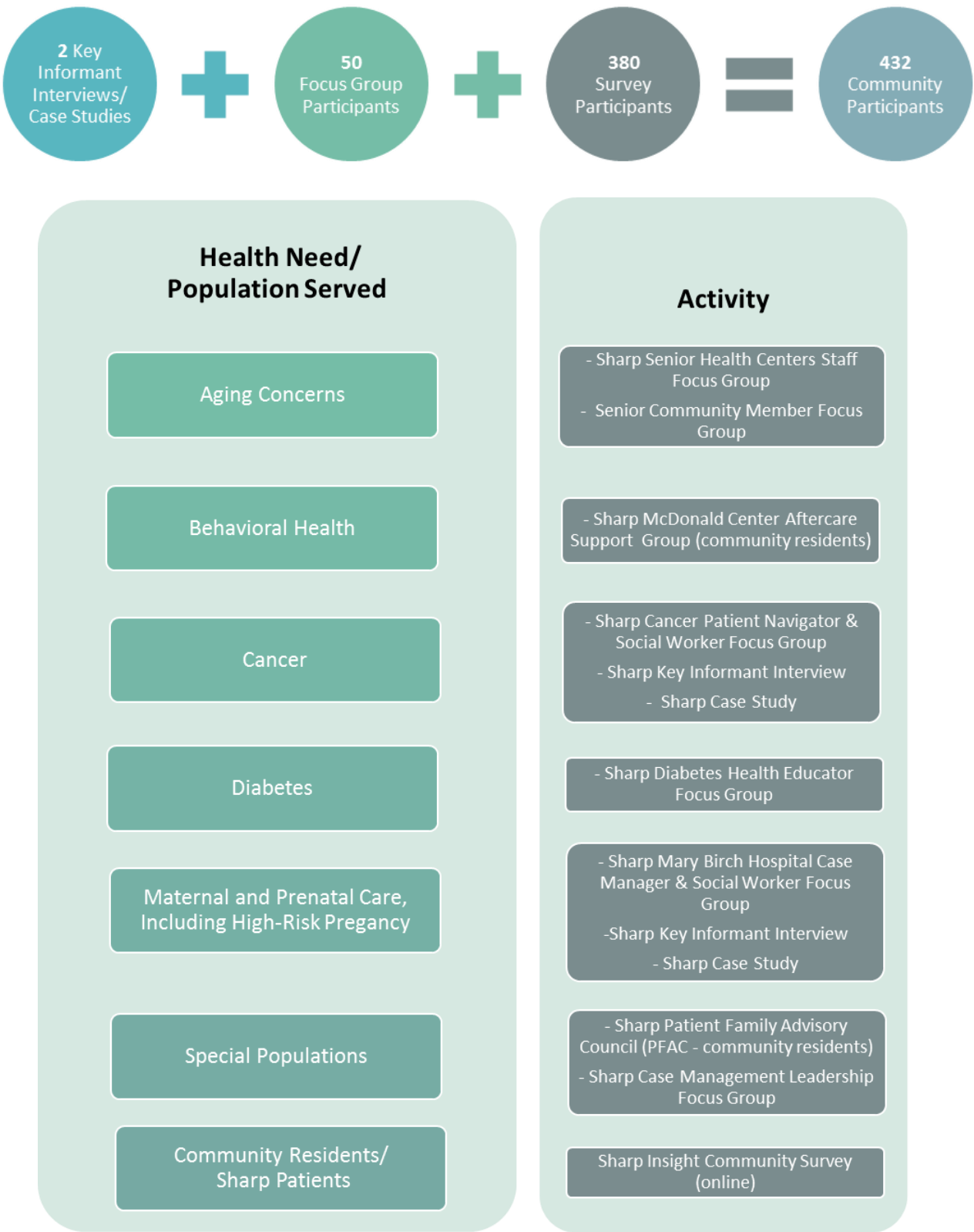


In addition, Sharp contracted separately with the IPH at SDSU to conduct multiple community engagement activities to collect input specifically from Sharp providers as well as from patients and community members served by Sharp hospitals. This input focused on behavioral health, cancer, diabetes, maternal and prenatal care, aging concerns and the needs of patients and community members facing inequities. These additional efforts included focus groups and key informant interviews involving 50 Sharp providers and 14 patients/community members. Further, IPH 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 a robust online survey conducted through the Sharp Insight Community. The Sharp Insight Community is a private, online environment for Sharp patients and their families, community members, Sharp employees and Sharp-affiliated physicians.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. These criteria included: the severity of the need, the magnitude/scale of the need, disparities or inequities and change over time. Those health conditions and SDOH that met the largest number of criteria were then selected as top priority community health needs.

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

Findings

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 impacting 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.

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

Community Assets and Recommendations

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

2-1-1 researched their database using relevant search terms for each identified need. The number of 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 and opportunities 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 strategies Sharp employs to address identified health needs. The Sharp CHNA Community Guide also provides 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 at:

<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 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.

Working with Sharp's Consumer Research Team, in May 2020, an electronic survey was distributed to the Sharp Insight Community to gather feedback on Sharp's 2019 CHNA 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 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 (coronavirus disease 2019), 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.
- Respondents identified many challenges affecting access to health care including appointment-related difficulties, financial barriers, insurance/coverage challenges and avoiding health care due to COVID-related fear and anxiety.
- 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 the most frequently observed stigmas.
- 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.

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

- Most respondents (68%) indicated they did not know if individuals in their community were having difficulty accessing health care due to their immigration status.
- 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 are 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) 2022 – FY 2025 Implementation Strategies, which are publicly available online at: <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

Sharp continues to collaborate closely with HASD&IC as chair of the CHNA Committee and to plan for the FY 2022 CHNA. As in previous CHNAs, this process will focus on continued engagement with community partners to analyze and improve the CHNA process, as well as refine hospital implementation strategies. The 2022 CHNA community engagement is especially critical as San Diego continues to navigate the COVID-19 pandemic and its impact on health equity in our region. Thus, the 2022 CHNA process will evolve to meet community needs and support the work of our community partners who provide critical services to San Diegans, particularly those facing health equity challenges.

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

The findings of Sharp’s 2019 CHNAs help inform and guide the programs and services provided to improve the health of community members and are a critical component of Sharp’s community benefit report process, outlined below.

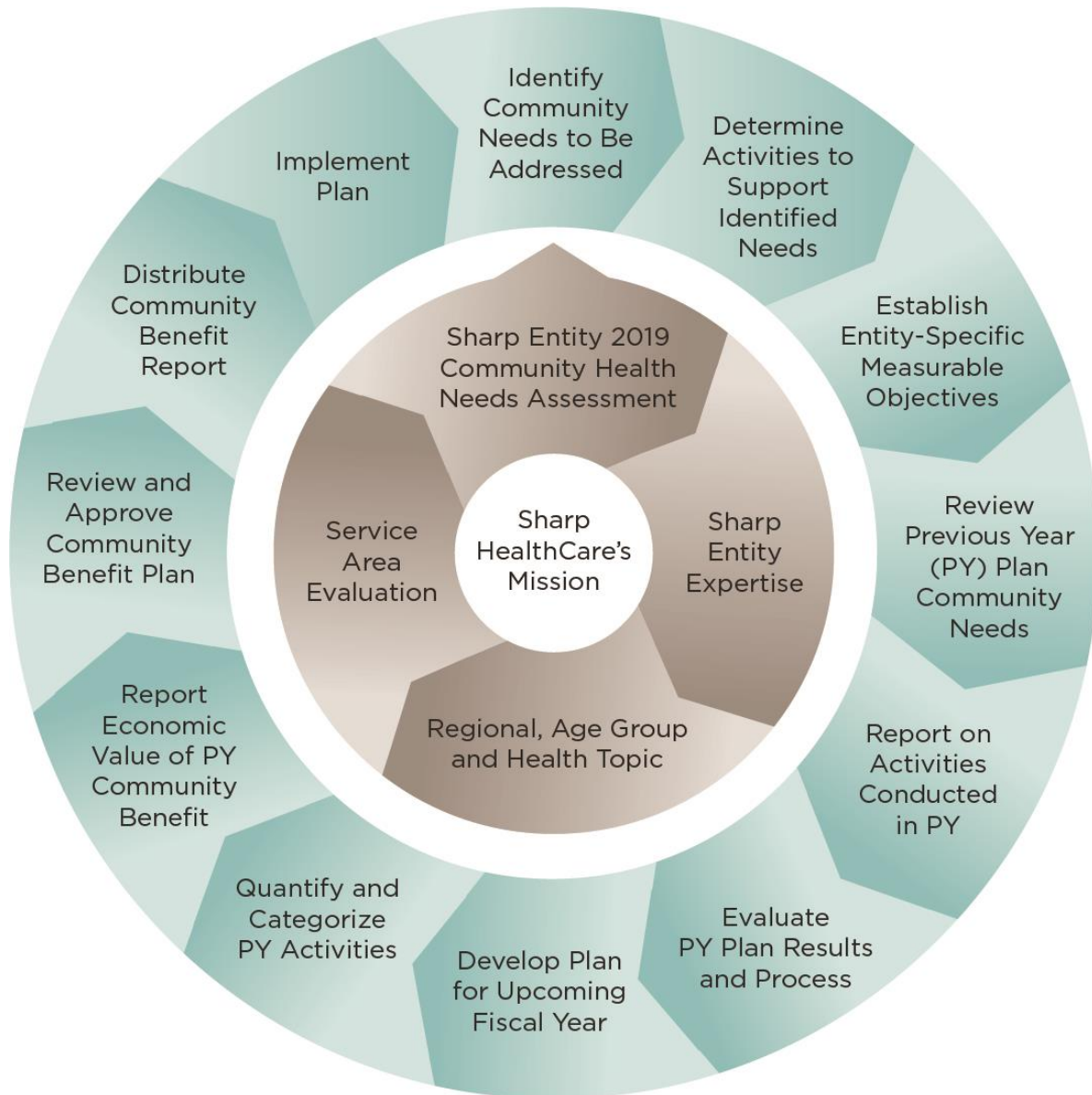
Steps Completed to Prepare Sharp's Community Benefit Plan and Report

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

- Establishes and/or reviews hospital-specific objectives, considering results of the entity CHNA and evaluation of the entity's service area and expertise/services provided to the community
- Verifies the necessity for an ongoing focus on identified community needs or adds newly identified community needs
- Reports on activities conducted in the prior FY — **FY 2021 Report of Activities**
- Develops a plan for the upcoming FY, including specific steps to be undertaken — **FY 2022 Plan**
- Reports and categorizes the economic value of community benefit provided in FY 2021, according to the framework specifically identified in California 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 availability
- Distributes the Community Benefit Plan and Report Executive Summary to community stakeholders, members of the Sharp Board of Directors and the board of directors for each Sharp hospital
- 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 national American Hospital Association, Association for Community Health Improvement, statewide California Hospital Association, HASD&IC and a variety of local collaboratives, including but not limited to the San Diego Regional Chamber of Commerce, San Diego Economic Development Council, 2-1-1 and the Community Information Exchange (CIE).



Increasing Access to Lifesaving Vaccines

Sharp Chula Vista Medical Center

As part of Sharp's systemwide COVID-19 Community Vaccination Program, Sharp Chula Vista Medical Center and Sharp Grossmont Hospital partnered with multiple organizations to administer COVID-19 vaccines to the South Bay community. In collaboration with the City of Chula Vista, Chula Vista Police and Fire departments, San Diego Community Emergency Response Team, San Diego County Promotores Coalition, educational institutions, and other local partners and public figures, the hospitals launched the Sharp — South Bay COVID-19 Vaccination Super Station. Supported by volunteer physicians, nurses, health care staff and community members, the super station provided more than 194,000 vaccine doses from January through June. With lively music, a cheerleading squad and inspiring video stories in the post-vaccination waiting area, the super station exuded joy and gratitude, and underscored Sharp Chula Vista's commitment to protecting and uniting its community.

Section

4 Sharp Chula Vista Medical Center

Community is at the heart of everything we do at Sharp Chula Vista Medical Center. More than 45 years ago, a group of dedicated community citizens came together with a vision of quality health care, close to home, and so Community Hospital of Chula Vista (now Sharp Chula Vista) was born. Since then, the hospital has grown tremendously, but the community we serve has always been and will always be our compass.

— Pablo Velez-Carrillo, Chief Executive Officer, Sharp Chula Vista Medical Center

Fiscal Year (FY) 2021 Community Benefit Program Highlights

Sharp Chula Vista Medical Center (SCVMC) provided a total of **\$122,387,779** in community benefit in FY 2021. 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 2021**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2021 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ²⁸	\$34,039,662
	Shortfall in Medicare ²⁸	78,042,802
	Shortfall in County Medical Services (CMS) ²⁸	57,299
	Shortfall in CHAMPVA/TRICARE ²⁸	2,565,412
	Charity Care ²⁹	6,466,688
	Bad Debt ³⁰	(383,719)
Other Benefits for Vulnerable ³¹ Populations	Project HELP, patient transportation, and other assistance for the vulnerable ³²	255,756
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 ³²	453,325
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³²	890,554
TOTAL		\$122,387,779

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.

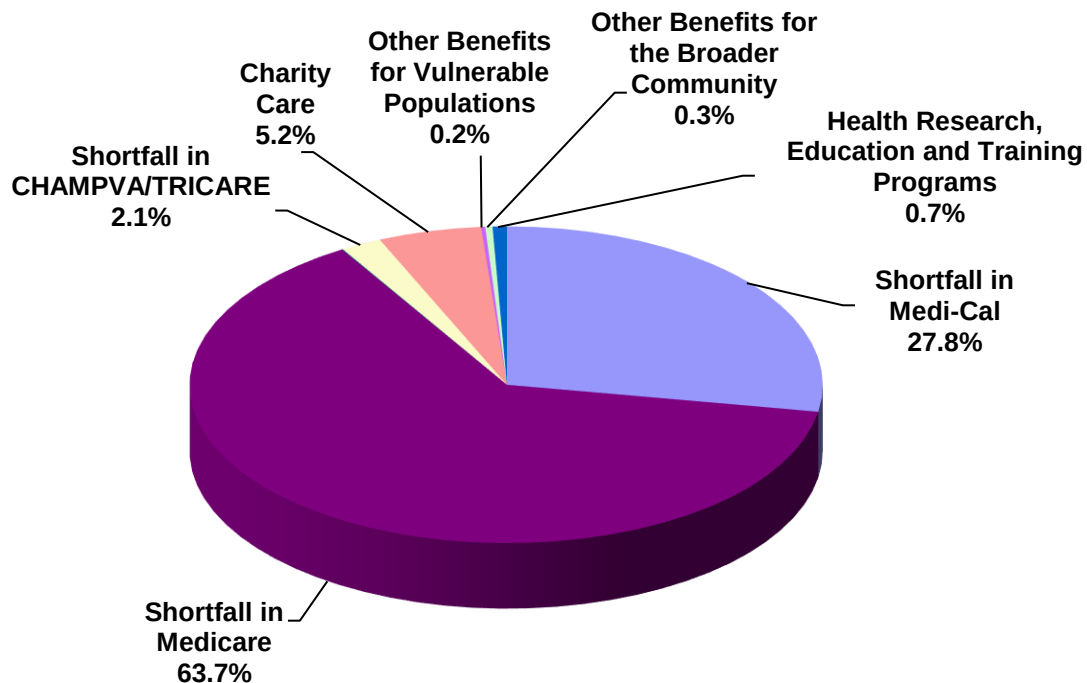
³⁰ In FY 2021, due to COVID-19 and consequent dramatic drops in patient volume, a greater amount of historical bad debt was resolved into charity care than was offset by new patient volume and subsequent new patient bad debt.

³¹ "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://hcai.ca.gov/wp-content/uploads/2020/10/SB697-Report-to-the-Legislature-Community-Benefit.pdf>

³² 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 2021**



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 \$26.8 million in FY 2021. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2021 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 Kitchens for Good, Mama's Kitchen and the San Diego Food Bank (Food Bank); and other assistance for vulnerable community members.

- **Other Benefits for the Broader Community** included health education, information and support groups addressing a variety of topics in both English and Spanish, participation in community events, volunteer work to support Sharp HealthCare's COVID-19 (coronavirus disease 2019) Community Vaccination Program, health screenings for colorectal cancer, health risk assessments, community education and resources provided by the SCVMC Cancer Patient Navigator program, 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, San Diego County Community Emergency Response Team (CERT), Las Damas de San Diego International Nonprofit Organization (Las Damas de San Diego Foundation), Chula Vista Chamber of Commerce, Rotary Club of Chula Vista and San Diego Association of Directors of Volunteer Services (SDADVS). See **Appendix A** for a list of 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 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

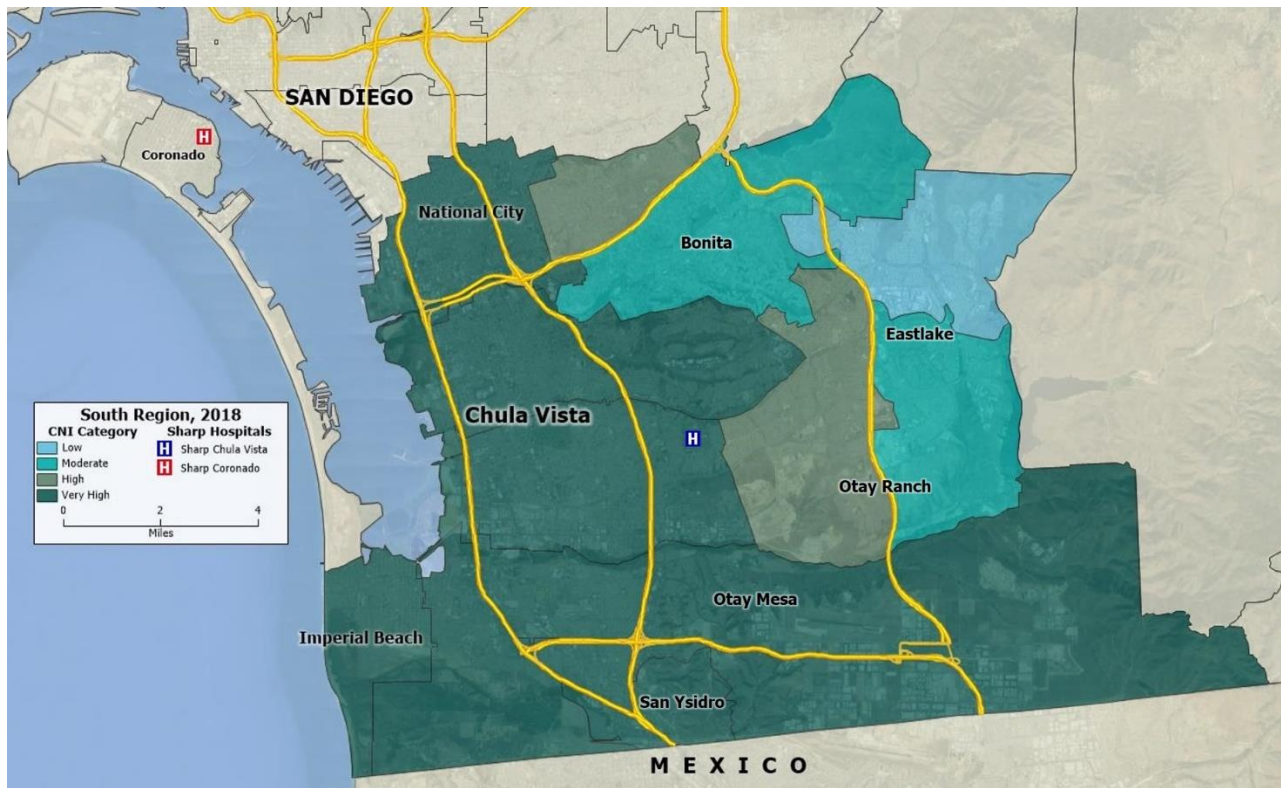
SCVMC is located at 751 Medical Center Court in Chula Vista, ZIP code 91911.

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/IBM Watson 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 Region³³



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.

Description of Community Health

SDC's south region population is largely Hispanic (61.2%), and in 2021, there were 75,052 residents ages 65 and older, representing 13.9% of the population. Between 2021 and 2026, it is anticipated that the senior population in SDC's south region will grow by 17.1%.³⁴

³³ IBM Watson Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018.

³⁴ SpeedTrack®, Inc.; U.S. Census Bureau.

In 2019, 12.0% of the south region population reported living below 100% of the federal poverty level (FPL), which was higher than the rate for SDC overall (11.6%). The unemployment rate in SDC's south region was 8.2%, which was higher than the rate for SDC overall (5.7%). In addition, 6.5% of households received Supplemental Security Income — a higher rate than SDC overall (5.0%).³⁵

According to estimates from the San Diego Hunger Coalition, as of March 2021, 31% of San Diegans experienced food insecurity³⁶ and 39% of children lived in food-insecure households. This is a substantial increase compared to pre-COVID-19 pandemic estimates — in August 2019, approximately 25% of SDC residents were food insecure. The increase in individuals experiencing food insecurity from 2019 to 2021 highlights the negative impact of the COVID-19 pandemic and ensuing economic crisis on the San Diego community. In addition, in 2019, Latinos in SDC had a significantly higher incidence of food insecurity (44%) compared to residents of the county overall, illustrating the disproportionate impact of nutrition insecurity on diverse communities.³⁷

In 2019, 10.5% of households in the south region received Supplemental Nutrition Assistance Program (SNAP) benefits, while 19.2% of the population lived at or below 138% FPL and were eligible for the program. These rates were higher than SDC overall (7.1% of households participated in SNAP benefits while 17.8% of households lived at or below 138% FPL).³⁵ 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, 2019-2021

Food Stamps/SNAP Benefits	Percent of Population
Households	10.5%
Families with Children	15.7%
Eligibility by FPL	
Population ≤130% FPL	17.7%
Population ≤138% FPL	19.2%
Population 139% – 350% FPL	38.2%

In SDC's south region in 2019, 95.4% of children age 18 and under, 86.1% of young adults ages 19 to 25, 86.6% of adults ages 26 to 44, 90.2% of adults ages 45 to 64, and 97.9% of seniors age 65 and older had health insurance.³⁵ 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

³⁵ The County of San Diego Health and Human Services Agency (HHSA), Public Health Services (PHS), Community Health Statistics Unit, October 2021, U.S. Census Bureau, 2015-2019 American Community Survey 5-year estimates.

³⁶ 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/>.

³⁷ San Diego Hunger Coalition (2019-2021), San Diego County Food Insecurity Estimates.

children ages 0 to 17 years.³⁸ See **Table 15** for health insurance coverage in SDC's south region in 2019.

Table 15: Health Insurance Coverage in SDC's South Region, 2019³⁵

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	95.4%	92.1%
Young adults 19 to 25 years	86.1%	92.1%
Adults 26 to 44 years	86.6%	92.1%
Adults 45 to 64 years	90.2%	92.1%
Seniors 65+ years	97.9%	N/A ³⁹

According to the California Health Interview Survey (CHIS), in 2020, 19.6% of the south region population was covered by Medi-Cal — higher than the rate for SDC overall (17.4%).⁴⁰ See **Table 16** for details.

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

Description	Rate
Covered by Medi-Cal	19.6%
Not covered by Medi-Cal	80.4%

CHIS data also revealed that 9.7% 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, 2020⁴⁰

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	90.3%	84.0%
Has no usual source of care	9.7%	16.0%

Cancer and diseases of the heart were the top two leading causes of death in SDC's south region in 2019.⁴¹ 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

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 age 65 and older.

⁴⁰ 2020 CHIS.

⁴¹ The County of San Diego HHSA, PHS, Community Health Statistics Unit (2021), *Leading Causes of Death Workbook 2011-2019*.

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, 2019⁴¹

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	777	24.5%
Diseases of the Heart	649	20.5%
Cerebrovascular Diseases	229	7.2%
Alzheimer's Disease	190	6.0%
Accidents/Unintentional Injuries	171	5.4%
Diabetes Mellitus	143	4.5%
Chronic Lower Respiratory Diseases	121	3.8%
Essential Hypertension and Hypertensive Renal Disease	72	2.3%
Chronic Liver Disease and Cirrhosis	59	1.9%
Parkinson's Disease	52	1.6%
All Other Causes	707	22.3%
Total Deaths	3,170	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

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 Centers 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 2021 Report of Activities conducted in support of the objective(s), and FY 2022 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 2019, cerebrovascular diseases, including stroke, were the third leading cause of death for SDC’s south region.
- In 2019, there were 229 deaths due to stroke in SDC’s south region. The region’s age-adjusted death rate due to stroke was 47.3 per 100,000 population. This rate

⁴²IBM Watson Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018; California Department of Health Care Access and Information via SpeedTrack, Inc., 2017.

was the highest among all SDC regions and was significantly higher than the HP2030 target of 33.4 deaths per 100,000.⁴³

- In 2019, there were 1,182 hospitalizations due to stroke in SDC's south region. The region's age-adjusted rate of hospitalizations for stroke was 247.8 per 100,000 population — the highest among all SDC regions.
- In 2019, there were 429 stroke-related ED visits in SDC's south region. The age-adjusted rate of ED visits was 88.3 per 100,000 population.
- According to 2020 CHIS data, 29.2% of residents in SDC's south region had ever been diagnosed with high blood pressure, while 7.2% had borderline high blood pressure. In addition, 28.5% of south region adults reported being obese — higher than the county overall (24.3%).
- 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 6 deaths from cardiovascular disease (CDC, 2021).
- 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, 2021).
- 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).
- Despite encouraging data about declining stroke incidence, on a global level the aging population and accumulating risk factors contribute to an increasing lifetime risk of stroke (AHA, 2020).

Objective

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

FY 2021 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 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

⁴³The County of San Diego HHSA's Community Health Statistics Unit collects annual data on leading causes of death using methodology established by the National Center for Health Statistics (NCHS). Data is based on "underlying cause of death" information from all death certificates filed in SDC in 2019. 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 PHS, Community Health Statistics Unit, 2019; Heron, M., Deaths: Leading causes for 2019. National Vital Statistics Reports; vol. 70 no 9. Hyattsville, Maryland: NCHS. 2021.).

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 Sharp's systemwide stroke program and SCVMC's Stroke Program planned to participate in numerous screening and educational events in FY 2021, events were either canceled or postponed due to the COVID-19 pandemic. Despite these circumstances, Sharp's systemwide stroke program partnered with Sharp's marketing team during Stroke Awareness Month in May to share stroke and atrial fibrillation education through social media outlets, including Instagram, Twitter, Facebook, sharp.com and more. This virtual community education had an expansive reach, obtaining more than 17,000 hits. In addition, in FY 2021 the program displayed billboards to educate community members about stroke recognition, including BEFAST (balance, eyes, face, arm, speech, time) and conditions that can lead to stroke.

In FY 2021, SCVMC shared information about CVD through various media outlets, including newsletters and social media. Articles discussed computed tomography perfusion imaging for stroke as well as cancer and CVD as the leading causes of death in the U.S. in 2020. SCVMC also shared an educational video on SCVMC's Facebook page in May about the signs and symptoms of stroke.

SCVMC continued its 16-year collaboration with the County of San Diego Emergency Medical Services (EMS) to provide data for the SDC stroke registry, where data is tracked to identify gaps and determine trends. SCVMC also 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. The San Diego County Stroke Consortium consists of 18 hospitals — including SCVMC, Sharp Coronado Hospital and Healthcare Center, Sharp Grossmont Hospital, Sharp Memorial Hospital, Alvarado Hospital Medical Center, Kaiser San Diego Medical Center, Kaiser Zion Medical Center, Palomar Medical Center, Paradise Valley Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital La Jolla, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital San Diego, Temecula Valley Hospital, Tri-City Medical Center, University of California (UC) San Diego Medical Center, and UC San Diego Medical Center – La Jolla — which are San Diego County Stroke Receiving Centers and certified by the Joint Commission. In response to the COVID-19 pandemic, meetings continued to be held virtually in FY 2021.

In partnership with the San Diego County Stroke Consortium, in November Sharp's systemwide stroke program participated in an EMS training video to provide stroke education to AMR (American Medical Response) San Diego, a medical transportation company that assists with emergency and non-emergency transportation. The video included the following topics: new stroke procedures and guidelines, and how to assess a stroke patient at the scene.

Sharp's systemwide stroke program also collaborated with San Diego County Stroke Consortium hospitals in FY 2021 to relieve community concerns around getting health

care amidst the COVID-19 pandemic. Using social media, the hospitals released two messages encouraging San Diegans not to delay seeking care during the COVID-19 pandemic. Each message sent from Sharp reached 16,000 subscribers on Facebook, Instagram and other Sharp-associated social media outlets.

Sharp's systemwide stroke program submitted three poster presentations to the International Stroke Conference 2021 in February: Should I Stay Or Go: Seeking Stroke Care During COVID-19, COVID-19 Geographic Distribution and Stroke Code Activation Within San Diego County, and Coming Together in a Time of Distancing: Creating Community Messaging for Emergency Care During COVID. The International Stroke Conference was dedicated to the science and treatment of cerebrovascular disease, and stroke experts shared the latest clinical trial results with attendees from all over the world.

FY 2022 Plan

SCVMC Stroke Program will do the following:⁴⁴

- Provide stroke education, screening and outreach to community members in the south region via social media and in person classes
- 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

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

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

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 navigators and clinical social workers who participated in focus groups 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 2020 were (in rank order): breast (21.5% of all cancer cases), lung (9.0%), cancers of the hematopoietic and reticuloendo system⁴⁵ (8.5%), prostate (7.8%) and colorectal (6.9%). In total, there were 859 new cases of cancer at SCVMC in 2020.
- According to 2020 Sharp oncology data, 70.4% of the 206 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.
- Sharp 2020 oncology data identified the top 10 areas of concern for Sharp cancer patients to be health insurance or money worries; pain; feeling too tired; worrying about the future and what lies ahead; exercising and being physically active; worrying about family, children or friends; sleep; making a treatment decision; changes/disruptions in work; and feeling nervous.
- In 2019, cancer was the leading cause of death in SDC's south region.
- There were 777 deaths due to cancer (all types) in SDC's south region in 2019. The region's age-adjusted rate of death due to cancer was 162.6 deaths per 100,000 population, which is higher than the overall SDC age-adjusted rate of 135.2 per 100,000 population.⁴³
- In 2019, the south region's age-adjusted death rates were higher than the rates for SDC overall for the following cancers: bladder, brain, colorectal, female breast and reproductive, kidney, leukemia, liver, lung, non-Hodgkin's lymphoma, pancreatic and prostate.
- In 2019, 15.4% of all cancer deaths in SDC's south region were due to lung cancer, 10.2% to colorectal cancer, 9.1% to liver cancer, 7.7% to pancreatic cancer and 6.4% to female breast cancer and prostate cancer.

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).

- The ACS estimates that in 2021, there will be 187,140 new cancer cases diagnosed and 61,860 cancer deaths in the state of California (ACS, 2021).
- According to findings from the ACS *Cancer Facts & Figures 2021* report, 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, 2021).
- 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, 2021).
- A recent study by the ACS found that at least 42% of newly diagnosed cancer cases in the U.S. — about 797,000 cases in 2021 — 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, 2021).
- 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, and offer hope for many people as well as an opportunity to help researchers find better treatments for others in the future (NIH, 2019).

Objectives

- Provide cancer education, resources and support groups 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 2021 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 SGH, and Laurel Amtower Cancer Institute and Neuro-Oncology Center at SMH. The Cancer Centers of Sharp are accredited by the American College of Surgeons Commission on Cancer (CoC) as an Integrated Network Cancer Program (INCP), demonstrating Sharp's commitment to meeting rigorous standards and improving the quality of care for patients with cancer.

New in FY 2021, the Cancer Centers of Sharp received APEX (Accreditation Program for Excellence) accreditation by the American Society for Radiation Oncology, in recognition of Sharp's dedication to promoting effective communication and coordinated radiation oncology treatment, as well as engaging patients and their families as partners in care.

The Cancer Centers of Sharp, including the Barnhart Cancer Center, serve 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 2021, all programs were provided online in response to the ongoing COVID-19 pandemic and served more than 2,800 community members impacted by cancer.

The Cancer Centers of Sharp, including the Barnhart Cancer Center, continued to offer virtual educational classes at no cost for patients and community members facing cancer. Education included nutrition management and healthy eating before, during and after treatment for all cancers; structured art activities to promote healing and improve overall well-being; a Lunch and Learn education series focused on a unique cancer-related topic each month; cancer and lymphedema — a condition where swelling occurs because of damage or blockage in the lymphatic system; life after cancer; and information for individuals newly diagnosed with cancer. Several webinars were recorded and shared on sharp.com for community members to view later.

The Cancer Centers of Sharp also offered free virtual workshops for patients and community members, including advance care planning (ACP) from a trained ACP facilitator with assistance in drafting advance health care directives (advance directives) as well as information about Physician Orders for Life-Sustaining Treatment. Other workshops provided education on relaxation skills, scanxiety (anxiety related to diagnostic scans), managing the stress and anxiety of a cancer diagnosis, improving memory and concentration, managing the fear of cancer recurrence, sleeping well and journaling. More than 1,100 community members attended these classes and workshops in FY 2021. Further, SCVMC offered a free Advanced Treatment Options for Prostate Cancer Webinar in July, which discussed prostate cancer symptoms, diagnosis and treatments.

In FY 2021, the Cancer Centers of Sharp continued to provide an assortment of online support groups, which were 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, art and chat, young patients living with cancer, brain tumor, brain tumor care partner, and breast cancer. In addition, the Barnhart Cancer Center offered a support group in English and Spanish for women who were newly diagnosed with cancer as well as a men's cancer support group. More than 1,600 community members attended cancer support groups in FY 2021. Lastly, in place of the Barnhart Cancer Center's annual patient and family holiday party — which was canceled in FY 2021 due to COVID-19 — staff sent holiday cards with links to free music and a playlist for current and former patients and their families to enjoy.

Beginning in April 2020 and throughout FY 2021, 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, in-person meetings were paused entirely due to the pandemic. Despite the circumstances, Look Good Feel Better offered weekly virtual sessions in FY 2021, and the Barnhart Cancer Center promoted and provided patients with session information.

Due to public health and safety guidelines around the COVID-19 pandemic, the Barnhart Cancer Center's collaboration with Las Damas de San Diego Foundation and other organizations to provide free screening events remained paused in FY 2021. However, the Barnhart Cancer Center continued to strengthen its partnership with Las Damas de San Diego Foundation by offering and assisting patients and community members with access to medical care, resources, education, financial assistance and prevention and screening program information. The Barnhart Cancer Center also partnered with Jewish Family Service of San Diego to coordinate transportation for patients receiving treatment as well as provide various resources, and refer patients to other essential services as needed, including housing, food and more.

In 2020, Sharp's systemwide INCP, promoted convenient at-home colorectal cancer screening by mailing fecal immunochemical test kits to more than 26,000 SDC residents, including those served by SCVMC. Over 10,000 individuals completed and returned the tests, which detect the presence of hidden blood in the stool, a potential symptom of colon cancer. Participants with positive results received recommendations for follow-up, including colonoscopy. As a result of this screening initiative, 13 participants were diagnosed with colon cancer, a diagnosis that may have otherwise gone undetected until becoming more advanced.

In FY 2021, the Barnhart Cancer Center offered cancer resources and support as well as shared information about its programs and services at the Sharp HealthCare Virtual Aging Conference in May. Titled Self Care for the Mind, Body and Soul, the conference offered an opportunity to learn from experts and discover valuable resources to support self-care during the COVID-19 pandemic. Presentations included Mental Wellness During Quarantine, Self-Chakra Connection and Managing Loneliness During COVID-19. The conference also included stretch breaks with an exercise specialist and connected participants to community partners. The Cancer Centers of Sharp, including the Barnhart Cancer Center, also participated in the virtual Sharp Women's Health Conference in April. The conference encouraged attendees to focus on themselves, learn tools to improve their health and well-being, stay connected and lift each other up. Nearly 830 community members were inspired by the conference's three keynote speakers, multiple breakout sessions and exhibitors. During the event, the Cancer Centers of Sharp offered an online evidence-based breast cancer health assessment; videos on five ways to reduce breast cancer, breast cancer risk factors, and the services available for breast cancer; as well as live chats with an oncologist and a

registered dietitian.

The Barnhart Cancer Center also continued to offer a wig and prosthesis bank. In FY 2021, the cancer center provided cancer patients with donated wigs, prosthetic devices and bras, as well as transportation to and from treatment 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.

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 2021, the navigation team assisted more than 450 patients at the Barnhart Cancer Center in-person, virtually and over the telephone. The team includes nurses, a medical 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 care — a method of getting nutrients into the body through the veins.

Further, nine volunteers — including two cancer survivors — assisted patients with scheduling telemedicine appointments and troubleshooting technical issues in FY 2021. Additional volunteers brought warm blankets to patients in the waiting room and provided other assistance as needed.

In FY 2021, SCVMC helped raise community awareness of cancer through a variety of methods. In honor of National Mammography Day in October, SCVMC-affiliated physicians and staff joined the annual Sharp Goes Pink effort, wearing pink to raise awareness of the lifesaving importance of mammograms. Throughout FY 2021, Sharp cancer specialists appeared in local English- and Spanish-language media as well as sharp.com articles to educate community members about cancer. Topics included a patient's cancer story during the COVID-19 pandemic and finding strength in the cancer team; breast cancer recovery; early cancer detection and taking charge of a colorectal cancer diagnosis; the importance of colorectal cancer screening and how to identify personal risk factors; reviewing the past year and the leading causes of death including COVID-19, CVD and cancer and what one can do to stay healthy; a unique treatment option for prostate cancer; finding skill and compassion in navigating cancer treatment; lung cancer awareness; and finding strength in a cervical cancer diagnosis.

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) 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 studies focus on optimizing the standard of care. Sharp's COR collaborates with 22 physician-investigators throughout SDC's south, east and central regions. This collaboration brings innovative treatments close to research participants' homes and minimizes the travel time for their care and study participation.

In FY 2021, the COR pre-screened 254 patients for participation in oncology clinical trials. As a result, 62 patients consented 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 and prostate. Sharp is the only health care organization in SDC to be accredited by the Association for the Accreditation of Human Research Protection Programs, demonstrating Sharp's commitment to rigorous standards for ethics, quality and protection for research participants.

FY 2022 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 wigs, prosthetics, bras, hats and scarves to 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
- Provide patients with campus wayfinding and golf cart transportation to other appointments and the pharmacy for medication pick-up
- Launch a private Facebook group – Sharp HealthCare Cancer Patient Community
- Offer classes to address cognitive impairments related to cancer and cancer treatments
- Offer two new support groups — one for cancer survivors and one for patients with colorectal or anal cancer
- Participate in and provide fundraising for events to support cancer research in San Diego

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 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 (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 2019, diabetes was the sixth leading cause of death in SDC's south region.
- In 2019, there were 143 deaths due to diabetes in SDC's south region. The region's age-adjusted death rate due to diabetes was 30.1 per 100,000 population,

significantly higher than the overall SDC age-adjusted diabetes death rate (20.6 deaths per 100,000 population).⁴³

- In 2019, there were 1,082 hospitalizations due to diabetes in SDC's south region. The age-adjusted rate of hospitalization was 219.4 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 (137.2 per 100,000 population).
- In 2019, there were 1,223 diabetes-related ED visits in SDC's south region. The age-adjusted rate of diabetes-related ED visits was 252.4 per 100,000 population. This was the second highest rate among all SDC regions and was higher than the rate for SDC overall (169.1 per 100,000 population).
- According to 2019-2020 CHIS data, 10.2% of adults living in SDC's south region indicated that they had ever been diagnosed with diabetes, which was higher than SDC overall (8.3%). Diabetes rates among seniors were particularly high, with 19.9% 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) titled *the Burden of Diabetes in California*, the age-adjusted prevalence of prediabetes among California adults age 18 and over was 14.9% in 2017, and the age-adjusted prevalence of Type 2 diabetes was 8.3% (CDPH, 2019).
- Data presented by the United Health Foundation (UHF) indicates that, in 2019, diabetes prevalence in California was highest among individuals of other races (14.8%), followed by non-Hispanic Black individuals (14.4%), Hispanic individuals (12.4%) and multiracial individuals (11.0%) (UHF, 2020).
- 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).
- The CDC's 2020 *National Diabetes Statistics Report* indicates that 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 (CDC, 2020).
- 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 workdays compared to people who do not 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 community members with barriers to health equity
- Participate in local and national conferences to share best practices in diabetes treatment and control with the broader health care community

FY 2021 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, including 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 manage various conditions, including prediabetes, gestational diabetes (diabetes developed during pregnancy), and Type 1 and Type 2 diabetes. In FY 2021, small group and one-on-one education options were offered in person or online, in both English and Spanish.

The Sharp Diabetes Education Program participated in Sharp's systemwide COVID-19 community vaccination initiative, dedicating time and staff at various locations including Sharp corporate offices, Sharp Health Plan, the Sharp — South Bay Vaccination Superstation and the Sharp — Grossmont Center Vaccination Superstation. From January to May, the diabetes team served as volunteer vaccinators and support staff at the clinics, assisting more than 1,200 community members.

The Sharp Diabetes Education Program provided fundraising and team participation for the 2021 San Diego Heart & Stroke Walk in September. Although the Sharp Diabetes Education Program had anticipated participating in additional community events, conferences and educational presentations throughout FY 2021, most in-person activities were canceled or postponed due to the COVID-19 pandemic.

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 FY 2021, the program collaborated with community clinics to provide patients with education and resources to support a healthy pregnancy. During the pandemic, the program accommodated individual preferences by serving patients with virtual, telephone and on-site options. 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 SCVMC, the Sharp Diabetes Education Program provided services and education to more than 960 underserved pregnant and breastfeeding women with diabetes in FY 2021.

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 from the Sharp Equality Alliance to improve the delivery of inclusive and culturally competent care for diverse communities.

The Sharp Diabetes Education Program provided education to several students throughout FY 2021. In September, the Sharp Diabetes Education Program provided virtual diabetes education on different types of diabetes, diagnoses, current technology and medication, community resources for patients, and careers in diabetes to nearly 20 dietetic students at San Diego State University (SDSU). The Sharp Diabetes Education Program also mentored two dietetic interns from the SDSU Research Foundation's San Diego Women, Infants, and Children (WIC) Dietetic Internship program. The director of the Sharp Diabetes Education Program served as a board member of the San Diego WIC Dietetic Internship program in FY 2021 and provided a presentation on diabetes care, the role of the dietitian, the different types of diabetes, nutrition and meal planning, diabetes and technology and more to all six interns in the program.

In FY 2021, the Sharp Diabetes Education Program continued to serve as an insulin pump training center to support endocrinologists and primary care physician (PCP) groups throughout SDC. Through this effort, the program trains community providers to use diabetes technology, including insulin pumps and blood glucose monitors, to improve patient care and outcomes. Further, the Sharp Diabetes Education Program recently implemented an enhanced electronic medical record system to improve care coordination with more than 300 community endocrinologists and PCP groups.

FY 2022 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
- 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) Community Information Exchange (CIE) program to serve patients with barriers to health equity by connecting them to community services

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

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 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 2020 CHIS data, the self-reported obesity rate for adults in SDC's south region was 28.5%, higher than the rate for SDC overall (24.3%).

- In California, the self-reported obesity rate was 30.3% in 2020. Prevalence of obesity decreased as education levels increased, highlighting the need for health education as a tool for reducing obesity rates (CDC, 2021).
- 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 (CDC, 2021).
- In 2020, 17% of south region residents living below 200% of the federal poverty line reported enrollment in the CalFresh program (CHIS, 2020).
- In 2019, 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 2019, there were 498 low birth weight (LBW) births in SDC's south region, accounting for 7.4% of the region's total births. In the same year, there were 87 very low birth weight (VLBW) births in the south region, or 1.3% of total births. In SDC overall in 2019, LBW births accounted for 6.8% of births while VLBW births accounted for 1.0% of all births.
- In 2019, 5,832 live births received early prenatal care in the south region, which translates to 86.4% of all live births in the region.
- According to Live Well San Diego's (LWSD) *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, 2019).

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 2021 Report of Activities

In FY 2021, SCVMC anticipated providing health education to a variety of community groups, as well as hosting and participating in health fairs and events throughout the year. However, many opportunities were canceled or postponed due to the ongoing COVID-19 pandemic. Despite these circumstances, SCVMC participated in the AHA

2021 San Diego Heart & Stroke Walk as well as conducted six blood drives during the year. With an average of 26 SCVMC team member donors per drive, SCVMC collected nearly 160 units of blood, which helped save more than 470 lives in FY 2021. In October, SCVMC offered a webinar in both English and Spanish titled Managing Your Health if You're at Increased Risk. A Sharp-affiliated cardiologist and a hematologist/oncologist discussed how studies have shown that individuals living with underlying health conditions are at increased risk of severe illness, especially from COVID-19. The physicians discussed how to stay safe and healthy with strategies for keeping underlying conditions under control at home, as well as offered a question-and-answer session. Approximately 30 community members attended the webinars, which were also recorded and shared on YouTube. SCVMC also used YouTube to distribute physician-led webinars titled Caring for Older Adults During COVID-19 and Mental Health and Coping During COVID-19, which were made available in English and Spanish. In addition, SCVMC provided live webinars on treating knee, hip, shoulder and joint pain, as well as preparing for pregnancy, to 200 community members in June and August.

In October, a Sharp-affiliated cardiologist led two webinars in both English and Spanish that discussed the possible link between blood pressure regulation and COVID-19, as well as how to stay safe and healthy during the pandemic. As part of a health lecture series offered by the Doris A. Howell Foundation for Women's Health Research, Sharp experts, including a registered nurse from SCVMC, presented a webinar titled Finding Resilience Through Challenging Times: Self-help Care Tips for Women. The experts shared their experiences about stress and the impact of the COVID-19 pandemic on women, and provided tools to cope with stress, build resilience and foster self-care. Additionally, in October, SCVMC partnered with Sharp HospiceCare to provide a virtual seminar about the importance of completing an advance directive and available ACP resources in the community. More than 20 community members attended the free event.

Throughout FY 2021, 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. Following public health and safety guidelines around the COVID-19 pandemic, the support groups were held virtually throughout the year. In October, SCVMC's Women's & Infants' Health Services hosted its 20th annual Breastfeeding Support Group Halloween Costume Parade for 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 a drive-thru event, where approximately 40 cars drove by. The tiny trick-or-treaters, who traditionally parade around hospital floors, showed off their costumes from their cars and were handed Halloween gift bags by staff. In addition, in February and May, Sharp-affiliated physicians led two Planning for Pregnancy webinars for community members. The webinars discussed diet, prenatal vitamins, reproductive planning, fertility challenges, finding the right doctor and more. The hospital also offered webinars in both English and Spanish titled Baby Care Basics, Childbirth Preparation, and Breastfeeding for a nominal fee.

In April, SCVMC staff participated in the virtual Sharp Women's Health Conference. The conference encouraged attendees to focus on themselves, learn tools to improve their health and well-being, stay connected and lift each other up. Nearly 830 community members were inspired by the conference's three keynote speakers, multiple breakout sessions and exhibitors. During the event, various hospital departments engaged attendees in educational videos, health risk assessments and live chat sessions with clinical experts on a range of health topics, including cancer, women's health, cardiovascular health, orthopedics and more as well as provided community resources.

In FY 2021, SCVMC helped raise community awareness of important health issues through informational segments with local and national news media. Experts included SCVMC-affiliated physicians, nurses, and ancillary health professionals representing radiation, infectious disease, emergency medicine, pharmacy, surgical technology, interventional cardiology, cardiology, maternity and other specialties. Topics included a patient's breast cancer diagnosis and her experience with the Barnhart Cancer Center team during the pandemic, when to get the flu vaccine in the middle of the COVID-19 pandemic, mask-wearing saves lives, the holiday season and the rise in COVID-19 cases, a front line nurse's perspective on the pandemic, strategies to alleviate COVID-19 symptoms and make recovery more comfortable at home, how a pair of nurses work as a team to deliver quality patient care during the pandemic, the first anniversary of the Ocean View Tower and its impact on SDC's south region during the pandemic, heart-healthy diets and a delicious recipe, breaking bad habits to build a solid foundation for good heart health, 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, San Diego County CERT, and SDADVS. Due to the COVID-19 pandemic, many organizations continued to meet virtually.

FY 2022 Plan

SCVMC will do the following:⁴⁸

- Administer COVID-19 vaccines to the community through SCVMC-operated clinics
- Deliver accurate, evidence-based information about COVID-19 transmission, treatment, and prevention via media relations, social media and other communication channels as available
- Promote awareness and knowledge of health-related issues and resources impacting the community served by SCVMC, with an emphasis on needs identified in the SCVMC 2019 CHNA

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.

- 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, 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 2021, there were 186,000 people employed in the health care sector in SDC, accounting for 13% of all jobs countywide (SDWP, 2021).
- SDWP also cites research by the University of Washington Center for Women's Welfare that estimates the basic needs of a single adult resident of SDC to cost \$3,058.72 per month, requiring full-time employment at \$17.65 an hour. Of the 20 most common occupations in SDC's health care sector, there are 11 with training requirements less than or equal to an associate degree that can provide new graduates with a living wage (SDWP, 2021).
- Total employment in California is projected to grow 8.4% between 2018 and 2028, reflecting an increase of 1.6 million jobs statewide. 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 – 2020-2030* report, employment in health care and social assistance is projected to add about 3.3 million jobs between 2020 and 2030 — the highest growth among all industry sectors. Seven of the 30 occupations expected to grow fastest in that time are associated with health care. Factors that are expected to contribute to this

growth include rising demand for the care of an aging baby-boom population, longer life expectancies and continued growth in the number of patients with chronic conditions (BLS, 2021).

- According to a report from the California Healthcare Foundation (CHCF), titled *California Physicians: A Portrait of Practice*, the number of physicians, physician assistants, and three types of advanced practice nurses in California grew between 2016 and 2020, while the supply of clinical nurse specialists decreased. The increased supply of licensed physicians does not accurately reflect the availability of care, however — less than half of California’s physicians provided care 40 or more hours per week (CHCF, 2021).
- According to a report titled *Health Workforce Strategies for California*, studies conducted over the past four decades demonstrate that multi-component pipeline programs for high school, college and post-baccalaureate students underrepresented in the health professions positively impact a variety of outcomes with the potential to improve the diversity of the health care workforce (CHCF, 2021).
- Although California has enacted various policies to increase both the size and the diversity of the health workforce, current public and private sector efforts have not been sufficient to alleviate existing shortages (CHCF, 2021).
- 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).
- According to CFHWC key informant interviews with private sector health care leaders, some of California’s workforce needs include increasing workforce diversity; educating young Californians that futures in the health sector are appealing regardless of background, socioeconomic status, race/ethnicity, and gender; and partnering with schools and companies to remove barriers to continuing education and develop pipelines for jobs (CFHWC, 2020).
- A CHCF survey of frontline health care workers during COVID-19 reflects the sustained mental and emotional toll of providing patient care during the pandemic. Six in ten providers continue to feel overworked and burned out, while nearly half are frustrated by their job. Nearly three out of four nurses (72%) say they feel burned out from their work — higher than the 61% reported among nurse practitioners and physician assistants, 57% among doctors, and 56% among behavioral health specialists (CHCF, 2021).
- A study published in *EclinicalMedicine* that included nearly 21,000 clinical and non-clinical health care workers from 42 organizations found that, in 2020, 61% of workers reported fear of workplace COVID-19 exposure or transmission, 38% reported anxiety/depression, 43% suffered work overload and 49% had burnout (Prasad et al., 2021).

Objective

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

FY 2021 Report of Activities

In FY 2021, 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 2021, student participation in these programs continued to decline because of interruptions to on-site learning caused by COVID-19. These circumstances also impacted SCVMC's ability to host Health Sciences High and Middle College students; consequently, this program remained paused throughout FY 2021.

In FY 2021, SCVMC provided more than 43,600 hours of training and supervision for nearly 260 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), Concordia University, Grossmont College, Grossmont Health Occupations, Pima Medical Institute, Point Loma Nazarene University, San Diego Mesa College, SDSU, San Joaquin Valley College, Southwestern College (SWC) and University of San Diego.

Nearly 140 nursing students dedicated approximately 12,690 hours to clinical rotations and individual training with hospital preceptors in FY 2021. 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.

For several years, SCVMC has partnered 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. Due to COVID-19 public health and safety guidelines, this program remained paused throughout FY 2021; however, the organizations continued to work on a date to reopen the program.

In FY 2021, SCVMC provided more than 800 hours of supervision, training, lectures and support to pharmacy students. The hospital invited 28 pharmacy students in advanced pharmacy practice to participate in rotations as well as provided over 1,000 hours of training to eight post-graduate year one Doctor of Pharmacy (Pharm.D) residents. During the pandemic, the residents rose to the challenge by assisting with pharmaceutical coverage for patient surges in the ICU and other floors, as well as vaccinating and assisting at the Sharp — South Bay Vaccination Super Station from January through March. In addition, most of SCVMC's pharmacy department, including administrators, staff and pharmacists assisted or were vaccinators at the superstation. 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 virtual showcases, educational sessions, poster presentations and lectures at various schools and state and national conferences. SCVMC also virtually conducted 36 half-day personal interviews for pharmacy residency candidates in February, after receiving and processing more than 140 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. In FY 2021, 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.

At the California Association of Hospitals and Health Systems' 2021 virtual California Hospital Volunteer Leadership Conference in February 2021, SCVMC's Volunteer Services Manager participated on a panel that discussed adapting volunteer programs during the COVID-19 pandemic and included a live question-and-answer session. SCVMC presented on the hospital's Community Care Partner Caller program, which was in effect from August 2020 to July 2021. Through this program, volunteer patient companions, who provided in-person visits to the patient's bedside prior to the COVID-19 pandemic, were transformed to virtual community care partners to uphold their commitment and connection to patients. More than 100 attendees, including volunteers and staff who manage volunteer programs, attended the conference.

As a part of Healing Touch California, a network for all Healing Touch energy therapy practitioners and students, SCVMC offered a monthly Healing Touch practice/support group for community members who have taken Healing Touch Level 1 or higher. This space provided an opportunity for attendees to deepen their development as healers, network with other students and practitioners, practice their skills and techniques, share treatments, exchange healing sessions and receive support and encouragement on their Healing Touch energy therapy journey. On average, six to 10 people participated each month, and sessions were offered both virtually and in-person.

In FY 2021, Sharp planned to offer Spanish-language resources and educational opportunities to Hispanic or Latino community members and *promotores* (community health workers) in the south region as part of the *Conviva y Aprende* (Share and Learn) educational series, but the educational opportunities were paused due to the pandemic.

FY 2022 Plan

SCVMC will do the following:⁴⁶

- Collaborate with local and regional colleges, universities and vocational programs to train and mentor health care students, including providing clinical rotations for nursing, radiology, social work and pharmacy
- Provide high school students and recent graduates with opportunities to experience the hospital work environment

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, 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 SCVMC 2019 CHNA identified a lack of family support, no caregiver upon discharge and lack of 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 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 HHSA for those who qualify for wraparound support.

- An analysis of ICD-10 (International Classification of Diseases – 10th Revision) codes indicates that, in FY 2021, a total of 303 inpatients at SCVMC experienced homelessness — a 7.9% decrease compared to FY 2020.
- In addition, a total of 116 SCVMC inpatients had an ICD-10 diagnosis for problems related to living alone in FY 2021.
- In 2019, there were 643 ED visits related to mood disorders in SDC's south region; the age-adjusted rate was 124.4 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 (205.9 per 100,000 population).
- There were 552 ED visits for substance-related disorders in SDC's south region in 2019. The age-adjusted rate of ED visits for substance-related disorders was 111.8 per 100,000 population.
- In 2020, 9.7% of south region adults, teens and children reported having no usual source of health care. In addition, 13% of south region residents reported that they had not visited a doctor at all in the previous year (CHIS, 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, there has been a marked increase in food insecurity since the COVID-19 pandemic began. As of March 2021, approximately 1 in 3 San Diegans experienced food insecurity, nearly three-quarters of whom were already struggling to meet their needs prior to the COVID-19 pandemic (San Diego Hunger Coalition, 2021).
- As of October 2021, the average unemployment rate in the south region cities of Bonita, Chula Vista, Imperial Beach and National City was 6.7%. This is higher than the rate for SDC overall (5.3%) and the state average (6.1%) (Labor Market Information, EDD, 2021).
- According to the San Diego Regional Task Force on Homelessness' (RTFH) 2020 Homelessness Crisis System Response report, a total of 38,023 people in SDC received some form of housing or services related to homelessness in 2020, in contrast to the 7,658 people living on the streets or in shelters that were counted during RTFH's January 2020 Point-in-Time count (RTFH, 2020).
- In 2020, 6.4% of SDC's homeless population resided in the south region.
- The CHCF's report, *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% 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 substance use among residents. Although the county has tried to add emergency and crisis services, there is a need for additional services to alleviate the pressure on EDs (CHCF, 2020).
- According to findings from the CHCF's 2021 California Health Policy Survey, half of Californians (51%) reported taking at least one action to delay, skip or cut back on

care in the past 12 months because of concerns related to cost. Of those who delayed care due to cost, 41% reported that their health condition worsened (CHCF, 2021).

- According to the CDC's *Morbidity and Mortality Weekly*, ED visits in the U.S. were approximately 25% of pre-pandemic levels in December 2020 and January 2021; however, more visits during this period were observed for infectious diseases or mental and behavioral health-related concerns compared to the prior year (CDC, 2021).

Objectives

- Establish a medical home for the safety net patient population in SDC's south region
- Provide assessment and early intervention for behavioral health issues among safety net patients presenting in the ED
- Assist individuals with financial barriers through the provision of transportation, community clinic referrals, prescription cost assistance and connection to community services

FY 2021 Report of Activities

In FY 2021, 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. 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. Also in FY 2021, SCVMC provided approximately \$38,200 in free medications and transportation through its Project HELP funds as well as financial assistance for post-acute care resources, such as durable medical equipment necessary for safe discharge. SCVMC provided additional free transportation services for COVID-19 positive individuals through a contract with RideWith24, a home care service with on-demand rides at any time of day. 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 2021, more than 15,000 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 7,400 staff consultations. In addition, the number of interventions strictly for information and resources totaled nearly 3,600. Further, more than 1,300 patients received behavioral health counseling and nearly 640 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 2021, SCVMC continued to collaboratively establish outpatient treatment plans with safety net patients who frequent the ED and provide these patients with education on the proper use of the ED. More than 1,400 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 in 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 addition, in FY 2021, SCVMC resumed its Music and Memory Program to provide interventions to four long-term patients with memory impairments and dementia. The goal of the program is to improve specific behaviors, such as wandering, mood and agitation, and more.

Beginning in FY 2020, SCVMC collaborated with the Family Health Centers of San Diego's Downtown Homeless Navigation Center for increased support at discharge for individuals experiencing homelessness. In addition, in FY 2021, 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 provide lodging for discharged patients with or under investigation for COVID-19 who were unable to self-isolate in the community. Further, due to COVID-19, the San Diego Convention Center was made available as an additional shelter option for unhoused SCVMC patients following discharge from the hospital. SCVMC also continued to partner with Alpha Project — a nonprofit organization that empowers individuals and families experiencing homelessness by

providing work, recovery and support services to change their lives and achieve self-sufficiency — to coordinate shelter placement at the San Diego Convention Center for at-risk homeless patients at SCVMC.

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 2021, SCVMC distributed more than 14,400 diapers to more than 250 families in need through this partnership, serving nearly 300 children in the community. New in FY 2021, SCVMC also began distributing baby wipes to families in need.

SCVMC and SGH collaborated with the City of Chula Vista, Chula Vista Police and Fire departments, San Diego County CERT, San Diego County Promotores Coalition, a County Supervisor, Project SAVE, Grossmont College, Glendale Career College, SDSU, Boy Scouts of America, and other local partners and public figures, to launch the Sharp — South Bay Vaccination Super Station, the second vaccination super station in SDC. Supported by volunteer physicians, nurses, health care staff and community members in FY 2021, the super station provided more than 194,400 vaccine doses and included lively music, a pep squad of volunteers cheering for community members and inspiring video stories in the post-vaccination waiting area.

Beginning in FY 2019, SCVMC joined Sharp's systemwide pilot partnership with 2-1-1's CIE to better understand and address the health equity barriers 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. SCVMC joined the CIE pilot partnership to provide more informed, holistic care to patients with challenges to health equity, 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 patients in the acute care setting, including patients who experience homelessness, food insecurity and other SDOH hardships.

Although delays and obstacles to CIE implementation and adoption persisted due to the COVID-19 pandemic during Year 2 of the CIE pilot, utilization metrics improved significantly over Year 1. Community members across SDC were assisted through the CIE including south region residents in Otay Mesa, National City and Chula Vista. The

top community referrals provided to patients through the CIE included utilities, food, housing and economic support. In addition, at the start of Year 3 (summer 2021) of the partnership, Sharp leadership approved moving forward with data integration of select CIE data with Sharp's electronic health record system to further increase and support CIE utilization and strengthen community resource connections. Data integration with the CIE will further support and improve Sharp's efforts to identify and address health equity barriers experienced by its patients and communities.

Sharp teams continue to work closely with 2-1-1 on the implementation and data integration plans for CIE, which includes ongoing metrics, such as CIE utilization across the system, referral tracking, impact on case management efficacy and successful connection to needed social services, health care utilization (e.g., inpatient readmissions, unnecessary ED visits, length of stay, etc.) and more. This data will be used to re-evaluate the value and sustainability of CIE for Sharp upon completion of the pilot's third year.

FY 2022 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 and 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 who experience homelessness and other health equity barriers by connecting them to critical community services
- Collaborate with a mobile dentist to provide in-house dental care for residents of Birch Patrick Convalescent Center
- Partner with the Food Bank to provide free diapers and baby wipes to low-income parents in SDC

SCVMC Program and Service Highlights

- Advanced gastrointestinal endoscopy
- Ambulatory surgery center
- Bloodless surgery and medicine program
- Cancer care, including:
 - Chemotherapy
 - CoC-certified INCP
 - External beam radiation therapy
 - High-dose rate brachytherapy
 - Intensity modulated radiation therapy
 - Stereotactic body radiation therapy
 - Stereotactic radiosurgery
 - Surgery
- Cardiology and heart care, including:
 - Cardiac rehabilitation
 - Cardiothoracic surgery
 - County-designated STEMI (ST-elevation myocardial infarction or acute heart attack) center
 - Echocardiography
 - Electrophysiology
 - Interventional cardiology
 - Open-heart surgery
 - Robotic cardiothoracic surgery
 - Stress testing
 - Structural heart services (heart valve replacement and repair)
 - Vascular surgery
- Chica's Café, offering healthy and nutritious food options for patients, family and staff
- Clinical laboratory services
- Diagnostic imaging, including:
 - Bone density testing
 - Computed tomography (CT) and CT angiography
 - Digital mammography
 - General and vascular ultrasound
 - General radiology
 - Interventional radiology
 - Magnetic resonance imaging (MRI) and MR angiography
 - Nuclear medicine
 - Positron emission tomography (PET)/CT
- Emergency services
- FollowMyHealth[®], a secure on-line patient website that gives patients convenient, 24-hour access to their personal health information
- Home health⁴⁹

⁴⁹ Provided through Sharp Memorial Hospital Home Health Agency.

- Hospice⁵⁰
- Integrative and complementary medicine, including Healing Touch and aromatherapy
- Intensive care
- Joint Commission-certified Primary Stroke Center program
- 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

⁵⁰ Provided through Sharp HospiceCare.



Bringing Critical Vaccines to San Diegans

Sharp Coronado Hospital and Healthcare Center

Sharp Coronado Hospital's dedication to community health and safety was nothing short of extraordinary in fiscal year 2021. The hospital played a vital role during the countywide effort to bring COVID-19 vaccines to all San Diegans.

In partnership with the City of Coronado, Coronado Police and Fire departments, Rotary Club of Coronado, and other community organizations, Sharp Coronado Hospital led the creation of the community COVID-19 vaccination clinic at the Coronado Community Center. As a dedicated county distribution site, the clinic reached individuals well beyond Coronado, ultimately serving more than 50,000 individuals from neighborhoods throughout San Diego. Through this effort, Sharp Coronado Hospital was part of the solution to increase access to vaccines and protect community members from COVID-19.

Section

5 Sharp Coronado Hospital and Healthcare Center

For decades, we have worked in partnership with our community to improve the health and well-being of those we serve. This strong partnership was on full display during the COVID-19 pandemic as the Sharp — Coronado Vaccination Station administered tens of thousands of vaccines. We worked alongside hundreds of community volunteers and numerous service organizations with a commitment to service above self, beyond what any of us could have imagined.

— Susan Stone, Chief Executive Officer, Sharp Coronado Hospital

Fiscal Year (FY) 2021 Community Benefit Program Highlights

Sharp Coronado Hospital and Healthcare Center (SCHHC) provided a total of **\$21,426,158** in community benefit in FY 2021. 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 2021**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2021 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ⁵¹	\$2,284,392
	Shortfall in Medicare ⁵¹	16,366,851
	Shortfall in County Medical Services (CMS) ⁵¹	2,099
	Shortfall in CHAMPVA/TRICARE ⁵¹	1,085,022
	Shortfall in Workers' Compensation	161,674
	Charity Care ⁵²	879,874
	Bad Debt ⁵²	169,919
Other Benefits for Vulnerable ⁵³ Populations	Project HELP, patient transportation, and other assistance for the vulnerable ⁵⁴	49,482
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	365,256
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ⁵⁴	61,589
TOTAL		\$21,426,158

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.

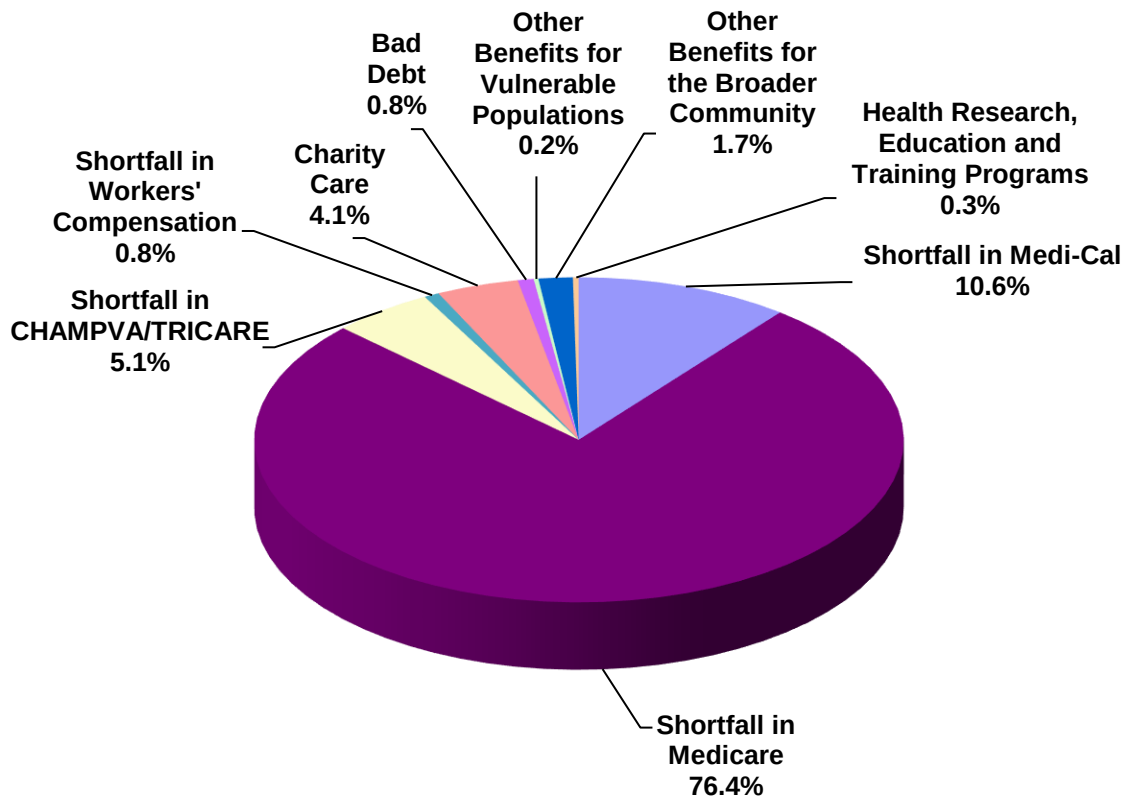
⁵² Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

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://hcai.ca.gov/wp-content/uploads/2020/10/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 2021**



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 \$11.3 million in FY 2021. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2021 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 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, volunteer work at Sharp HealthCare's COVID-19 (coronavirus disease 2019) Community Vaccination Program, collaboration with local schools to promote student interest and career pathways in health care, and provision of meeting room space for community activities. 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, Rotary Club of Coronado, Coronado SAFE (Student and Family Enrichment), Coronado Senior Planning Committee, Coronado Chamber of Commerce, Neighbor 2 Neighbor, San Diego Education Collaborative and the San Diego Black Nurses Association. See **Appendix A** for a list of Sharp's involvement in community organizations in FY 2021. 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 student and intern supervision.

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 central 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/IBM Watson 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 2021, there were 508,808 residents age 65 and older in SDC, representing 15.3% of the population. Between 2021 and 2026, it is anticipated that SDC's senior population will grow by 15.3%. Further, individuals age 65 and older make up 20.3% of Coronado Island's population, while adults ages 45 to 64 make up 20.0%. Between 2021 and 2026, the senior population is projected to grow by 14.6% on Coronado Island and by 16.8% 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.

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

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

In 2019, 11.6% of the SDC population reported living below 100% of the federal poverty level (FPL). The county's unemployment rate was 5.7% and 5.0% of households received Supplemental Security Income.⁵⁷

According to estimates from the San Diego Hunger Coalition, as of March 2021, 31% of San Diegans experienced food insecurity⁵⁸ and 39% of children lived in food insecure households. This is a substantial increase compared to pre-COVID-19 pandemic estimates — in August 2019, approximately 25% of SDC residents were food insecure. The increase in individuals experiencing food insecurity from 2019 to 2021 highlights the negative impact of the COVID-19 pandemic and ensuing economic crisis on the San Diego community.⁵⁹

In 2019, 7.1% of households in SDC received Supplemental Nutrition Assistance Program (SNAP) benefits, while 17.8% 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, 2019⁵⁷

Food Stamps/SNAP Benefits	Percent of Population
Households	7.1%
Families with Children	13.1%
Eligibility by FPL	
Population ≤130% FPL	16.5%
Population ≤138% FPL	17.8%
Population 139% – 350% FPL	31.2%

In SDC in 2019, 96.2% of children age 18 and under, 87.6% of young adults ages 19 to 25, 87.5% of adults ages 26 to 44, 91.7% of adults ages 45 to 64, and 98.8% of seniors age 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 children ages 0 to 18 years.⁶⁰ See **Table 21** for health insurance coverage in SDC in 2019.

⁵⁷County of San Diego Health and Human Services Agency (HHSA), PHS, Community Health Statistics Unit. October 2021. U.S. Census Bureau, 2015-2019 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.
<https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/>.

⁵⁹ San Diego Hunger Coalition (2019-2021), San Diego County Food Insecurity Estimates.

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.

Table 21: Health Insurance Coverage in SDC, 2019⁵⁷

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	96.2%	92.1%
Young adults 19 to 25 years	87.6%	92.1%
Adults 26 to 44 years	87.5%	92.1%
Adults 45 to 64 years	91.7%	92.1%
Seniors 65+ years	98.8%	N/A ⁶¹

According to the California Health Interview Survey (CHIS), in 2020, 17.4% of SDC's population was covered by Medi-Cal.⁶² See **Table 22** for details.

Table 22: Medi-Cal (Medicaid) Coverage in SDC, 2020⁶²

Description	Rate
Covered by Medi-Cal	17.4%
Not covered by Medi-Cal	82.6%

CHIS data also revealed that 12.9% 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, 2020⁶²

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	87.1%	84.0%
Has no usual source of care	12.9%	16.0%

Cancer and diseases of the heart were the top two leading causes of death in SDC in 2019.⁶³ 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 SCHHC 2019 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

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

⁶² 2020 CHIS.

⁶³ County of San Diego HHSA, PHS, Community Health Statistics Unit (2021), *Leading Causes of Death Workbook 2011-2019*.

Table 24: Leading Causes of Death in SDC, 2019⁶³

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	5,018	22.9%
Diseases of the Heart	4,689	21.4%
Cerebrovascular Diseases	1,620	7.4%
Alzheimer's Disease	1,546	7.0%
Accidents/Unintentional Injuries	1,273	5.8%
Chronic Lower Respiratory Diseases	1,007	4.6%
Diabetes Mellitus	760	3.5%
Essential Hypertension and Hypertensive Renal Disease	437	2.0%
Intentional Self-Harm (Suicide)	417	1.9%
Parkinson's Disease	381	1.7%
All Other Causes	4,792	21.8%
Total Deaths	21,940	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.

Considering the significant number of adults and older adults who compose the community served by SCHHC (adults ages 45 to 65 and older, nearly 40%),⁵⁶ 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. As a part of the Sharp system, SCHHC collaborates with the greater organization to address identified needs beyond SCHHC's capacity, including behavioral health and 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 2021 Report of Activities conducted in support of the objective(s) and FY 2022 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.
- 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 2019 CHNA 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 FY 2021, 349 patients were admitted to SCHHC with COVID-19. Among these patients, 67.3% had hypertension, 55.6% had diabetes and 43.3% were obese (body mass index of 30.0 or higher).
- In 2019, cancer was the leading cause of death, heart disease was the second and stroke was the third in SDC.
- In 2019, the 10 leading causes of death among adults age 65 years and older in SDC were diseases of the heart, cancer, Alzheimer's disease, cerebrovascular diseases (including stroke), chronic lower respiratory diseases, diabetes, accidents/unintentional injuries, essential hypertension and hypertensive renal disease, Parkinson's disease and influenza or pneumonia.⁶⁴
- In 2019, there were 6,500 hospitalizations for stroke in SDC (for all SDC hospitals). The age-adjusted rate of hospitalizations for stroke was 177.5 per 100,000 population. In addition, there were 2,828 stroke-related emergency department (ED) visits countywide in 2019. The age-adjusted rate of ED visits was 76.7 per 100,000 population.
- In 2019, the number of osteoarthritis-related hospitalizations in SDC (all hospitals) totaled 8,005 — an age-adjusted rate of 212.5 per 100,000 population. SDC adults age 65 years and older represented the highest hospitalization rate for arthritis when compared to all other age groups, at 1,106.1 per 100,000 population.
- According to 2020 CHIS data, 24.3% of SDC adults reported being obese.
- In California, the self-reported obesity rate in 2020 was 30.3%. 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), 2021).
- 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 (CDC, 2021).
- The CDC also reported that more than 795,000 people in the U.S. have a stroke each year, and strokes are responsible for approximately 1 out of every 6 deaths from cardiovascular disease (CDC, 2021).
- Many lifestyle-related factors have been linked to colorectal cancer, including being overweight or obese, lack of physical activity, diet, smoking and alcohol use. To reduce the risk of colorectal cancer, the American Cancer Society (ACS) recommends regular screening for individuals over the age of 45, as well as maintaining a healthy body weight, physical activity level and diet (ACS, 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).

⁶⁴The County of San Diego HHS'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 2019. 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 HHS's PHS, Community Health Statistics Unit, 2019; Heron, M., Deaths: Leading causes for 2019. National Vital Statistics Reports; vol. 70 no 9. Hyattsville, Maryland: NCHS. 2021.).

- According to the Harvard University T.H. Chan School of Public Health, mindful eating can be an effective tool in the treatment of emotional eating and binge eating, which can lead to weight gain and obesity. Mindfulness addresses the shame and guilt associated with these behaviors by focusing on eating experiences, body-related sensations and thoughts and feelings about food, with heightened awareness and without judgment (Harvard, 2021).

Objectives

- Provide community education addressing CHNA-identified health needs, including chronic conditions (e.g., obesity, diabetes, cancer and CVD), aging concerns, unintentional injury and health literacy
- Participate in community health fairs and events
- Provide fundraising support for nonprofit health organizations
- Provide community health screenings that respond to CHNA-identified chronic health conditions

FY 2021 Report of Activities

In FY 2021, SCHHC actively supported the health and well-being of nearly 1,500 San Diego and Coronado community members through health education and screenings addressing a range of health needs, including many of those identified in the SCHHC 2019 CHNA. From October to June, outreach took place virtually in response to COVID-19 social distancing guidelines. Following eased pandemic restrictions, beginning in July some programs were offered in-person at community sites while others remained virtual.

SCHHC continued to collaborate with the John D. Spreckels Center and Bowling Green (Spreckels Center) to provide free health education to community seniors. Education was provided on a variety of topics, including stretching and stress relief; plantar fasciitis and foot pain; mindful eating and diabetes; vertigo, dizziness, and balance; healthy barbecue recipes; living with diabetes and heart disease; and traveling safely. From October to June, education was shared in video format with over 1,200 recipients of the Spreckels Center's monthly digital newsletter, as well as approximately 30 community members through live virtual presentations. From July to September, an additional 30 community members attended presentations, as well as blood glucose and blood pressure screenings, on-site at the Spreckels Center.

In addition, SCHHC partnered with the SunCoast Market Co-op to provide education to the Imperial Beach community on health and wellness topics requested directly by residents. The SunCoast Market Co-op is a grassroots effort to open a community-owned, full-service cooperative grocery store with a goal of strengthening the local food system, increasing residents' access to healthy food, and providing a needed retail outlet for small local farms and producers. In July, SCHHC shared a video in the SunCoast Market Co-op's digital newsletter, which reached more than 1,000 community

members. The video provided education from SCHHC team members on exercise and nutrition to prevent heart disease and diabetes.

In November, SCHHC hosted a free, online webinar titled Mindful Eating During the Holidays. Led by a hospital registered dietitian, the class introduced the concept of mindful eating — a way to develop awareness from one's experiences, physical cues and feelings about food that can support weight loss, behavior change and stress reduction — and how it can help individuals make healthy food choices during the holidays. More than 10 community members participated in the webinar.

During Colorectal Cancer Awareness Month in March, SCHHC's endoscopy team provided colon cancer outreach at the COVID-19 vaccination clinic at the Coronado Community Center. Education and resources included colon cancer signs and symptoms, screening tips and guidelines, and frequently asked questions about colon cancer. In further support of cancer awareness and prevention, in September, a SCHHC dermatologist provided education and resources to 140 attendees of the annual Sharp Coronado Hospital Foundation Golf Tournament. This included free samples of sunscreen as well as information on skin cancer and when to obtain follow-up care.

In April, SCHHC hosted an online community seminar titled The Golden Hour: How to Respond Quickly to a Stroke and Other Emergencies. Led by the hospital's board-certified emergency medicine doctor, the free event discussed the different types of strokes, common warning signs and when to seek emergency care and included a question-and-answer session. Approximately 30 community members attended the seminar. SCHHC hosted several virtual community seminars throughout the year, which provided education to more than 150 community members about the treatment of hip and knee pain, as well as advancements in hip and knee replacement and robotic surgery.

Also in April, staff from the Sewall Healthy Living Center at Sharp Coronado Hospital (Sewall Healthy Living Center) provided exercise and wellness education during the virtual Sharp Women's Health Conference. A presentation titled Essential Elements for a Balanced You taught a variety of stretching, strengthening and meditation exercises, as well as simple lifestyle changes to help alleviate pain and discomfort and optimize the central nervous system. Another presentation, Tai Chi: Meditation in Motion, helped participants discover the benefits of tai chi, including improved balance, agility, strength and coordination, as well as decreased blood pressure, anxiety and pain. In addition, the Sewall Healthy Living Center shared videos, including What is Ear Acupuncture, Six Steps to Relieve a Headache, and Three Simple Yoga Exercises, as well as provided the opportunity to chat live with a physical therapist. Approximately 830 community members participated in the virtual conference.

In May, SCHHC participated in Coronado SAFE's Mental Health Awareness Month event. The month-long initiative engaged a variety of community partners in promoting behavioral health awareness, especially during the COVID-19 pandemic, to community members of all ages. SCHHC contributed to the event by encouraging community

members to schedule a walk around the hospital's outdoor labyrinth — a circular walking path intended to facilitate relaxation, healing and sense of well-being. Five community members participated in labyrinth walks through this effort. In addition, nine staff members from the hospital's Sewall Healthy Living Center hosted a Zoom presentation on senior behavioral health. Topics included decreasing stress and anxiety as well as breathing techniques to calm the body and mind.

In addition, SCHHC participated in year-round fundraising activities — including custom face mask, T-shirt, food and raffle ticket sales — in support of the 2021 San Diego Heart & Stroke Walk in September. Nearly 650 walkers for this event, including Sharp staff as well as friends and family, attended this event and were encouraged to walk along one of four pre-designated paths or create their own neighborhood route. Sharp maintained its position as the top fundraising organization in San Diego. In 2021, SCHHC raised more than \$18,000 for the American Heart Association through this effort, and Sharp raised more than \$165,000.

In FY 2021, SCHHC helped community members stay active and socially connected during the pandemic by providing daily Zoom and outdoor group fitness as well as wellness training. Classes promoted stress relief, range of motion, balance, flexibility, and overall activities of daily living. Offerings were either free or charged a nominal fee and ranged from qigong, mat pilates and yoga to strength and balance, mindfulness, and cardio circuit. In addition, SCHHC posts instructional videos on its Facebook page — including natural headache relief and exercise and stretches to ease back and neck pain — to support community members' health and well-being at home, as well as to expand community reach.

In addition to providing educational classes and events, SCHHC used its Facebook page to help raise community awareness of common but serious health conditions, including the importance of taking preventive measures and not delaying care, especially during the pandemic. Throughout the year, SCHHC shared important information regarding COVID-19, including updates from the vaccination clinic at the Coronado Community Center and the importance of being vaccinated. In recognition of Breast Cancer Awareness Month and National Mammography Day in October, SCHHC posted education and reminders about breast cancer detection and breast self-awareness. During American Heart Month in February, SCHHC shared a heart-healthy recipe created by the hospital's executive chef, as well as mindfulness breathing exercises to promote relaxation and lower blood pressure. During Colorectal Cancer Awareness Month in March, SCHHC's Facebook page included education about how to reduce the risk of colon cancer, disease risk factors, signs to watch out for, and the importance of regular screening. In May, the hospital honored Stroke Awareness Month by sharing how to recognize and respond to signs of stroke and invited the community to participate in a free webinar about stroke awareness. The hospital also recognized Mental Health Awareness Month in May with strategies to boost emotional well-being and address signs of depression and anxiety in children and young adults. Additional education shared through Facebook in FY 2021 included tips for a healthy and safe holiday season, and a safe day at the beach.

In addition, throughout the year, SCHHC shared nearly 20 articles in the local *Coronado Eagle & Journal* newspaper, providing timely health information to approximately 12,500 homes and businesses in Coronado. Featuring SCHHC physicians, nurses and other caregivers, the articles covered various topics including COVID-19 symptoms and when to seek medical care for the coronavirus; the roll out of the COVID-19 vaccines and eligibility; how to treat possible vaccine side effects at home; vaccine myths; stroke awareness; the importance of an annual mammogram; and reassurance on the safety of seeking care, especially emergency care, even amidst a global pandemic. To promote the value of physical health during the pandemic, articles offered heart-healthy recipes from the executive chef at SCHHC's Mindful Café and also highlighted exercise specialists who advised on safe exercises at home as well as the benefits of yoga. Community member stories, including a young father who needed hernia repair surgery and a local woman's journey through orthopedic surgery, rounded out this far-reaching community education effort.

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 at other community organizations. SCHHC also helps patients, families and community members locate reliable health information related to their diagnosis. Individuals can search relevant literature from high-quality websites using the hospital's computer stations.

In FY 2021, 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, Rotary Club of Coronado, Coronado SAFE, Coronado Chamber of Commerce, Coronado Senior Planning Committee, San Diego ED Collaborative and the San Diego Black Nurses Association.

SCHHC continued its 16-year collaboration with the County of San Diego Emergency Medical Services (EMS) to provide data for the SDC stroke registry, where data is tracked to identify gaps and determine trends. SCHHC also 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. The San Diego County Stroke Consortium consists of 18 hospitals — including Sharp Memorial Hospital, SCHHC, Sharp Chula Vista Medical Center, Sharp Grossmont Hospital, Alvarado Hospital Medical Center, Kaiser San Diego Medical Center, Kaiser Zion Medical Center, Palomar Medical Center, Paradise Valley Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital La Jolla, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital San Diego, Temecula Valley Hospital, Tri-City Medical Center, UC San Diego Medical Center, and UC San Diego Medical Center — La Jolla — which are San Diego County Stroke Receiving Centers and certified by The Joint Commission. In response to the COVID-19 pandemic, meetings continued to be held virtually in FY 2021.

Sharp's systemwide stroke program also collaborated with San Diego County Stroke Consortium hospitals in FY 2021 to alleviate community concerns around getting health care amid the COVID-19 pandemic. Using social media, the hospitals released two messages encouraging San Diegans not to delay seeking care during the pandemic. Each message sent from Sharp reached 16,000 subscribers on Facebook, Instagram and other Sharp-associated social media outlets.

FY 2022 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, diabetes, cardiovascular health, cancer, fall prevention, 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 health education to community members
- As invited, 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 community
- Partner with the SunCoast Market Co-op in Imperial Beach to educate community members on a variety of wellness topics
- Explore opportunities to provide diabetes education and resources to the Coronado community
- Provide stroke education, screening and outreach to community members via social media and in person classes
- Participate in the San Diego County Stroke Consortium
- 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.

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

Rationale

- The HASD&IC and SCHHC 2019 CHNAs identified community and social support, economic security and homelessness and housing instability among the priority health needs affecting members of the communities served by SCHHC, particularly underserved and underfunded patients who face inequities.
- Focus groups and key informant interviews conducted as part of the HASD&IC 2019 CHNA identified five primary barriers to accessing health care in San Diego: (1) lack of insurance; (2) economic insecurity; (3) transportation; (4) fear related to immigration status; and (5) lack of culturally competent/linguistically appropriate care options.
- According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 72% of respondents identified access to care, 60% identified economic security, and 35% identified care management, including disease management and community social service linkage, 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 help patients facing economic insecurity: 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 2021, a total of 104 inpatients at SCHHC experienced homelessness.
- 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 SANDAG's 2021 COVID-19 Impacts report, the top three ways Californians reported spending their stimulus checks included food (22%), utilities (16%), and rent (14%) (SANDAG, 2021).
- According to estimates from the San Diego Hunger Coalition, there has been a marked increase in food insecurity since the COVID-19 pandemic began. As of March 2021, approximately 1 in 3 San Diegans experienced food insecurity, nearly three-quarters of whom were already struggling to meet their needs prior to the COVID-19 pandemic. (San Diego Hunger Coalition, 2021).
- As of September 2021, the overall unemployment rate in SDC was 5.6%, which was lower than the unemployment rate for the state of California (7.5%) and higher than the national rate (4.8%) during the same period (Labor Market Information, California Employment Development Department (EDD), 2021).
- According to the San Diego Regional Task Force on Homelessness' (RTFH) 2021 Homelessness Crisis System Response report, a total of 38,023 people in SDC received some form of housing or services related to homelessness in 2020, in contrast to the 7,658 people living on the streets or in shelters that were counted during RTFH's January 2020 Point-in-Time count (RTFH, 2021).
- According to findings from the California Health Care Foundation's (CHCF) 2021 California Health Policy Survey, half of Californians (51%) reported taking at least one action to delay, skip, or cut back on care in the past 12 months because of concerns related to cost. Of those who delayed care due to cost, 41% reported that their health condition worsened (CHCF, 2021).
- According to the same survey, more than 1 in 4 lower-income Californians (27%) reported that it was "somewhat" or "very" difficult to find a provider who took their insurance, compared to 10% of Californians with higher incomes (CHCF, 2021).
- In addition, among Californians with lower incomes, 4 in 10 reported being very worried about affording unexpected medical bills (43%), out-of-pocket costs (39%), and rent or mortgage (39%) (CHCF 2021).

Objectives

- Provide free flu vaccinations to community members, including seniors
- Partner with the City of Coronado and Coronado Community Center to provide a community-based COVID-19 vaccination clinic
- Improve food security among vulnerable seniors through home-based meal delivery services
- Assist individuals with economic hardship through financial assistance for transportation, pharmaceuticals, clothing and food assistance
- Support environmental health through sustainable food purchasing and initiatives to prevent food waste

FY 2021 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 with barriers to health equity, including access to health care, access to healthy food and environmental health.

SCHHC continued to provide individuals with economic support through its Project HELP financial assistance program, providing approximately \$27,000 in free medication and transportation in FY 2021. SCHHC also provided nearly \$115,000 in free valet services to improve patient, family and community member access to the hospital. 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 October, SCHHC provided free seasonal flu vaccinations to more than 700 individuals at its annual community flu clinics. The clinics offered both walk-up and drive-thru options and served the general community as well as the Coronado Fire Department, local nursing home staff and essential grocery workers on the island.

Beginning in January, SCHHC partnered with the City of Coronado, Coronado police and fire departments, Coronado Chamber of Commerce, Rotary Club of Coronado, Soroptimist International of Coronado, Optimist Club of Coronado and National University (NU) Nursing Department — as well as more than 475 community volunteers — to provide a community-based COVID-19 vaccination clinic at the Coronado Community Center. In March, SCHHC and the Coronado Fire Department expanded vaccination efforts to Coronado's homebound seniors. The free program helped ensure that seniors with limited mobility, fear of leaving their home, or other barriers to accessing the clinic received the vaccine, as well as human interaction and fire safety checks. Between January and June, SCHHC and its community partners dedicated nearly 20,000 hours to providing more than 49,000 COVID-19 vaccinations to members of the community. Between April and October, SCHHC provided over 4,400 COVID-19 vaccinations to community members through its Sharp Coronado Community Pharmacy.

Also in FY 2021, SCHHC served as a blood donation site in support of Sharp's annual systemwide blood drive effort to collect life-saving blood for those with medical needs. SCHHC hosted blood drive events during the months of December, January, March, May, July and September. In FY 2021, SCHHC collected more than 160 pints of blood.

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 2021, SCHHC auxiliary members and volunteers provided nearly 5,300 meals to approximately 37 community members.

SCHHC's Mindful Café continued to partner with Grubhub food delivery service in FY 2021 to increase community member access to healthy food during the pandemic. Community members can either place orders through the Grubhub application (app), or, if uncomfortable with using app technology, can call the café directly. Since March 2020, SCHHC's Mindful Café has fulfilled approximately 70 Grubhub orders. During the 2020 holiday season, SCHHC partnered with the Food Bank to support community members experiencing food insecurity. Through its virtual Sharp SuperFood Drive, the hospital collected approximately 3.5 large bins of food valued at \$120.

Beginning in FY 2019, SCHHC joined Sharp's systemwide pilot partnership with 2-1-1's CIE to better understand and address the barriers that impact 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 challenges to health care access 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 history of community services utilization, and make direct referrals to critical, community-based resources. SCHHC case managers and social workers were trained on CIE to better serve vulnerable patients in the acute care setting, including patients who experience homelessness, food insecurity and other hardships.

Although delays and obstacles to CIE implementation and adoption persisted due to the COVID-19 pandemic during Year 2 of the CIE pilot, utilization metrics improved significantly over Year 1. Community members across SDC were assisted through the CIE, and top community referrals included utilities, food, housing and economic support. In addition, at the start of Year 3 (July 2021) of the partnership, Sharp leadership approved the integration of select CIE data with Sharp's electronic health record system, to further increase and support CIE utilization and strengthen community resource connection. Data integration with the CIE will further support and improve Sharp's efforts to identify and address health equity barriers experienced by its patients and communities.

Sharp teams continue to work closely with 2-1-1 on the implementation and data integration plans for CIE, which includes evaluation of ongoing metrics, such as system utilization of CIE, referral tracking, case management efficiency, successful connection

to community referrals and more. Data will be used to re-evaluate the value and sustainability of CIE for Sharp upon completion of the pilot's third year.

SCHHC supports community health through a variety of sustainable food and food waste initiatives. The hospital purchases 20% of its produce from local sustainable farms (with a goal of 50% of purchases by October 2022) 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. Recently, SCHHC began making weekly donations to the San Diego Rescue Mission and has donated 950 pounds of unused canned and dry goods since August 2021.

FY 2022 Plan

SCHHC will do the following:

- Administer Project HELP funds to those in need
- Provide free flu vaccinations, including a drive-thru option at SCHHC's annual community flu clinic
- 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 in-home safety assessments for seniors and community members with disabilities
- Host a holiday food drive to support the Food Bank
- Participate in 2-1-1's CIE program to connect patients who experience homelessness and other health equity barriers to critical community services
- Conduct sustainable food purchasing and food waste prevention efforts to support environmental health
- Provide community education on gardening basics at SCHHC's on-site garden, including to members of the Imperial Beach community in partnership with the SunCoast Market Co-op
- Expand GrubHub/Mindful Café partnership

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 2021, there were 186,000 people employed in the health care sector in SDC, accounting for 13% of all jobs countywide (SDWP, 2021).
- SDWP also cites research by the University of Washington Center for Women's Welfare that estimates the basic needs of a single adult resident of SDC to cost \$3,058.72 per month, requiring full-time employment at \$17.65 an hour. Of the 20 most common occupations in SDC's health care sector, there are 11 with training requirements less than or equal to an associate degree that can provide new graduates with a living wage (SDWP, 2021).
- 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 – 2020-2030* report, employment in health care and social assistance is projected to add about 3.3 million jobs from 2020 to 2030 — the highest growth among all industry sectors. Seven of the 30 occupations expected to grow fastest in that time are associated with health care. Factors that are expected to contribute to this growth include rising demand for the care of an aging baby-boom population, longer life expectancies and continued growth in the number of patients with chronic conditions (BLS, 2021).
- According to a report from the CHCF titled *California Physicians: A Portrait of Practice*, the supplies of physicians, physician assistants and three types of advanced practice nurses in California grew between 2016 and 2020, while the supply of clinical nurse specialists decreased. The increased supply of licensed physicians does not accurately reflect the availability of care, however — less than half of California's physicians provided care 40 or more hours per week (CHCF, 2021).
- According to a report titled *Health Workforce Strategies for California*, studies conducted over the past four decades demonstrate that multi-component pipeline programs for high school, college and post-baccalaureate students underrepresented in the health professions positively impact a variety of outcomes with the potential to improve the diversity of the health care workforce (CHCF, 2021).

- Although California has enacted various policies to increase both the size and the diversity of the health workforce, current public and private sector efforts have not been sufficient to alleviate existing shortages (CHCF, 2021).
- 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).
- According to CFHWC key informant interviews with private sector health care leaders, some of California's workforce needs include increasing workforce diversity; educating young Californians that futures in the health sector are appealing regardless of background, socioeconomic status, race/ethnicity, and gender; and partnering with schools and companies to remove barriers to continuing education and develop pipelines for jobs (CFHWC, 2020).
- A CHCF survey of frontline health care workers during COVID-19 reflects the sustained mental and emotional toll of providing patient care during the pandemic. Six in 10 providers continue to feel overworked and burned out, while nearly half are frustrated by their job. Nearly three out of four nurses (72%) say they feel burned out from their work — higher than the 61% reported among nurse practitioners and physician assistants, 57% among doctors, and 56% among behavioral health specialists (CHCF, 2021).
- A study published in *EClinicalMedicine* that included nearly 21,000 clinical and non-clinical health care workers from 42 organizations found that, in 2020, 61% of workers reported fear of workplace COVID-19 exposure or transmission, 38% reported anxiety/depression, 43% suffered work overload and 49% had burnout (Prasad et al., 2021).

Objectives

- Collaborate with local schools, colleges and universities to provide opportunities for students to explore and train for a variety of health care professions
- Disseminate best practices in clinical research findings to the health care community

FY 2021 Report of Activities

In FY 2021, 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 2021, student participation in these programs declined because of temporary interruptions to on-site learning caused by COVID-19.

SCHHC provided training opportunities for approximately 80 nursing students and nearly 30 ancillary (non-nursing) students. Together, these students dedicated more

than 10,000 hours on the SCHHC campus. Internships were completed by students from a variety of schools, including Azusa Pacific University, Pima Medical Institute, Point Loma Nazarene University, San Diego State University (SDSU), San Joaquin Valley College and Southwestern College. 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 2021.

The Sharp Diabetes Education Program provided education to several students throughout FY 2021. In September, the Sharp Diabetes Education Program provided virtual diabetes education on the different types of diabetes, diagnoses, current technology and medication, community resources for patients, and careers in diabetes to nearly 20 dietetic students at SDSU. The program also mentored two dietetic interns from the SDSU Research Foundation's San Diego Women, Infants, and Children (WIC) Dietetic Internship program. The director of the Sharp Diabetes Education Program served as a board member of the San Diego WIC Dietetic Internship program in FY 2021, and provided a presentation on diabetes care, the role of the dietitian, the different types of diabetes, nutrition and meal planning, diabetes and technology and more to all six interns in the program.

The Planetree philosophy of care holds that health 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 14 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.

Sharp's systemwide stroke program submitted three poster presentations to the International Stroke Conference 2021 in February, titled Should I Stay Or Go: Seeking Stroke Care During COVID-19, COVID-19 Geographic Distribution and Stroke Code Activation Within San Diego County, and Coming Together in a Time of Distancing: Creating Community Messaging for Emergency Care During COVID. The International Stroke Conference was dedicated to the science and treatment of cerebrovascular disease, and stroke experts shared the latest clinical trial results with attendees from all over the world.

FY 2022 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 Coronado High School to provide learning experiences for students in grades 10 through 12
- Share findings from clinical research studies with the larger health care community
- Conduct clinical trials to improve patient care and outcomes

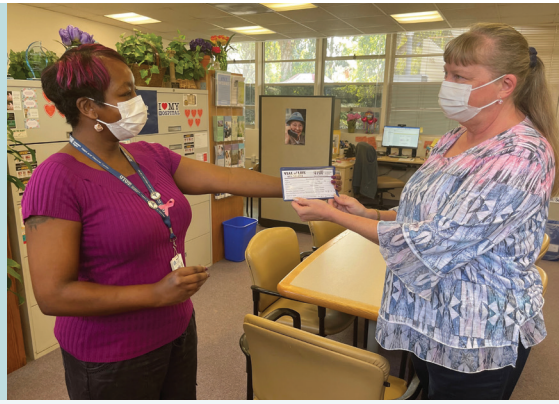
SCHHC Program and Service Highlights

- 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
- Advanced robotic-assisted procedures
- Care Partner Program
- Classes, events and physician referral through 1-800-82-SHARP
- Electroencephalograms
- 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
- Image-guided sinus surgeries using state-of-the-art 3D endoscopic visualization and modeling
- Imaging services, including multipurpose fluoroscopy room, X-ray, computed tomography (CT) scan with magnetic resonance imaging (MRI), cardiovascular, mammography, dual-energy x-ray absorptiometry (DEXA) scanning, ultrasound, and electrocardiography (EKG).
- Inpatient hospice unit
- Integrative therapies, including acupuncture, clinical aromatherapy and massage
- Intensive Care Unit
- Laboratory services, including drive-thru phlebotomy, COVID-19 polymerase chain reaction testing and 10 patient service centers throughout SDC
- 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 — 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, an endoscopy suite with endoscopic ultrasound and a dedicated imaging and women's services suite providing 3D mammography, DEXA scanning and ultrasound
- Pathology services
- Pharmacy, including a prescription medication disposal kiosk, immunizations, Community Pharmacy Travel Clinic, bedside prescription payment options, curbside delivery and free delivery throughout Coronado and the Cays and Imperial Beach

⁶⁶ Provided through Sharp Memorial Hospital Home Health Agency.

⁶⁷ Provided through Sharp HospiceCare.

- Rehabilitation services, including sports medicine, and occupational, physical and speech therapies
- Respiratory care, providing 24-hour services that include ventilator and high flow oxygen management, obstructive sleep apnea screening, oximetry and capnography monitoring, EKG, arterial blood gas testing and pulmonary function testing
- Sharp Coronado Hospital Auxiliary and Meals on Wheels Adopt-a-Route
- Senior community wellness and educational services
- Sewall Healthy Living Center, providing integrative spa therapies, rehabilitation and fitness programs
- Stroke care, nationally certified as Acute Stroke Ready by The Joint Commission
- Subacute services
- Surgical services
- Vision-saving laser treatment for glaucoma using endoscopic cyclophotocoagulation
- Women's services and surgeries



Lifesaving Vials for Emergencies

Sharp Grossmont Hospital

Sharp Grossmont Hospital's Senior Resource Center is committed to preparing community members — especially seniors and people with disabilities — for emergency situations by distributing Vials of Life. These small containers are magnetically placed on a refrigerator to provide emergency personnel with critical health-related information. Vials of Life ensure a timely, accurate medical response, particularly when an individual is unable to speak for themselves. In partnership with Heartland Fire & Rescue and Meals on Wheels San Diego County, the Sharp Grossmont Senior Resource Center connected with isolated seniors and provided hundreds of Vials of Life during the COVID-19 pandemic. The center has distributed more than 25,000 Vials of Life and continues to raise awareness about the vials' lifesaving impact.

Section

6 Sharp Grossmont Hospital

Sharp Grossmont Hospital has a strong history of community partnerships – including with local schools, non-profit organizations, as well as the diverse cultural sectors of East County. We support these valuable relationships through communication, outreach, education, career mentoring and other assistance to meet the needs of our community. Our work together further demonstrates the bonds we share with those we serve.

— Scott Evans, Chief Executive Officer, Sharp Grossmont Hospital

Fiscal Year (FY) 2021 Community Benefit Program Highlights

Sharp Grossmont Hospital (SGH) provided **\$143,696,654** in community benefit in FY 2021. 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 2021**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2021 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibility forms ⁶⁸	\$30,746,512
	Shortfall in Medicare ⁶⁸	98,817,806
	Shortfall in County Medical Services (CMS) ⁶⁸	45,188
	Shortfall in CHAMPVA/TRICARE ⁶⁸	3,870,870
	Charity Care ⁶⁹	8,297,586
	Bad Debt ⁷⁰	(1,270,818)
Other Benefits for Vulnerable ⁷¹ Populations	Patient transportation, Project HELP and other assistance for the vulnerable ⁷²	884,259
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	1,516,794
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ⁷²	788,457
TOTAL		\$143,696,654

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.

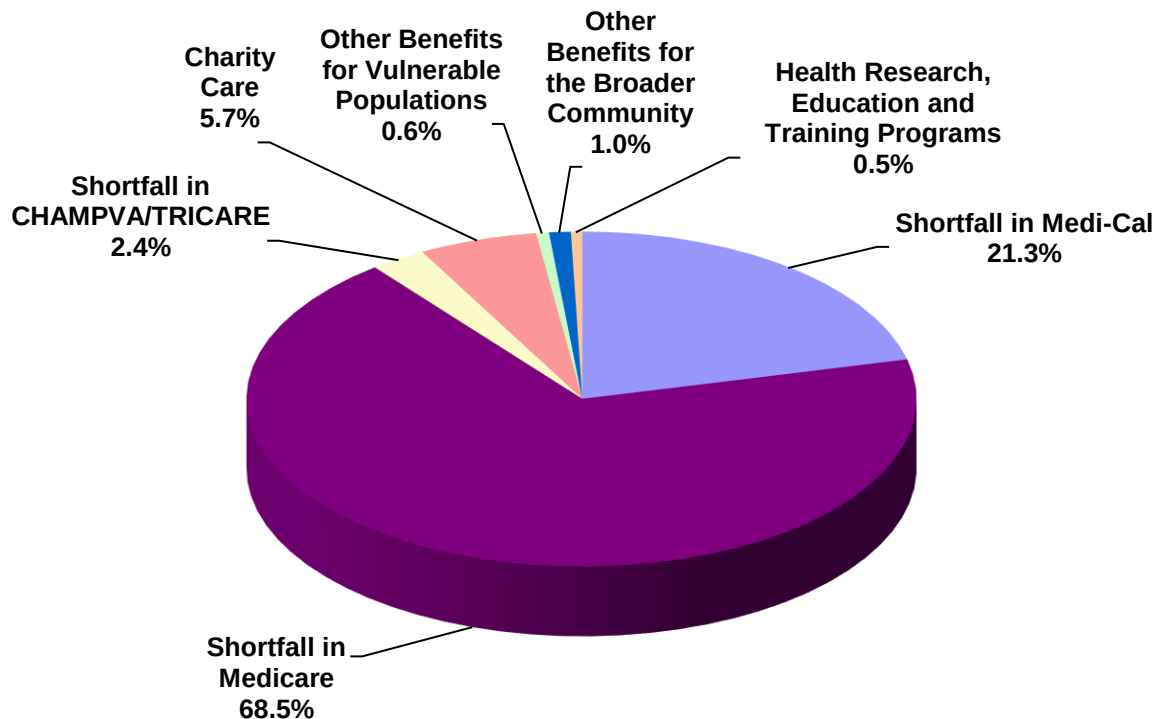
⁷⁰ In FY 2020, due to COVID-19 and consequent dramatic drops in patient volume, a greater amount of historical bad debt was resolved into charity care than was offset by new patient volume and subsequent new patient bad debt.

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://hcai.ca.gov/wp-content/uploads/2020/10/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 2021**



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 (County Medical Services) 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 \$48.5 million in FY 2021. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2021 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 Mama's Kitchen and the San Diego Food Bank (Food Bank); time devoted to Sharp HealthCare's COVID-19 (coronavirus disease 2019)

Community Vaccination 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 community members with health equity barriers.

- **Other Benefits for the Broader Community** included health education and information on a variety of topics; support groups; participation in community health events; health screenings for colorectal cancer, breast cancer, nutrition, postpartum depression, sleep apnea and more; community education and resources provided by the SGH cancer patient navigator program; and specialized education 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 2-1-1 San Diego, 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 Maternal Quality Care Collaborative, California Perinatal Quality Care Collaborative, California School-Age Families Education, California Society for Clinical Social Work Professionals, Cameron Family YMCA, Caregiver Coalition of San Diego (Caregiver Coalition), CAHHS 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 (GHD), 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, McGrath Family YMCA, Partnership for Smoke-Free Families, San Diego Adolescent Pregnancy and Parenting Program, San Diego Association of Directors of Volunteer Services (SDADVS), San Diego East County Chamber of Commerce and more. See **Appendix A** for a listing of 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

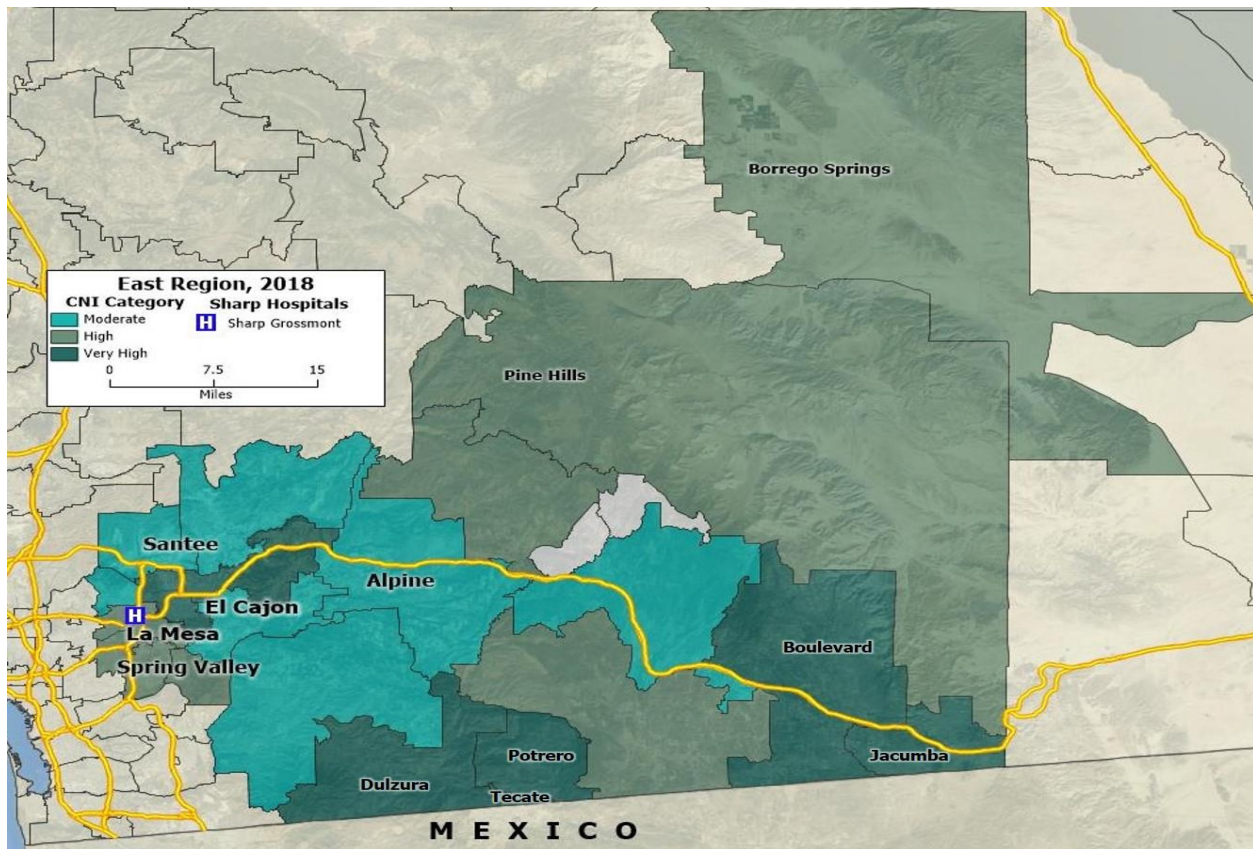
SGH is located at 5555 Grossmont Center Drive in La Mesa, ZIP code 91942.

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/IBM Watson 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



Description of Community Health

In 2021, there were 90,053 residents age 65 and older in SDC's east region, representing 17.1% of the total regional population. Between 2021 and 2026, it is anticipated that the east region's senior population will grow by 14.8%.⁷⁴

In 2019, 12.6% of the east region population reported living below 100% of the federal poverty level (FPL), which was higher than SDC overall (11.6%). The unemployment rate in SDC's east region was 6.7%, which was higher than the rate for SDC overall (5.7%). 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 March 2021, 31% of San Diegans experienced food insecurity⁷⁶ and 39% of children lived in food insecure households. This is a substantial increase compared to pre-COVID-19 pandemic

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

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

⁷⁵ County of San Diego Health and Human Services Agency (HHSA), PHS, Community Health Statistics Unit, October 2021, U.S. Census Bureau, 2015-2019 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/>.

estimates — in August 2019, approximately 25% of SDC residents were food insecure. The increase in individuals experiencing food insecurity from 2019 to 2021 highlights the negative impact of the COVID-19 pandemic and ensuing economic crisis on the San Diego community.⁷⁷

In 2019, 11.1% of households in the east region received Supplemental Nutrition Assistance Program (SNAP) benefits, while 19.1% of the population lived at or below 138% FPL and were eligible for the program. These rates were higher than SDC overall (7.1% and 17.8%, 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, 2019⁷⁵

Food Stamps/SNAP Benefits	Percent of Population
Households	11.1%
Families with Children	20.0%
Eligibility by FPL	
Population ≤130% FPL	17.8%
Population ≤138% FPL	19.1%
Population 139% – 350% FPL	32.9%

In SDC's east region in 2019, 95.6% of children age 18 and under, 88.7% of young adults ages 19 to 25, 89.0% of adults ages 26 to 44, 93.2% of adults ages 45 to 64, and 98.9% of seniors age 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 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 2019.

⁷⁷ San Diego Hunger Coalition (2019-2021), San Diego County Food Insecurity Estimates.

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.

Table 27: Health Insurance Coverage in SDC's East Region, 2019⁷⁵

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	95.6%	92.1%
Young adults 19 to 25 years	88.7%	92.1%
Adults 26 to 44 years	89.0%	92.1%
Adults 45 to 64 years	93.2%	92.1%
Seniors 65+ years	98.9%	N/A ⁷⁹

According to the California Health Interview Survey (CHIS), in 2020, 23.7% 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, 2020⁸⁰

Description	Rate
Covered by Medi-Cal	23.7%
Not covered by Medi-Cal	76.3%

CHIS data also revealed that 13.7% 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**).⁸⁰

Table 29: Regular Source of Medical Care in SDC's East Region, 2020⁸⁰

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	86.3%	84.0%
Has no usual source of care	13.7%	16.0%

Cancer and diseases of the heart were the two leading causes of death in SDC's east region in 2019.⁸¹ See **Table 30** for a summary of leading causes of death in the east region. For additional demographic and health data for communities served by SGH, please refer to the SGH 2019 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

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

⁸⁰ 2020 CHIS.

⁸¹ County of San Diego HHSA, PHS, Community Health Statistics Unit (2021), *Leading Causes of Death Workbook 2011-2019*.

Table 30: Leading Causes of Death in SDC's East Region, 2019⁸¹

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	890	21.7%
Diseases of the Heart	888	21.7%
Cerebrovascular Diseases	286	7.0%
Chronic Lower Respiratory Diseases	268	6.5%
Accidents/Unintentional Injuries	235	5.7%
Alzheimer's Disease	232	5.7%
Diabetes Mellitus	159	3.9%
Essential Hypertension and Hypertensive Renal Disease	103	2.5%
Chronic Liver Disease and Cirrhosis	71	1.7%
Parkinson's Disease	58	1.4%
All Other Causes	903	22.1%
Total Deaths	4,093	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 Centers (SRSMC) 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 2021 Report of Activities conducted in support of the objective(s), and FY 2022 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 2019, cerebrovascular diseases (including stroke) were the third leading cause of death for SDC's east region.
- In 2019, there were 286 deaths due to stroke in SDC's east region. The region's age-adjusted death rate due to stroke was 46.8 per 100,000 population. This rate was the second highest among all SDC regions and was higher than the HP2030 target of 33.4 deaths per 100,000 population.⁸²
- In 2019, there were 1,246 hospitalizations due to stroke in SDC's east region. The region's age-adjusted rate of hospitalizations for stroke was 216.6 per 100,000 population — the second highest among all SDC regions.
- In 2019, there were 522 stroke-related ED visits in SDC's east region. The age-adjusted rate of ED visits was 90.7 per 100,000 population — the highest among all SDC regions.
- According to 2020 CHIS data, 29.3% of residents in SDC's east region had ever been diagnosed with high blood pressure, while 4.0% had borderline high blood pressure. In addition, 30.9% of east region adults reported being obese — higher than the county overall (24.3%).
- 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 6 deaths from cardiovascular disease (CDC, 2021).
- 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, 2021).
- 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).
- Despite encouraging data about declining stroke incidence, on a global level the aging population and accumulating risk factors contribute to an increasing lifetime risk of stroke (American Hospital Association, 2020).

Objective

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

FY 2021 Report of Activities

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

⁸² The County of San Diego HHSA's Community Health Statistics Unit collects annual data on leading causes of death using methodology established by the National Center for Health Statistics (NCHS). Data is based on "underlying cause of death" information from all death certificates filed in SDC in 2019. 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 PHS, Community Health Statistics Unit, 2019; Heron, M., Deaths: Leading causes for 2019. National Vital Statistics Reports; vol. 70 no 9. Hyattsville, Maryland: NCHS. 2021.).

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. In addition, the SGH Rehabilitation Center is accredited by CARF (Commission on Accreditation of Rehabilitation Facilities) for its stroke specialty program, which represents the highest level of accreditation that can be awarded to an organization.

Although Sharp's systemwide stroke program and SGH's Stroke Center planned to participate in numerous screening and educational events in FY 2021, events were either canceled or postponed due to the COVID-19 pandemic. Despite these circumstances, Sharp's systemwide stroke program partnered with Sharp's marketing team during Stroke Awareness Month in May to share stroke and atrial fibrillation education through social media outlets, including Instagram, Twitter, Facebook, sharp.com and more. This virtual community education had an expansive reach, obtaining more than 17,000 hits. In addition, in FY 2021 the program displayed billboards to educate community members about stroke recognition, including BEFAST (balance, eyes, face, arm, speech, time) and conditions that can lead to stroke.

SGH continued its 16-year collaboration with the County of San Diego Emergency Medical Services (EMS) to provide data for the SDC stroke registry, where data is tracked to identify gaps and determine trends. SGH also 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. The San Diego County Stroke Consortium consists of 18 hospitals — including SGH, Sharp Coronado Hospital and Healthcare Center, Sharp Chula Vista Medical Center, Sharp Memorial Hospital, Alvarado Hospital Medical Center, Kaiser San Diego Medical Center, Kaiser Zion Medical Center, Palomar Medical Center, Paradise Valley Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital La Jolla, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital San Diego, Temecula Valley Hospital, Tri-City Medical Center, UC San Diego Medical Center, and UC San Diego Medical Center – La Jolla — which are San Diego County Stroke Receiving Centers and certified by the Joint Commission. In response to the COVID-19 pandemic, meetings continued to be held virtually in FY 2021.

In partnership with the San Diego County Stroke Consortium, in November Sharp's systemwide stroke program participated in an EMS training video to provide stroke education to AMR (American Medical Response) San Diego, a medical transportation company that assists with emergency and non-emergency transportation. The video

covered new stroke procedures and guidelines and how to assess a stroke patient at the scene.

Sharp's systemwide stroke program also collaborated with San Diego County Stroke Consortium hospitals in FY 2021 to alleviate community concerns around getting health care amid the COVID-19 pandemic. Using social media, the hospitals released two messages encouraging San Diegans not to delay seeking care during the COVID-19 pandemic. Each message sent from Sharp reached 16,000 subscribers on Facebook, Instagram and other Sharp-associated social media outlets.

Sharp's systemwide stroke program submitted three poster presentations to the International Stroke Conference 2021 in February, titled Should I Stay Or Go: Seeking Stroke Care During COVID-19, COVID-19 Geographic Distribution and Stroke Code Activation Within San Diego County, and Coming Together in a Time of Distancing: Creating Community Messaging for Emergency Care During COVID. The International Stroke Conference was dedicated to the science and treatment of cerebrovascular disease, and stroke experts shared the latest clinical trial results with attendees from all over the world.

FY 2022 Plan

SGH Stroke Center will do the following:⁸³

- Provide stroke education, screening and outreach to community members in the east region via social media and in-person classes
- 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
- 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 a community presentation on stroke education and prevention featuring a Sharp-affiliated physician

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.

⁸³ Where applicable, the SGH Stroke Center will perform these activities as COVID-19 public health and safety guidelines allow.

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.⁸⁴
- 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 who identify as Asian/Pacific Islander (55.1%).
- 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 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.
- The second leading cause of death in SDC in 2019 was diseases of the heart.
- In 2019, there were 888 deaths due to diseases of the heart in SDC's east region. The region's age-adjusted death rate due to heart disease was 147.9 per 100,000 population. This was higher than the age-adjusted death rate for SDC overall (122.5 deaths per 100,000 population).⁸²
- In 2019, there were 1,116 hospitalizations for CHD in SDC's east region. The age-adjusted rate of hospitalization for CHD was 191.8 per 100,000 population, which is higher than the age-adjusted rate for SDC overall (166.8 per 100,000 population).
- In 2019, there were 255 ED visits for CHD in SDC's east region. The age-adjusted rate of ED visits was 45.0 per 100,000 population, higher than the age-adjusted rate for SDC overall (37.2 per 100,000 population).

⁸⁴ IBM Watson Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018; California Department of Health Care Access and Information (HCAI) via SpeedTrack, Inc., 2017.

- According to 2020 CHIS data, 6.4% of adults living in SDC's east region indicated that they were ever diagnosed with heart disease, higher than SDC overall (5.9%).
- Data from the 2020 CHIS indicated that 29.3% of adults living in SDC's east region had ever been diagnosed with high blood pressure, higher than SDC overall (23.2%) and the state of California (25.1%).
- 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 659,000 people each year (CDC, 2021).
- Heart disease is the leading cause of death for people of most racial/ethnic groups in the U.S. including Black, 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, 2021).
- In its *2021 Heart Disease and Stroke Statistical Update*, the AHA reported that CHD was responsible for 13% of all deaths in the U.S. in 2018, killing nearly 366,000 people. Death rates and actual numbers of deaths from CHD decreased significantly between 2008 and 2018, but disease burden and risk factors remain high. According to blood pressure guidelines championed by the AHA and the American College of Cardiology, 47.3% of U.S. adults have hypertension (AHA, 2021).
- 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, 2021).
- The CDC asserts that several health conditions, along with lifestyle, age and family history are risk factors that can increase an individual's risk for heart disease. About half of all Americans (47%) have at least one of three key risk factors for heart disease: high blood pressure, high cholesterol and smoking (CDC, 2019).

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 2021 Report of Activities

In FY 2021, SGH's congestive heart failure (CHF) nurse specialist and the Cardiac Rehabilitation Department provided education and support to patients and community members impacted by CHF. Due to the COVID-19 pandemic, in-person educational programs were canceled in March 2020 and resumed virtually in February 2021. SGH's free, virtual CHF class and support group was offered nine times and provided more than 40 individuals with a supportive environment to discuss various topics about living well with CHF. In addition, a free Heart and Vascular Risk Factors Education class was

offered twice a month, reaching nearly 130 individuals who had been hospitalized with certain heart conditions within the last six months.

During National Heart Month in February, the Cardiac Rehabilitation Department provided a virtual education class for seniors in collaboration with the SGH Senior Resource Center. Nearly 20 seniors received education on maintaining a healthy heart through exercise. In addition, the department provided an 80-hour internship opportunity to an Exercise Physiology student from Point Loma Nazarene University (PLNU) from October through December

SGH's Cardiovascular Services and Cardiac Rehabilitation Department traditionally participate in a variety of community events throughout the year; however, due to the COVID-19 pandemic, these events were postponed or canceled. In March, June and September, SGH offered a webinar titled Keeping Your Heart Rhythm in Check, where approximately 80 attendees were educated on atrial fibrillation symptoms and diagnosis and treatment options to improve quality of life. The webinars were led by an SGH-affiliated cardiac electrophysiologist and also included a question-and-answer session.

From January through June, SGH's Cardiovascular Services and Cardiac Rehabilitation Department assisted the community by committing time to community COVID-19 vaccination clinics. Team members dedicated four to six hours a day at the following clinic locations: the Sharp — Grossmont Center Vaccination Super Station, the SGH Auditorium and the Sharp San Marcos Vaccination Station. Staff duties included assisting individuals waiting in line, registration, encouraging and greeting participants, completing paperwork and administering vaccines. In addition, a team member was assigned the role of site lead, and was responsible for overseeing the vaccinator area, providing education to vaccinators, checking all vaccination stations to ensure proper supplies and techniques were being used, tending to emergencies, answering attendee and vaccinator questions and more. Staff also assisted at the SGH Family Resource Center by setting up guidelines, coordinating with visitors who brought items for their hospitalized loved ones, distributing care packages and more.

In June and August, SGH participated in the 17th and 18th 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. The meetings were held at Ojai Valley Inn in Ojai, California, and the San Diego Convention Center.

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 the COVID-19 pandemic, committee meetings remained virtual in FY 2021.

Throughout FY 2021, SGH-affiliated cardiologists, the SGH chief executive officer and staff from SGH's Cardiac Training Center and Cardiac Rehabilitation Department shared heart-related information with sharp.com as well as local news outlets, including KOGO News Radio and Fox 5 San Diego. Topics included quickly diagnosing sudden heart failure using a specialized heart pump, a patient's path to a healthier heart, replacing a faulty heart valve for renewed energy and breath control, heart conditions and SGH's heart failure clinic.

FY 2022 Plan

SGH will do the following:⁸⁵

- Provide a monthly CHF class and support group
- Provide a virtual cardiac health lecture for senior community members
- Offer educational speakers to health care professionals on performance improvements in CHF and acute myocardial infarction, and cardiovascular treatment options
- 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
- Provide an internship module for exercise physiology and kinesiology students

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 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 socioeconomically challenged communities within SDC's east region, such as El Cajon and Spring Valley.⁸⁴
- 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 (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).

⁸⁵ Where applicable, SGH will perform these activities as COVID-19 public health and safety guidelines allow.

- 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 2019, diabetes was the seventh leading cause of death in SDC's east region.
- In 2019, there were 159 deaths due to diabetes in SDC's east region. The region's age-adjusted death rate due to diabetes was 27.7 per 100,000 population, higher than the overall SDC age-adjusted rate (20.6 deaths per 100,000 population).⁸²
- In 2019, there were 1,061 hospitalizations due to diabetes in SDC's east region. The age-adjusted rate of hospitalizations for diabetes was 200.8 per 100,000 population. This rate was the highest among all SDC regions and higher than the age-adjusted rate of hospitalization for SDC overall (137.2 per 100,000 population).
- In 2019, there were 1,100 diabetes-related ED visits in SDC's east region. The age-adjusted rate of diabetes-related ED visits was 211.6 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 (169.1 per 100,000 population).
- According to 2020 CHIS data, 8.3% of adults living in SDC's east region indicated that they had ever been diagnosed with diabetes, which was slightly higher than SDC overall (7.3%) but lower than the state of California (10.9%). Diabetes rates among seniors were particularly high, with 18.8% 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), titled *The Burden of Diabetes in California*, the age-adjusted prevalence of prediabetes among California adults age 18 and over was 14.9% in 2017 and the age-adjusted prevalence of Type 2 diabetes was 8.3% (CDPH, 2019).

- Data presented by the United Health Foundation (UHF) indicates that, in 2019, diabetes prevalence in California was highest among individuals of other races (14.8%), followed by non-Hispanic Black individuals (14.4%), Hispanic individuals (12.4%) and multiracial individuals (11.0%) (UHF, 2020).
- 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).
- The CDC's 2020 *National Diabetes Statistics Report* indicates that 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 (CDC, 2020).
- 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, 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 workdays compared to people who do not 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 community members with barriers to health equity
- Participate in local and national conferences to share best practices in diabetes treatment and control with the broader health care community

FY 2021 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 manage various conditions, including prediabetes, gestational diabetes (diabetes developed during pregnancy), and Type 1 and Type 2 diabetes. In FY 2021, small group and one-on-one education options were offered in person or online, in both English and Spanish.

The Sharp Diabetes Education Program participated in Sharp's systemwide COVID-19 community vaccination initiative, dedicating time and staff at various locations including Sharp corporate offices, Sharp Health Plan, the Sharp — South Bay Vaccination Super

Station and the Sharp — Grossmont Center Vaccination Super Station. From January to May, the diabetes team served as volunteer vaccinators and support staff at the clinics, assisting more than 1,200 community members.

The Sharp Diabetes Education Program provided fundraising and team participation for the 2021 San Diego Heart & Stroke Walk in September. Although the program had anticipated participating in additional community events, conferences and educational presentations throughout FY 2021, most in-person activities were canceled or postponed due to the COVID-19 pandemic.

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 FY 2021, the Sharp Diabetes Education Program collaborated with community clinics to provide clinic patients with education and resources to support a healthy pregnancy. During the pandemic, the program accommodated individual preferences by serving patients with virtual, telephone and on-site options. 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 approximately 1,140 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 members of the 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 from the Sharp Equality Alliance to

improve the delivery of inclusive and culturally competent care for diverse communities.

The Sharp Diabetes Education Program provided education to several students throughout FY 2021. In September, the Sharp Diabetes Education Program provided virtual diabetes education on the different types of diabetes, diagnoses, current technology and medication, community resources for patients, and careers in diabetes to nearly 20 dietetic students at San Diego State University (SDSU). The program also mentored two dietetic interns from the SDSU Research Foundation's San Diego Women, Infants, and Children (WIC) Dietetic Internship program. The director of the Sharp Diabetes Education Program served as a board member of the San Diego WIC Dietetic Internship program in FY 2021, and provided a presentation on diabetes care, the role of the dietitian, the different types of diabetes, nutrition and meal planning, diabetes and technology and more to all six interns in the program.

In FY 2021, the Sharp Diabetes Education Program continued to serve 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 outcomes. Further, the Sharp Diabetes Education Program recently implemented an enhanced electronic medical record system to improve care coordination with more than 300 community endocrinologists and PCP groups.

FY 2022 Plan

The SGH and Sharp Diabetes Education Programs will do the following:⁸⁶

- 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

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

- 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 with barriers to health equity by connecting them to community services
- Offer free outpatient phone 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

Identified Community Need: Health Education, Screening, Support and Resources 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 social determinants of health (SDOH) that impact seniors: lack of accessible or reliable transportation options, difficulty accessing fresh food, social isolation and inadequate family support, economic insecurity and environmental pollutants.

- According to the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 83% of respondents age 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 2019, Alzheimer's disease was the sixth leading cause of death in SDC's east region for all age groups.
- In 2019, the top 10 leading causes of death among adults age 65 and older in SDC's east region were (in rank order): diseases of the heart, cancer, cerebrovascular diseases (including stroke), chronic lower respiratory diseases, Alzheimer's disease, diabetes, accidents/unintentional injuries, essential hypertension and hypertensive renal disease, Parkinson's disease, and flu/pneumonia.
- In 2019, 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, osteoarthritis, unintentional injuries, falls, stroke, diabetes and flu/pneumonia.
- The top three causes of ED utilization among SDC's east region residents age 65 and older in 2019 were falls, unintentional injuries 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% (County of San Diego HHSA, 2018).
- According to the California Department of Aging (CDA), 11.4% of SDC residents age 60 and older were low-income in 2021, and 17.1% were eligible for Medi-Cal. In addition, 17.9% of SDC seniors were identified as living alone (CDA, 2021).
- National Alliance for Caregiving's (NAC) *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).
- Research published in *Health Affairs* indicates that lack of access to technology, low digital health literacy, and design barriers in patient portals and apps have disproportionately affected older adults during the COVID-19 pandemic, especially those in underserved communities (Fulmer et al, 2021).

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 isolated or homebound seniors and adults with disabilities in SDC's east region
- Serve as a resource for referrals 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 both seniors and caregivers with updated information on available services and resources

FY 2021 Report of Activities

The 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 as well as clear, accurate information regarding health education and screenings, community referrals and caregiver resources. In FY 2021, the SGH Senior Resource Center developed and mailed activity calendars describing 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 500 Vials of Life — small vinyl sleeves that can be magnetically affixed onto a refrigerator to provide emergency personnel with critical medical information for seniors and people with disabilities. Vials of Life were also distributed to cardiac, diabetic and stroke patients at the hospital during the COVID-19 pandemic.

The SGH Senior Resource Center provides the Sharp Grossmont Checks In program, 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, a phone call is placed to family members or friends to ensure their safety. New in FY 2021, the program was updated to include medication reminders. Throughout the year, staff placed more than 4,900 phone calls, as well as nine follow-up phone calls to family and friends of participants.

In FY 2021, the majority of planned SGH Senior Resource Center activities were canceled or postponed in response to COVID-19, resulting in a decrease in community member engagement compared to previous years. When possible, programs were held virtually to support continued learning during the pandemic.

In FY 2021, the SGH Senior Resource Center reached community members through free virtual health education programs. 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; understanding how Medicare works; Medicare insurance changes; 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 addition, the SGH Senior Resource Center was committed to providing community seniors with resources during the pandemic such as grocery and food deliveries; assistance with paying outstanding bills; Vials of Life; COVID-19 information; transportation; caregiver tools; information on independent, assisted living and memory care facilities; health insurance information and more. The SGH SRC also assisted with scheduling COVID-19 vaccination appointments for seniors.

In collaboration with Sharp HospiceCare, the SGH Senior Resource Center hosted Sharp's Virtual Aging Conference: Self-Care for the Mind, Body and Soul, and shared valuable aging resources with more than 80 community members. The conference focused on mental well-being with several expert presentations on Mental Wellness During Quarantine, Self-Chakra Connection and Managing Loneliness During COVID-19. In addition, the conference provided participants with opportunities to stretch with an exercise specialist.

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. Approximately 75 community members participated in the Grossmont Mall Walkers program each month in FY 2021. In addition, the SGH Senior Resource Center continued to connect Grossmont Mall Walkers to a virtual platform each week, enabling participants to continue to socialize and exercise 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. The SGH Senior Resource Center also hosted a summer picnic for the Grossmont Mall Walkers in June, where they spent time connecting, barbecuing, singing songs and playing trivia games.

In collaboration with Cajon Valley Union School District, SGH introduced junior and senior high school students 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, interactive presentation 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, aging and gerontology as a career path, and professional advice including how students can begin preparing for this career path. The SGH Senior Resource Center's Program Coordinator also provided students with the opportunity to ask any questions.

Due to COVID-19 public health and safety guidelines, the SGH Senior Resource Center paused its flu vaccination program in FY 2021 but offered other helpful resources through its activity calendars. This included information on COVID-19, meal services, Aging and Independence Services and other SDC programs, hotlines, transportation, grocery shopping and more. 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 and reminded about flu and COVID-19 vaccination events through outreach conducted with clinic sites, SharpCare Medical Group, sharp.com, activity calendars and paper and electronic newspaper notices. New in FY 2021, the SGH Senior Resource Center collaborated with Sharp Community Medical Group to provide an educational speaker series to four assisted living centers — Mount Miguel Covenant Village, La Vida Real, Lantern Crest and Westmont of La Mesa. Topics included heart health, skin health, sleep and more.

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, County of San Diego AIS Health Promotion Committee, East County Elder Abuse Council, St. Paul's PACE (Program of All-Inclusive Care for the Elderly), and Meals on Wheels San Diego County

East County Advisory Board. In response to COVID-19, all meetings occurred virtually in FY 2021.

At the end of FY 2020, 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 reached out to more than 400 seniors with community resources post-discharge — including transportation, placement services, caregiving and more — to reduce the chance for readmission to a hospital or ED. The SGH Senior Resource Center also performed a follow-up telephone call after 30 days to connect with seniors who were hospitalized and provide them with helpful resources.

FY 2022 Plan

SGH Senior Resource Center will do the following:⁸⁷

- 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
- Provide COVID-19 vaccine booster shots for residents at Mount Miguel Covenant Village
- Through the Sharp Grossmont Checks In program, provide telephone reassurance calls to isolated or homebound seniors and adults with disabilities in SDC's east region
- Partner with local mobile home parks to provide the Sharp Grossmont Checks In program to residents
- Participate in community health fairs and events designed for seniors
- Collaborate with an east region YMCA, County of San Diego AIS and ECAN to provide a healthy living conference for seniors
- In collaboration with Sharp HospiceCare, host a virtual aging conference for seniors
- Provide approximately 1,500 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 post-discharge resources and assistance to seniors in partnership with the SGH geriatric ED program

⁸⁷ Where applicable, the SGH Senior Resource Center will perform these activities as COVID-19 public health and safety guidelines allow.

- Provide updated resources for seniors, including (Physician Orders for Life-Sustaining Treatment (POLST) and other information

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 2020 were (in rank order): breast (15.0% of all cancer cases), lung (11.6%), prostate (8.0%), cancers of the hematopoietic and reticuloendo system⁸⁸ (7.3%) and colorectal (5.7%). In total, there were 1,200 new cases of cancer at SGH in 2020.

⁸⁸ 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.

- According to 2020 Sharp oncology data, 43.4% of the 143 SGH 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.
- Sharp 2020 oncology data identified the top 10 areas of concern for Sharp cancer patients to be health insurance or money worries; pain; feeling too tired; worrying about the future and what lies ahead; exercising and being physically active; worrying about family, children or friends; sleep; making a treatment decision; changes/disruptions in work; and feeling nervous.
- In 2019, cancer was the leading cause of death in SDC's east region.
- There were 890 deaths due to cancer (all types) in SDC's east region in 2019. The region's age-adjusted rate of death due to cancer was 150.2 deaths per 100,000 population, which is higher than the overall SDC age-adjusted rate of 135.2 per 100,000 population.⁸²
- In 2019, the east region's age-adjusted death rates were higher than the rates for SDC for the following cancers: bladder, brain, colorectal, female breast and reproductive, kidney, liver, lung and Non-Hodgkin's lymphoma.
- In 2019, 17.8% of all cancer deaths in SDC's east region were due to lung cancer, 8.8% to female breast cancer, 8.5% to colorectal cancer, 7.0% to pancreatic cancer, 6.5% to prostate cancer and 6.4% to female reproductive cancer.
- The American Cancer Society (ACS) estimates that, in 2021, there will be 187,140 new cancer cases diagnosed and 61,860 cancer deaths in California (ACS, 2021).
- According to findings from the ACS *Cancer Facts & Figures 2021* report, 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, 2021).
- 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, 2021).
- A recent study by the ACS found that at least 42% of newly diagnosed cancer cases in the U.S. — about 797,000 cases in 2021 — 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, 2021).
- 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, and offer hope for many people as well as 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 2021 Report of Activities

The Cancer Centers of Sharp HealthCare (Cancer Centers of Sharp) include the David and Donna Long Center for Cancer Treatment at SGH (David and Donna Long Cancer Center), Laurel Amtower Cancer Institute and Neuro-Oncology Center at SMH and Douglas & Nancy Barnhart Cancer Center at SCVMC. The Cancer Centers of Sharp are accredited by the American College of Surgeons Commission on Cancer as an Integrated Network Cancer Program (INCP), demonstrating Sharp's commitment to meeting rigorous standards and improving the quality of care for patients with cancer. In addition, the David and Donna Long Cancer Center received full accreditation by the National Accreditation Program for Breast Cancer in FY 2021 for providing the best possible care to patients with diseases of the breast. Also new in FY 2021, the Cancer Centers of Sharp received APEx (Accreditation Program for Excellence) accreditation by the American Society for Radiation Oncology, in recognition of Sharp's dedication to promoting effective communication and coordinated radiation oncology treatment, as well as engaging patients and their families as partners in care.

Although several in-person health fairs and events were postponed or canceled in FY 2021, the Cancer Centers of Sharp, including the David and Donna Long Cancer Center, continued to participate in virtual events and webinars. This included the virtual Sharp Women's Health Conference, which encouraged attendees to focus on themselves, learn tools to improve their health and well-being, stay connected and lift each other up. Nearly 830 community members were inspired by the conference's three keynote speakers, multiple breakout sessions and exhibitors. During the event in April, the Cancer Centers of Sharp offered an online evidence-based breast cancer health assessment; videos on five ways to reduce breast cancer, breast cancer risk factors, and the services available for breast cancer; as well as live chats with an oncologist and a registered dietitian (RD).

In FY 2021, the Cancer Centers of Sharp, including the David and Donna Long Cancer Center and Sharp outpatient oncology social workers, continued to provide a variety of free virtual classes and support groups for more than 2,800 community members impacted by cancer. All support groups are intended to create safe places to explore patient experiences as they live with cancer and move beyond treatment.

This included a 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 Man Cave support group for men with cancer 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 met 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 SGH to expand this group's reach to individuals living outside of SDC. 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 Cancer Centers of Sharp offered monthly support groups for the following community members: individuals living with a brain tumor or brain cancer; care partners of individuals living with a brain tumor or brain cancer; adults who have a loved one with any type of cancer; young patients living with cancer at any stage; patients and survivors of head and neck cancer; and women newly diagnosed with cancer. In addition, the Cancer Centers of Sharp offered a twice monthly (or biweekly) support group for individuals living with any type of advanced cancer. Over 1,600 attendees participated in one or more of these support groups throughout FY 2021.

In partnership with the Cancer Centers of Sharp, the David and Donna Long Cancer Center continued to host free educational classes 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. Over 15 classes were offered, reaching more than 190 individuals through virtual platforms. Additionally, the programs were recorded and shared with another 50 individuals who weren't able to attend the live webinar. Other educational classes offered by the Cancer Centers of Sharp included nutrition management and healthy eating before, during and after treatment; nutrition and healthy eating during and after breast cancer treatment; cancer and lymphedema — a condition where swelling occurs because of damage or blockage in the lymphatic system; and structured healing art activities to improve overall well-being. Since the classes were transformed to virtual and individuals were in the comfort of their own homes, attendance increased in FY 2021.

In 2020, Sharp's systemwide INCP, promoted convenient at-home colorectal cancer screening by mailing fecal immunochemical test kits to more than 26,000 SDC residents, including those served by SGH. Over 10,000 individuals completed and returned the tests, which detect the presence of hidden blood in the stool, a potential symptom of colon cancer. Participants with positive results received recommendations for follow-up, including colonoscopy. As a result of this screening initiative, 13 participants were diagnosed with colon cancer, a diagnosis that may have otherwise gone undetected until becoming more advanced.

Throughout the year, the David and Donna Long Cancer Center offered free virtual workshops for patients and community members. This included 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, developing their advance directive and information about Provider Orders for Life-Sustaining Treatment. In addition, the Cancer Centers of Sharp and the David and Donna Long Cancer Center offered four rotating monthly workshops for cancer patients and their loved ones. The Relaxation and Quieting the Mind workshop helped patients with cancer and their loved ones manage the stress, anxiety and difficult emotions that may accompany a cancer diagnosis. The Chemo Brain Workshop: Improving Memory and Concentration addressed memory problems related to chemotherapy and other cancer treatments. The Scanxiety: Managing the Fear of Cancer Recurrence workshop assisted patients in understanding and managing anxiety related to tests and scans. The Managing Sleep and Fatigue workshop for cancer patients assisted patients with cancer and their loved ones with fatigue and sleep issues both during and after treatment. The Cancer Centers of Sharp also offered a virtual Relaxation Skills workshop each week, where a clinician offered breathing and other relaxation exercises and well as guided meditations to reduce tension and stress in the body and mind. In addition, in September, the Cancer Centers of Sharp offered a virtual, three-part journaling workshop for community members. In FY 2021, these workshops and educational classes assisted more than 1,100 community members. In preparation for breast cancer awareness month (October), throughout September the David and Donna Long Cancer Center provided coffee cozies and information on the importance of breast cancer screening for anyone stopping by the SGH coffee cart.

In October, the Cancer Centers of Sharp offered a webinar titled Surviving Cancer: Thriving After a Diagnosis to more than 50 individuals with tips for regaining control and living life after cancer treatment ends. Topics included survivorship, cancer and stress, nutrition, lymphedema, the benefits of exercise and ACP. Education was provided by Sharp-affiliated physicians, a social worker, a dietitian, a lymphedema specialist, an exercise specialist and a licensed marriage and family therapist.

Throughout FY 2021, SGH helped raise community awareness of cancer through television interviews on CBS News 8 – San Diego, KUSI News and 10News – ABC San Diego KGTV. Hospital physicians from a variety of specialties, including oncology and

pulmonary disease, as well as an oncology social worker and breast cancer survivor, shared cancer information through these outlets. Topics included breast cancer risk factors and breast cancer at any age; increased awareness during Colorectal Cancer Month; the Monarch device, which helps doctors diagnose lung cancer earlier; virtual support groups to keep cancer patients connected during the pandemic; and an increase in colon cancer diagnoses among young people in 2020 and how to reduce risk. Numerous health-related articles were also shared through sharp.com, Sharp Health News (Sharp's online news center) and SGH's monthly e-newsletters. Further, in March, a video shared on sharp.com featured an SGH-affiliated gastroenterologist who discussed six ways to lower colon cancer risk. The video received over 600 views on YouTube.

SGH's Burr Heart & Lung Clinic provides early detection and treatment of pulmonary nodules, lung cancer and chronic obstructive pulmonary disease (COPD). Beginning in September, the clinic sponsored San Diego Community Connections with the American Lung Association (ALA) – San Diego. San Diego Community Connections, nicknamed "Dinner with the Docs," are a series of free virtual information sessions and address helpful and timely topics on various lung health issues. The sessions, hosted by a pulmonologist from UC San Diego Health and Tony Gwynn Jr. of the San Diego Padres, feature expert guest speakers from across SDC. At the first webinar in September, the hosts and experts presented on Defeating COVID-19 in the World's Busiest Border Region, with nearly 70 community members in attendance.

To help guide and support patients and their families before, during and after the course of cancer treatment, the David and Donna Long Cancer Center team offers 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 2021, the David and Donna Long Cancer Center also connected patient and family members 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, Jewish Family Service of San Diego's Breast Cancer Case Management program and food pantry, as well as other food and financial assistance programs. The LCSW served more than 470 patients and family members in FY 2021, as well as provided an additional 220 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 distress levels 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 assists patients with breast cancer and their families with navigating the health care

system. The breast health navigator offers support, guidance, education, as well as financial assistance referrals and recommendations for community resources. Through collaboration with community clinics — including Family Health Centers of San Diego (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 and national resources. In FY 2021, the breast health navigator provided navigation assistance to more than 250 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 2021, the cancer patient navigator assisted approximately 150 patients and their families.

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 2021.

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) studies. These studies explore the efficacy and safety of novel cancer therapeutic agents or technologies to benefit the most common cancer types. NCI studies focus on optimizing the standard of care. Sharp's COR collaborates with 22 physician-investigators throughout SDC's south, east and central regions. This brings innovative treatments close to research participants' homes and minimizes the travel time for their care and study participation.

In FY 2021, the COR pre-screened 254 patients for participation in oncology clinical trials. As a result, 62 patients consented 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 and prostate. Sharp is the only health care organization in SDC to be accredited by the Association for the Accreditation of Human Research Protection Programs, demonstrating Sharp's commitment to rigorous standards for ethics, quality and protection for research participants.

FY 2022 Plan

The David and Donna Long Cancer Center will do the following:⁸⁵

- 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, chemotherapy brain and more
- 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
- Screen and enroll patients with cancer in clinical trials
- Provide education on cancer and available treatments for health professionals
- Virtually 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
- Collaborate with the ACS and ALA
- Launch a private Facebook group – Sharp HealthCare Cancer Patient Community
- Offer classes to address cognitive impairments related to cancer and cancer treatments
- Offer two new support groups — one for cancer survivors and one for patients with colorectal or anal cancer
- Participate in and provide fundraising for events to support cancer research in San Diego

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 community members 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 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)⁸⁹ 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 2019, SDC's east region had 417 LBW births, which accounted for 6.9% of total births for the region. In the same year, there were 51 very low birth weight (VLBW)⁹⁰ births in the east region, or 0.9% of total births. In SDC overall in 2019, LBW births accounted for 6.8% of births while VLBW births accounted for 1.0% of all births.
- There were 543 preterm births in SDC's east region in 2019, representing 9.0% of all births in the region.
- In 2019, 5,090 live births received early prenatal care in SDC's east region, which translates to 84.5% of all live births in the region. This was lower than the percentage of live births receiving early prenatal care in SDC overall (88.2%), and the lowest among all SDC regions.

⁸⁹LBW refers to birth weight less than 2,500 grams (approximately 5 pounds (lbs.), 8 ounces).

⁹⁰ VLBW refers to birth weight less than 1,500 grams (approximately 3 lbs., 5 ounces).

- 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 (Live Well San Diego (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 2020 CHIS data, 30.4% of women ages 18 to 64 years in SDC's east region were obese (Body Mass Index (BMI) > 30), higher than SDC overall (23.9%).
- According to the CDC, being overweight increases the risk of pregnancy complications, including preeclampsia, gestational diabetes, stillbirth and cesarean delivery. Obesity during pregnancy is also 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, 2021).
- In 2020, 1 of every 10 infants born in the U.S. were preterm. While the preterm birth rate declined by 1% between 2019 and 2020, racial and ethnic differences in preterm birth rates remained. The rate of preterm birth among Black women (14.4%) in 2020 was about 50% higher than the rate among white or Hispanic women (9.1% and 9.8% respectively) (CDC, 2021).
- According to the California Task Force on Status of Maternal Mental Health Care, 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 2021 Report of Activities

In FY 2021, Sharp Grossmont Hospital for Women & Newborns (SGHWN) (formerly 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. SGHWN 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.

In FY 2021, SGHWN'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 ask questions and obtain support on their new journey. Facilitated by RN lactation consultants, the group served approximately 40 attendees in FY 2021, including fathers. SGHWN also provided breastfeeding support via telephone calls throughout the year. Beginning in January, a weekly postpartum, perinatal mood and anxiety disorder support group, led by social workers, supported more than 30 mothers per session as well as offered psychoeducation. Through the support group, mothers with babies up to 12 months of age who experienced symptoms of depression or anxiety shared their experiences, learned coping strategies and received professional referrals. Due to the COVID-19 pandemic, both support groups continued to be held virtually.

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 SGHWN in FY 2021 included classes on caesarean delivery preparation, labor comfort measures and relaxation skills, childbirth preparation, infant and child CPR (cardiopulmonary resuscitation),

preparation from the hospital to home with a baby and preparation for new siblings and grandparents. Due to COVID-19 health and safety guidelines, these classes were offered virtually. In addition, SGHWN offered women's health resources during the virtual Sharp Women's Health Conference in April. The conference encouraged attendees to focus on themselves, learn tools to improve their health and well-being, stay connected and lift each other up. Nearly 830 community members were inspired by the conference's three keynote speakers, multiple breakout sessions and exhibitors. Further, SGH, including SGHWN, hosted three virtual Planning for Pregnancy events that educated more than 120 attendees on preparing the body for pregnancy, having a baby later in life, reproductive planning, fertility schedules and challenges, and more.

In October, SGHWN hosted its eighth Annual Neonatal Intensive Care Unit (NICU) Reunion. At the superhero-themed drive-thru event, NICU caregivers celebrated with approximately 100 families whose babies were treated in intensive care. Many of these little ones were born premature or with other serious health concerns but went on to graduate from intensive care. Greeted with smiles and delicious treats, children showed off their costumes and received special attention from their favorite superheroes, including several "super" staff members who took care of them.

SGHWN 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. Examples of process improvements that have helped increase exclusive breastfeeding rates include delaying infant baths past eight hours of age and encouraging ongoing skin to skin contact. Following the implementation of the 10 Steps to Successful Breastfeeding initiative in 2012, SGHWN has pursued various quality strategies to promote exclusive breastfeeding and exclusive breastmilk in the NICU. In addition, educational resources provided at community clinics and in the hospital's childbirth education classes have been updated to reflect best practices in breastfeeding for mothers and their families. NICU nurses also continued to encourage mothers to use a pump log to document and increase accountability of their 24-hour breastmilk volumes. In addition, staff worked with mothers of NICU babies to incorporate early intervention strategies that promote the establishment of a sufficient breastmilk supply in the weeks following a premature birth. SGHWN 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, SGHWN increased the exclusive newborn breastfeeding rate at discharge (for all newborns) from 49% in 2011 to 58% in 2021.

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 engagement 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 2021, 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 960 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, psychosocial support and language translation services. Women with a current diabetes diagnosis were referred to the SGH Diabetes Education Program, while women with nutrition concerns were referred to an SGH RD 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.

SGHWN continued its partnership with Vista Hill ParentCare to assist women with substance use or psychosocial issues during pregnancy. The SGH Prenatal Clinic screened women for mood disorders, domestic violence, homelessness, trauma, legal problems, substance use, sexual abuse and challenges with acculturation 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. SGHWN also provided women with referrals to a variety of community resources, including, but not limited to 2-1-1, WIC, and the County of San Diego Public Health Nursing.

In FY 2021, SGHWN 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, 2-1-1, 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. Due to the COVID-19 pandemic, several organizations met virtually.

FY 2022 Plan

SGHWN will do the following:⁹¹

- 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 low-income, low-literacy women through the SGH Prenatal Clinic
- 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.

⁹¹ Where applicable, SGHWN will perform these activities as COVID-19 public health and safety guidelines allow.

- 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.⁸⁴
- In 2019, cancer and heart disease were the leading causes of death for SDC's east region.
- According to 2020 CHIS data, the self-reported obesity rate for adults age 18 and older in SDC's east region was 30.9%, higher than the self-reported obesity rate for SDC overall (24.3%).
- In California, the self-reported obesity rate in 2020 was 30.3%. 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), 2021).
- 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 (CDC, 2021).
- 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).
- In the 2020 CHIS, 21% of east region residents reported that they would not get COVID-19 vaccine if available, slightly higher than SDC overall (19.4%) (CHIS, 2020).
- The CDC reports that emerging evidence shows that people are better protected by being fully vaccinated compared with previously having a COVID-19 infection. One study showed that unvaccinated people who already had COVID-19 are more than twice as likely to become reinfected when compared to fully vaccinated people (CDC, 2021).
- According to the U.S. Department of Health & Human Services (HHS), a significantly greater percentage (2.7%) of patients with a COVID-19 diagnosis experienced the onset of a new behavioral health condition following their diagnosis compared to those who tested negative (1.0%). The most commonly reported behavioral health concerns were anxiety and major depression. The odds of developing a mental health condition after COVID-19 diagnosis were significantly higher among

individuals with health-related social needs associated with childhood upbringing, education, employment or housing (HHS, 2021).

- Between 2019 and 2020, the self-reported smoking or tobacco use rate in SDC's east region was 8.5%, higher than the rate for SDC overall (5.8%) (CHIS, 2020).
- According to the CDC, quitting smoking improves health status and enhances quality of life; reduces the risk of premature death; reduces the risk of many adverse health effects and chronic conditions; has specific benefits for people diagnosed with CHD or chronic obstructive pulmonary disease (COPD); benefits pregnant women and their fetuses and babies; and reduces financial burdens on people who smoke, health care systems, and society (CDC, 2020).

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 2021 Report of Activities

Throughout FY 2021, SGH offered virtual presentations 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 virtual community events and webinars in FY 2021. SGH hosted five orthopedic community webinars in FY 2021, which educated more than 300 community members about the prevention and treatment of shoulder, hip and knee pain conditions, as well as healthy bones and fall prevention. SGH participated in Sharp's Virtual Aging Conference: Self-Care for the Mind, Body and Soul in May, where health care experts shared valuable information on managing loneliness, mental wellness and self-chakra connection, as well as gentle stretching exercises from an SGH exercise specialist. The conference also included vital community resources from home care agencies, Alzheimer's San Diego, Aging & Independence Services, Meals on Wheels San Diego County, Southern Caregiver Resource Center and much more to support self-care. More than 80 community members attended the free Zoom event.

In April, SGH staff participated in the virtual Sharp Women's Health Conference. The conference encouraged attendees to focus on themselves, learn tools to improve their health and well-being, stay connected and lift each other up. Nearly 830 community members were inspired by the conference's three keynote speakers, multiple breakout sessions and exhibitors. Various hospital departments engaged attendees in educational videos, health risk assessments, and live chat sessions with clinical experts. Chat sessions covered a range of health topics, including cancer, cardiovascular health, diabetes, orthopedics and senior health, and also provided participants with community resources. Also at the conference, SGH's Sleep Center shared two videos about sleep apnea and tips for a better night sleep, a health risk assessment for sleep apnea, an interactive magazine and a live chat to discuss

services and programming. Further, SGH served as a blood donation site in support of Sharp's FY 2021 systemwide blood drive effort to collect life-saving blood for those with medical needs. SGH conducted six blood drives, where approximately 200 team members donated over 180 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. The SGH FRC's services were expanded in FY 2020 to include the new Discharge Center, a comforting and relaxing space for discharged patients to wait for their transportation home. More than 700 patients have spent over 310 hours in the Discharge Center. Further, the SGH FRC has responded to thousands of phone calls and walk-ins seeking information and support.

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, 10News – ABC 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*, *California Healthline*, CNN, *The Alpine Sun*, *The Star News*, *East County Community Times*, Axios, WebMD, *Times of San Diego* and *The East County Californian*. Team members across SGH shared information through these outlets, including but not limited to the hospital's CEO, nurses, affiliated physicians with various specialties, and administration staff. Topics included, but were not limited to: pandemic-related challenges and capacity issues in the ED, the impact of COVID-19 surges on intensive care unit (ICU) staff and other frontline workers, two new COVID-19 vaccination sites in San Diego, hospital preparation measures for a potential surge, SGH and GHD efforts to vaccinate health care workers, the expansion of COVID-19 vaccine eligibility to teens, SGH's senior-friendly ED and efforts to improve care for older adults, treating vulnerable ICU patients during the pandemic, the importance of wearing a mask and practicing social distancing during COVID-19 surges, sleep apnea in adults and children, and guidelines for aspirin and heart attack prevention during American Heart Month. Numerous health-related articles were also shared through Sharp Health News (Sharp's online news center) and SGH's monthly e-newsletters.

Throughout FY 2021, 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, ACS, AHA, ALA, 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, CHA Workforce Committee, CHA SDADVS, 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, Health Sciences High and Middle College (HSHMC) Board, HASD&IC, John A. Davis Family YMCA, La Mesa Parks & Recreation Foundation, Lantern Crest Senior Living Advisory Board, McGrath Family YMCA, National Association of Orthopedic Nurses, 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 Poway Chamber of Commerce Government Affairs Committee. Several organizations held meetings virtually due to the COVID-19 pandemic.

FY 2022 Plan

SGH will do the following:⁸⁵

- 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 2019, accidents (unintentional injuries) were the fifth leading cause of death for SDC's east region.
- Unintentional injuries are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region. Unintentional injuries include the following: motor vehicle accidents, falls, pedestrian-related, firearms, fire/burns,

drowning, explosions, poisoning (including drugs and alcohol, gas, cleaners and caustic substances), choking/suffocation, cutting/piercing, exposure to electrical current/radiation/fire/smoke, natural disasters and workplace injuries.

- In 2019, there were 235 deaths due to unintentional injury in SDC's east region. The region's age-adjusted death rate due to unintentional injury was 44.2 deaths per 100,000 population, the highest of all regions in SDC.⁹²
- In 2019, there were 4,926 hospitalizations related to unintentional injury in SDC's east region. The age-adjusted rate of hospitalizations was 895.4 per 100,000 population, which was the highest of all SDC regions and significantly higher than the county age-adjusted rate of 650.9 per 100,000 population.
- In 2019, there were 31,011 ED visits related to unintentional injury in SDC's east region. The age-adjusted rate for the east region was 6,286.3 per 100,000 population, which was the second highest of all regions and above the SDC age-adjusted rate of 5,122.0 ED visits per 100,000 population.
- According to a report from the County of San Diego Department of the Medical Examiner, in 2020, 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. The number of deaths attributed to accidental causes increased 15.6% from 2019 to 2020.
- CDPH and HCAI⁹² injury data indicates that, in 2020, unintentional injuries caused more than 1,500 deaths, nearly 130,000 million ED visits, and more than 27,500 hospitalizations in SDC (CDPH, 2020; SpeedTrack, Inc., 2020).
- In 2019, unintentional injury was the third leading cause of death across all age groups in the U.S., accounting for more than 173,000 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, 2021).
- According to data from National Center for Health Statistics, in 2019, nearly 143,000 deaths in the U.S. were attributed to three causes: poisoning (46.1%), motor vehicle traffic accidents (26.3%) and falls (27.6%).
- 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 (LWSD, 2020).
- According to the CDC, traumatic brain injury (TBI) is a major cause of death and disability in the U.S., contributing to about 30% of all injury deaths. Those who survive TBI can face effects lasting a few days to disabilities that last the rest of their lives. Preventing older adult falls, improving safe play in sports and increasing motor vehicle safety can reduce TBI. Public health approaches to injury prevention can reduce the rate of TBI and its long-term consequences (CDC, 2021).
- In addition, the CDC estimates that, in 2019, the economic cost of injury in the U.S. was \$4.2 trillion, including \$327 billion in medical care, \$69 billion in work loss and

⁹² HCAI was formerly known as the Office of Statewide Health Planning and Development.

\$3.8 trillion in value of statistical life and quality of life losses. Economic cost was highest among working-aged adults, highlighting that injuries during the most productive part of people's lives result in a high societal cost (CDC, 2021).

- Traumatic injury is the leading cause of death among children, with many survivors enduring the consequences of brain and spinal cord injuries (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 and SCI, injury prevention measures, and the use of safety habits at an early age (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 2021 Report of Activities

ThinkFirst San Diego (ThinkFirst) — a program led by Sharp Rehabilitation Services — 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 2021, Sharp's ThinkFirst program intended to offer numerous educational opportunities for students and residents. However, due to the continued impact of COVID-19 on school closures and other regulatory requirements, many activities were either cancelled or significantly limited. In total, ThinkFirst's injury prevention education reached nearly 90 community members in SDC's east region in FY 2021.

More than 70 of these community members were students in grades nine through 12 who are part of the HASPI program. HASPI is a network of educators, community organizations and health care industry representatives who collaborate to increase awareness of health and medical career opportunities, improve science proficiency in schools and prepare students for future health care careers. Through the partnership and financial support from HASPI, in FY 2021, Sharp's ThinkFirst program offered virtual education presentations to schools in the east region. The HASPI programs consisted of one- to two-hour virtual classes on various topics including the modes of injury (e.g., automobile collisions, violence and injuries tied to sports/recreation);

disability awareness; the anatomy and physiology of the brain and spinal cord; and career opportunities in physical rehabilitation. Classes were enhanced by powerful testimonies from Sharp's VIPs. Virtual presentations included lengthy question-and-answer segments to enhance the feeling of connectedness between the students and the VIP speakers. Students had the opportunity to ask questions by unmuting themselves or typing their questions into the chat box. Despite the virtual format, students showed greater engagement and participation compared to previous in-person presentations.

In May, ThinkFirst delivered a virtual presentation to 16 students at Avocado Elementary School focused on TBI, SCI, disability awareness and the permanence of particular injuries. In addition, students received education about safety in the school parking lot and on the playground. Two weeks following the virtual presentation, students participated in a unique learning experience at the front gates of their school with the ThinkFirst Health Educator. Due to COVID-19 school visitor restrictions, the Health Educator provided a simulation of the "danger zone" around a school bus in the parking lot while students stayed behind the school gates. Additionally, the Health Educator provided a recap of information presented during the virtual session and a question-and-answer session.

FY 2022 Plan

ThinkFirst will do the following:⁹³

- 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 need and provision of virtual injury prevention education
- With grant funding, increase community awareness of ThinkFirst through attendance and participation in community health fairs and events
- Expand beyond the scope of HASPI with the San Diego County Office of Education's (SDCOE) College and Career Readiness Department to provide education within the east region communities
- Grow partnership with the SDCOE's College and Career Readiness Department through participation in conferences, round table events and collaborative projects
- 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

⁹³Where applicable, ThinkFirst will perform these activities as COVID-19 public health and safety guidelines allow.

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 one of 10 priority health conditions and SDOH affecting members of the communities served by SGH.
- According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 31% of respondents ranked education, including access, health literacy, workforce development and economic mobility, among the top five SDOH with the greatest impact on their community.
- According to participants in a focus group conducted during the HASD&IC 2019 CHNA, 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 2021, there were 186,000 people employed in the health care sector in SDC, accounting for 13% of all jobs countywide (SDWP, 2021).
- SDWP also cites research by the University of Washington Center for Women's Welfare that estimates the basic needs of a single adult resident of SDC to cost \$3,058.72 per month, requiring full-time employment at \$17.65 an hour. Of the 20 most common occupations in SDC's health care sector, there are 11 with training requirements less than or equal to an associate degree that can provide new graduates with a living wage (SDWP, 2021).
- 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 – 2020-2030* report, employment in health care and social assistance is projected to add about 3.3 million jobs from 2020 to 2030 — the highest growth among all industry sectors. Seven of the 30 occupations expected to grow fastest in that time period are associated with health care. Factors that are expected to contribute to this growth include rising demand for the care of an aging baby-boom population, longer life expectancies and continued growth in the number of patients with chronic conditions (BLS, 2021).
- According to a report from the California Health Care Foundation (CHCF) titled *California Physicians: A Portrait of Practice*, the number of physicians, physician assistants and three types of advanced practice nurses in California grew between

2016 and 2020, while the supply of clinical nurse specialists decreased. The increased supply of licensed physicians does not accurately reflect the availability of care, however — less than half of California’s physicians provided care 40 or more hours per week (CHCF, 2021).

- According to a report titled *Health Workforce Strategies for California*, studies conducted over the past four decades demonstrate that multi-component pipeline programs for high school, college and post-baccalaureate students underrepresented in the health professions positively impact a variety of outcomes with the potential to improve the diversity of the health care workforce (CHCF, 2021).
- Although California has enacted various policies to increase both the size and the diversity of the health workforce, current public and private sector efforts have not been sufficient to alleviate existing shortages (CHCF, 2021).
- 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).
- According to CFHWC key informant interviews with private sector health care leaders, some of California’s workforce needs include increasing workforce diversity; educating young Californians that careers in the health sector are appealing regardless of background, socioeconomic status, race/ethnicity and gender; and partnering with schools and companies to remove barriers to continuing education and develop pipelines for jobs (CFHWC, 2020).
- A CHCF survey of frontline health care workers during COVID-19 reflects the sustained mental and emotional toll of providing patient care during the pandemic. Six in 10 providers continue to feel overworked and burned out, while nearly half are frustrated by their job. Nearly 3 out of 4 nurses (72%) say they feel burned out from their work — higher than the 61% reported among nurse practitioners and physician assistants, 57% among doctors, and 56% among behavioral health specialists (CHCF, 2021).
- A study published in *EClinicalMedicine* that included nearly 21,000 clinical and non-clinical health care workers from 42 organizations found that, in 2020, 61% of workers reported fear of workplace COVID-19 exposure or transmission, 38% reported anxiety/depression, 43% suffered work overload and 49% had burnout (Prasad et al., 2021).

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 2021 Report of Activities

In FY 2021, 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 2021, 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 920 students from colleges and universities throughout SDC with various placement and professional development opportunities.

More than 680 nursing students spent over 3,700 hours at SGH, including time spent both in clinical rotations and individual preceptor training, while nearly 240 ancillary (non-nursing) students spent more than 65,300 hours on the SGH campus. In addition, seven midlevel practitioners spent over 780 hours on the SGH campus. Academic partners included Azusa Pacific University (APU), California State University San Marcos, Grossmont College, Palomar College, Pima Medical Institute, PLNU, San Diego Mesa College, SDSU, Southwestern College, UC San Diego, University of San Diego, University of Southern California, University of St. Augustine and West Coast University – Los Angeles. In addition, the SGH Cancer Center provided internships to two SDSU medical physics residents. SGH's cardiac team spent more than 1,000 hours mentoring over 50 students from APU, SDSU, UC San Diego, Grossmont College and PLNU, including students interested in a career as a nurse, emergency medical technician or cardiovascular technologist.

SGH's Pharmacy Department provided more than 11,000 hours of supervision, training, lectures and support to pharmacy students in FY 2021. The hospital invited 46 advanced pharmacy practice students to participate in rotations and provided over 4,000 hours of training to two post-graduate year one Doctor of Pharmacy (Pharm.D.) residents.

SGH pharmacists, pharmacy technicians, residents and pharmacy students also had the unique opportunity to serve the community during the COVID-19 pandemic. Throughout 2021, the SGH pharmacy team administered COVID-19 vaccines at community sites around the county, including St. Michael's Chaldean Catholic Church, Sharp — South Bay Vaccination Super Station, Sharp — Grossmont Center Vaccination Super Station and various pop-up vaccine clinics. The pharmacists at these clinics served as the drug information experts and answered vaccine and medication-related questions from community members. Pharmacy residents also supported pharmacy staffing needs for patient surges in the ICU and other inpatient floors.

Throughout FY 2021, SGH's Pharmacy Department continued to provide education to the community and staff, despite COVID-19 challenges. Pharmacy residents and students provided virtual education sessions to multiple skilled nursing facilities and assisted living homes, including Westmont at San Miguel Ranch, Lantern Crest Senior Living and Covenant Living at Mount Miguel, as well as physical rehabilitation patients. Presentation topics included medication safety and management, staying up to date on vaccines, questions to ask a pharmacist or physician, medication affordability,

medication storage and disposal and COVID-19 information, as well as a question-and-answer session.

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 continued to be paused in FY 2021 due to the COVID-19 pandemic, the program was transformed into a virtual learning experience — the Health Exploration Virtual Internship. Three internship programs were held in FY 2021 and ran for a total of eight weeks. Each week, SGH health care professionals met with approximately 40 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, infectious disease and prevention, laboratory, pharmacy, SGH's Comprehensive Stroke Center, SGHWN, speech therapy and the SGH Senior Resource Center. 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 continued to introduce 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 Zoom to support distance-learning needs. Five 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 daily hospital operations; favorite and most challenging parts of different jobs; required education and training; career advice, including how students can immediately begin preparation for select hospital jobs, and more. In addition, the presenters answered questions to help students discover career paths that align with their interests and strengths. In addition, SGH planned to continue its participation in the HSHMC program in FY 2021, but due to the COVID-19 pandemic, student opportunities remained paused.

FY 2022 Plan

SGH will do the following:⁸⁵

- 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 SDSU medical physics residents
- 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, 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 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 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 2021, a total of 1,193 inpatients at SGH experienced homelessness — a 9.8% increase compared to FY 2020.
- In addition, a total of 164 SGH inpatients had an ICD-10 diagnosis for problems related to living alone in FY 2021.
- In 2020, 13.7% of east region adults, teens and children reported having no usual source of health care. In addition, 17.7% of east region residents reported that they had not visited a doctor at all in the previous year (CHIS, 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 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 SANDAG's 2021 COVID-19 Impacts report, the top three ways Californians reported spending their stimulus checks included food (22%), utilities (16%) and rent (14%) (SANDAG, 2021).
- According to estimates from the San Diego Hunger Coalition, there has been a marked increase in food insecurity since the COVID-19 pandemic began. As of March 2021, approximately 1 in 3 San Diegans experienced food insecurity, nearly three-quarters of whom were already struggling to meet their needs prior to the COVID-19 pandemic (San Diego Hunger Coalition, 2021).
- As of October 2021, the average unemployment rate in the east region cities of El Cajon, La Mesa, Lakeside, Lemon Grove, Santee and Spring Valley was 6.6%. This is higher than the rate for SDC overall (5.3%) and the state average (6.1%) (Labor Market Information, California EDD, 2021).
- According to the San Diego Regional Task Force on Homelessness' (RTFH) 2021 *Homelessness Crisis System Response* report, a total of 38,023 people in SDC received some form of housing or services related to homelessness in 2020, in contrast to the 7,658 people living on the streets or in shelters that were counted during RTFH's January 2020 Point-in-Time count (RTFH, 2021).
- In addition, the east region had the second largest proportion of individuals experiencing homelessness in SDC, with 1,090 individuals (14.3%) counted in the January 2020 Point-in-Time count, behind the City of San Diego 4,870 (63.7%) (RTFH, 2021).
- According to findings from the CHCF's 2021 California Health Policy Survey, half of Californians (51%) reported taking at least one action to delay, skip or cut back on care in the past 12 months because of concerns related to cost. Of those who delayed care due to cost, 41% reported that their health condition worsened (CHCF, 2021).
- According to the same survey, more than 1 in 4 lower-income Californians (27%) reported that it was "somewhat" or "very" difficult to find a provider who took their insurance, compared to 10% of Californians with higher incomes (CHCF, 2021).

- In addition, among Californians with lower incomes, 4 in 10 reported being very worried about affording unexpected medical bills (43%), out-of-pocket costs (39%) and rent or mortgage (39%) (CHCF 2021).

Objectives

- Connect vulnerable un- and under-insured patients to community resources and organizations that provide sliding scale⁹⁴ post-acute medical appointments and reduced cost medications
- Provide transportation and medication assistance for individuals with financial barriers
- Partner with the County of San Diego, Sharp, GHD and other organizations to provide community-based COVID-19 vaccination clinics
- Collaborate with community organizations to provide services to people experiencing chronic homelessness
- Provide clothing and shoes to patients in need upon discharge from the hospital
- Through the CTI program, provide vulnerable, un- and under-funded patients with health coaching, support and resources to address health equity barriers and ensure a safe transition from hospital to home and continued health and safety

FY 2021 Report of Activities

SGH provides supportive programs that address a variety of SDOH — the conditions under which people live, learn, work and play — impacting seniors and community members with health equity barriers, including access to health care, healthy food, transportation and other needs.

In FY 2021, 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 independent living facilities and 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.

SGH Volunteer Services provides weather-appropriate clothing and shoes to patients in need, including those experiencing homelessness, patients transferring to skilled nursing facilities (SNF) or patients who lack nearby friends or family 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 October, SGH hosted a community drive-thru clothing drive that collected thousands of clothing items for the hospital's patients in need. In FY 2021, more than 6,800 articles of clothing and shoes were provided to units throughout the hospital, including the ED and Behavioral Health

⁹⁴ An income-based fee structure where individuals with fewer financial resources pay a lower fee.

Services Department. In addition, SGH provides medically necessary DME to vulnerable, un- or under-insured patients upon discharge. In FY 2021, this included standard wheelchairs, front wheel walkers, canes and cardiac life vests.

To assist individuals who lack financial resources, SGH provided more than \$204,800 in free medication, transportation, lodging and financial assistance through its Project HELP funds. These funds assisted more than 11,000 individuals in FY 2021. 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.

Committed to assisting the community during the COVID-19 pandemic, SGH and Sharp partnered with County of San Diego Public Health Services (PHS) to launch a COVID-19 Community Vaccination Program. Spearheaded by SGH, vaccination clinics were held throughout San Diego County, often in partnership with community-based organizations, and included the operation of five vaccination supersites, a homebound senior program and a mobile vaccination program. From January to February, SGH collaborated with the GHD to operate a community-based COVID-19 vaccination clinic at the GHD in East County. To broaden SGH's reach in the community, in February, the Sharp — Grossmont Center Vaccination Super Station opened and provided community vaccinations through mid-June. In FY 2021, SGH dedicated thousands of hours to providing more than 200,000 COVID-19 vaccines to members of the community. Approximately 70 staff and nonclinical volunteers served at the clinic, as well as nearly 40 vaccinators, including SGH's chief executive officer. Beginning in mid-June, SGH continued to provide community COVID-19 vaccinations at the SGH Care Clinic.

In May 2021, SGH launched the Grossmont Homebound Vaccine program to help ensure health equity for patients with mobility challenges. Homebound patients were identified by Sharp health care professionals, as well as through a list generated County of San Diego PHS. Sharp contacted the patient or caregiver and scheduled a home visit appointment with a Sharp RN or licensed vocational nurse, who traveled to the patient's home to administer the vaccines. Once vaccinated, patients were monitored for up to 30 minutes in case of adverse reactions. In FY 2021, approximately 825 vaccines were administered through the homebound vaccination program.

SGH also assisted SCVMC and other organizations in administering COVID-19 vaccines to the South Bay community. In collaboration with the City of Chula Vista, Chula Vista Police and Fire departments, San Diego Community Emergency Response Team, San Diego County Promotores Coalition, a County Supervisor, Project SAVE, Grossmont College, Glendale Career College, SDSU, Boy Scouts of America, and other local partners and public figures, the two hospitals launched the Sharp — South Bay Vaccination Superstation, the second vaccination superstation in SDC. Supported by volunteer physicians, nurses, health care staff and community members in FY 2021, the superstation provided more than 194,400 vaccine doses and included lively music, a

pep squad of volunteers cheering for community members and inspiring video stories in the post-vaccination waiting area.

SGH spearheaded vaccination clinics at several locations around San Diego. This included multiple vaccination clinics at St. Michael's Chaldean Catholic Parish in El Cajon, Bethel AME Church, San Diego Unified School District, Poway Unified School District and multiple cruise lines, as well as four events with National Night Out — a national community-building campaign that promotes police-community partnerships. In addition, Sharp hosted private clinics for the San Diego Zoo and Safari Park, Dexcom, Kyocera, Marine Group Boat Works, LLC, Anheuser-Busch and the Salvation Army. In partnership with the City of San Diego and SeaWorld San Diego, Sharp also hosted a pop-up, one-day vaccination site in September at the Education and Adventure Camp of the theme park. Sharp staff and volunteers played an integral role in both administering vaccines as well as providing information and answering questions.

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, COPD 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 Feeding San Diego (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 have been identified as food insecure and provided a direct referral to 2-1-1. 2-1-1 then reaches out 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 — federally known as the Supplemental Nutrition Assistance Program — enrollment. In addition, the CTI program works 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 880 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 face challenges with adhering to their care plan due to the cost of diabetes medication and equipment. To address this barrier, SGH's 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 who experience homelessness.

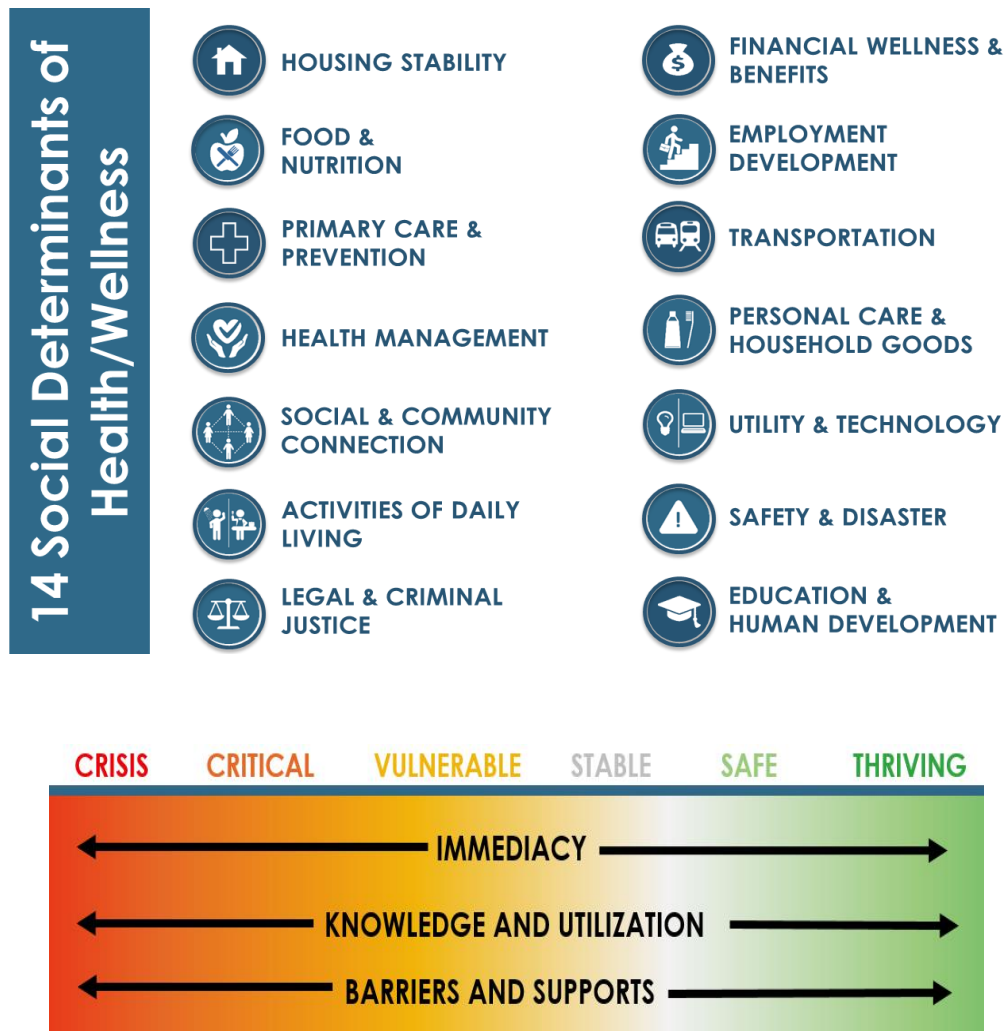
Year after year, the CTI program has demonstrated powerful metrics of improved patient health and well-being, as well as reduced negative health care utilization. To date, the CTI team has successfully enrolled nearly 3,500 individuals in the program. Among its most impressive metrics, the CTI program has dramatically reduced readmission rates for participants. Since the inception of the program, the overall readmission rate for CTI patients is 9.3%. In FY 2021, the average readmission rate for CTI patients was 4.0%. These figures are a dramatic decrease from the average readmission rate of 25-30% 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 health equity barriers 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 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 use 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. CTI health coaches determine the need for referral to the 2-1-1 Health Navigation program during their assessment and discussion with CTI patients. 2-1-1 Health Navigators conduct assessments at both intake and completion of care coordination for CTI patients who are referred to the program. The program then applies a risk rating scale to measure changes in SDOH hardships, hospital readmission risk, as well as patient satisfaction and self-efficacy to 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 them with the appropriate community resources.

Figure 21: 2-1-1 SDOH Domains and Risk Rating Scale⁹⁵



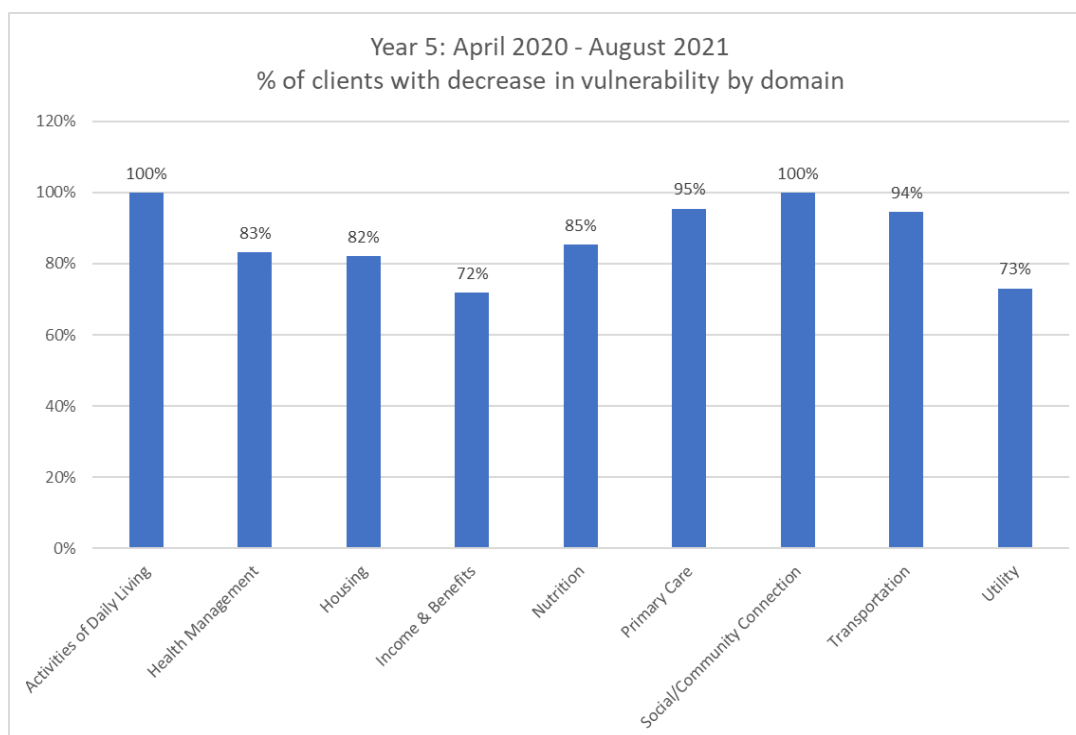
CTI patients who are referred to 2-1-1 are assessed on a variety of measures, such as housing, nutrition, primary care, health management, social support, activities of daily living, ambulance use, transportation, income and employment. The risk assessment tool has identified the top needs as housing, 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 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

⁹⁵ 2-1-1, 2017.

greater health equity barriers in comparison to other CTI patients. In addition, 97% of CTI patients who completed the 2-1-1 Health Navigation program reduced their vulnerability in at least one SDOH category (e.g., housing, nutrition, etc.). See **Figure 22** for a description of this impact.

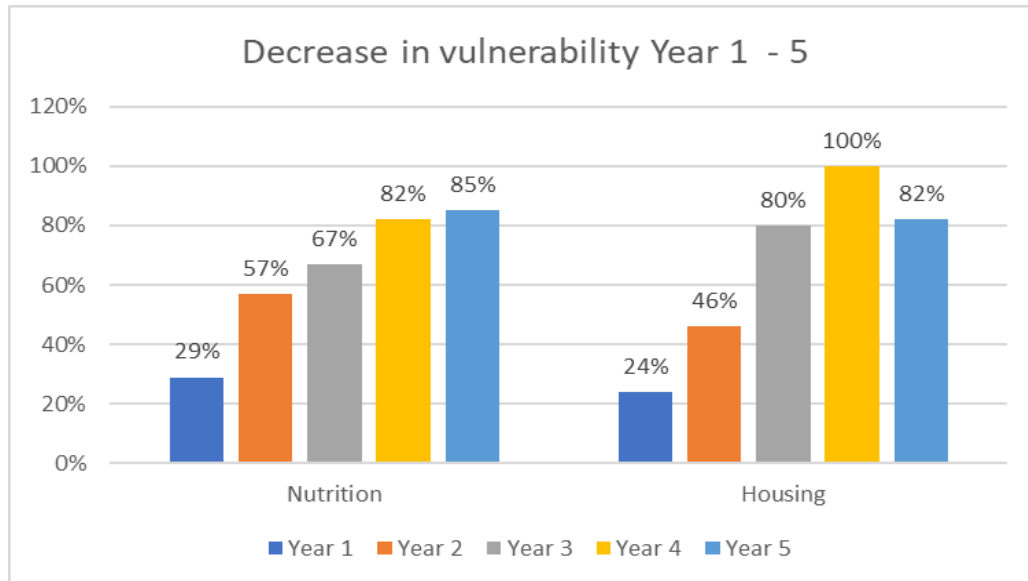
Figure 22: 2-1-1 Health Navigation Program, Percent of Clients Decreasing in Vulnerability by Domain — Year 5⁹⁶



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**.

⁹⁶ 2-1-1, 2021.

Figure 23: 2-1-1 Health Navigation Program, Decrease in Vulnerability Between Year 1 and Year 5⁹⁶



In addition, survey outcomes from the partnership revealed that all CTI patients referred to the 2-1-1 Health Navigation program found the resources provided by the partnership helpful. Further, 100% of these CTI patients expressed confidence in their plan to manage their health following completion of the program. These outcomes support the 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, SGH joined Sharp’s systemwide pilot partnership with 2-1-1’s CIE to better understand and address the health equity barriers that influence the health and well-being of their patients. SGH joined the CIE pilot partnership to provide more informed, holistic care to patients facing health equity challenges 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 history of community services utilization and to make direct referrals to critical, community-based resources. SGH case managers and social workers were trained on CIE to better serve patients in the acute care setting, including patients who experience homelessness, food insecurity and other hardships.

Although delays and obstacles to CIE implementation and adoption persisted due to the COVID-19 pandemic during Year 2 of the CIE pilot, utilization metrics improved significantly over Year 1. Community members across SDC were assisted through the CIE including East County residents in El Cajon, Lakeside and La Mesa. The top

community referrals provided to patients through the CIE included utilities, food, housing and economic support. In addition, at the start of Year 3 (July 2021) of the partnership, Sharp leadership approved the integration of select CIE data with Sharp's electronic health record system to further increase and support CIE utilization and strengthen community resource connection. Data integration with the CIE will further support and improve Sharp's efforts to identify and address health equity barriers experienced by its patients and communities.

Sharp teams continue to work closely with 2-1-1 on the implementation and data integration plans for CIE, which includes evaluation of ongoing metrics, such as system utilization of CIE, referral tracking, case management efficiency, successful connection to community referrals and more. Data will be used to re-evaluate the value and sustainability of CIE for Sharp upon completion of the pilot's third year.

FY 2022 Plan

SGH will do the following:

- Assist vulnerable patients in obtaining post-acute care
- 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 refer medical care, financial assistance, and psychiatric and social services for 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
- Provide COVID-19 vaccinations and boosters to community members
- 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 external funding to support the partnership between the CTI program and 2-1-1 Health Navigation
- 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 who experience homelessness and other health equity barriers to critical community services

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
- Burr Heart and Lung Clinic, including advanced pulmonary services, robotic bronchoscopy and lung cancer screening
- 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
- FollowMyHealth®, a secure on-line patient website that gives patients convenient, 24-hour access to their personal health information
- Gastroenterology and Advanced Endoscopy
- Grossmont Medical Plaza Outpatient Surgery Center
- Group and art therapies
- Heart and vascular care — recognized by the AHA
- Home health⁹⁷
- Home infusion services
- Hospice,⁹⁸ including BonitaView, LakeView and ParkView hospice homes
- ICU
- Interventional neuroradiology services
- Level III NICU
- Limb preservation program
- 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 services⁹⁹
- Pharmacy services
- Pre-anesthesia evaluation services

⁹⁷ Provided through SMH Home Health Agency.

⁹⁸ Provided through Sharp HospiceCare.

⁹⁹ Inpatient services are provided through an affiliation with Rady Children's Hospital.

- Radiology and diagnostic imaging, including computed tomography (CT) scan, positron emission tomography (PET) scan, digital mammography and dual-energy x-ray absorptiometry (DEXA) bone density scan
- Rehabilitation services (inpatient and outpatient)
- Senior Resource Center
- Sleep Disorders Center
- SNF/Transitional Care Unit
- Spiritual care services
- Surgical ICU
- Surgical services, including robotic-assisted surgery
- Therapy Pet program
- Thoracic (lung) surgery
- Van transportation services
- Women and Newborn's Hospital offering a full range of pregnancy, delivery, gynecologic and women's reproductive services, including midwife deliveries
- Wound Healing Center, including hyperbaric medicine



Self-Care for Seniors and Caregivers

Sharp HospiceCare

Sharp HospiceCare is dedicated to supporting local seniors and their caregivers, especially in uncertain times. For several years, Sharp HospiceCare and the Sharp Senior Resource Centers have partnered to host a free Sharp HealthCare Aging Conference. Held virtually in fiscal year 2021, this year's conference emphasized the importance of self-care for the mind, body and soul amid the ongoing COVID-19 pandemic. Expert speakers shared valuable education to help manage loneliness and mental wellness during social isolation, as well as engaged participants in stretching activities. Attendees also received supportive health resources from community exhibitors. Through the annual Sharp HealthCare Aging Conference, Sharp HospiceCare continues to meet the emerging needs of San Diego's older adults and those who care for them.

Section

7 Sharp HospiceCare

During the last year the community and health care providers learned to lean on each other in a significant and meaningful way. Built on mutual trust, we have been able to provide safe, effective and compassionate care when needed most.

— Suzi Johnson, Vice President of Hospice, Sharp HospiceCare

Fiscal Year (FY) 2021 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 2021 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. In addition, Sharp HospiceCare staff volunteered at Sharp's COVID-19 (coronavirus disease 2019) community vaccination clinics, as well as 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), 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) 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 2021. 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 students.

Definition of Community

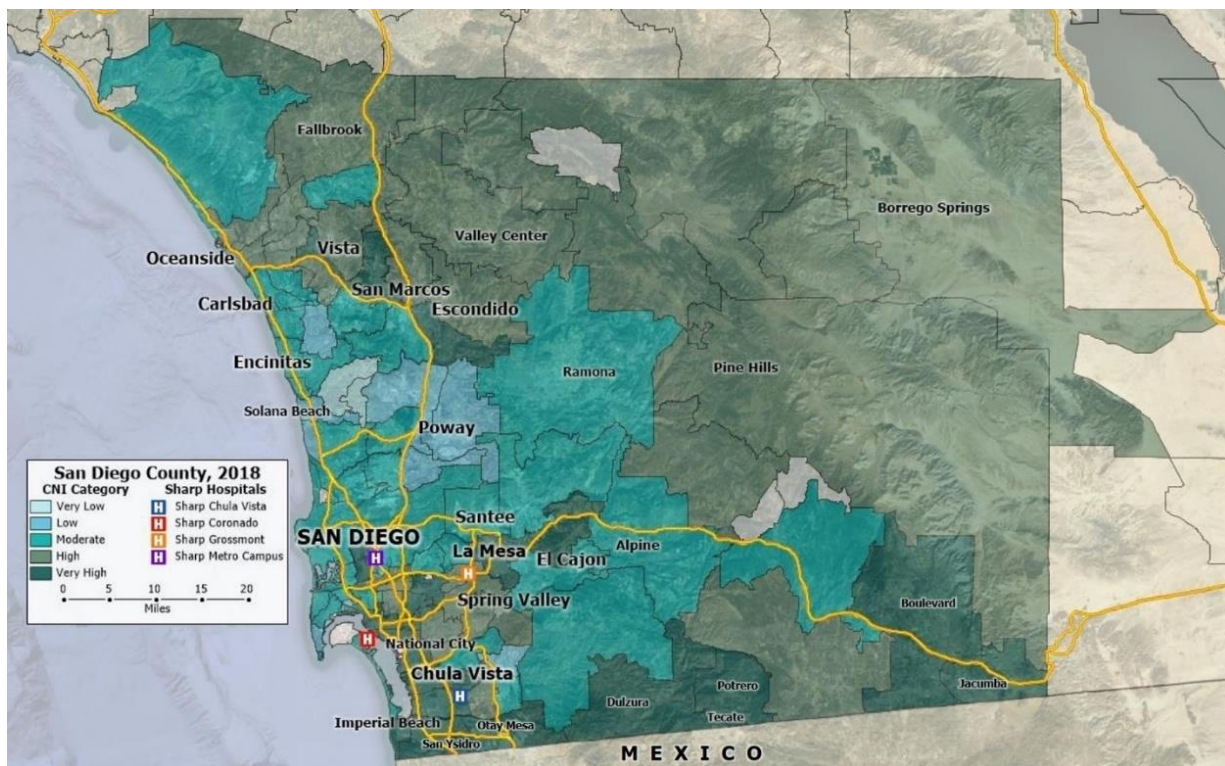
Sharp HospiceCare is located at 8881 Fletcher Parkway in La Mesa, ZIP code 91942.

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/IBM Watson 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 — SDC¹⁰⁰



¹⁰⁰ IBM Watson Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018.

Description of Community Health

In 2021, there were 508,808 residents age 65 and older in SDC, representing 15.3% of the population. Between 2021 and 2026, it is anticipated that SDC's senior population will grow by 15.3%.¹⁰¹

In 2019, 11.6% of the SDC population reported living below 100% of the federal poverty level (FPL). The county's unemployment rate was 5.7% and 5.0% of households received Supplemental Security Income.¹⁰²

According to estimates from the San Diego Hunger Coalition, as of March 2021, 31% of San Diegans experienced food insecurity¹⁰³ and 39% of children lived in food insecure households. This is a substantial increase compared to pre-COVID-19 pandemic estimates — in August 2019, approximately 25% of SDC residents were food insecure. The increase in individuals experiencing food insecurity from 2019 to 2021 highlights the negative impact of the COVID-19 pandemic and ensuing economic crisis on the San Diego community.¹⁰⁴

In 2019, 7.1% of households in SDC received Supplemental Nutrition Assistance Program (SNAP) benefits, while 17.8% of the population lived at or below 138% FPL and were eligible for the program.¹⁰² Please refer to **Table 31** for SNAP participation and eligibility in SDC.

Table 31: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2019¹⁰²

Food Stamps/SNAP Benefits	Percent of Population
Households	7.1%
Families with Children	13.1%
Eligibility by FPL	
Population ≤130% FPL	16.5%
Population ≤138% FPL	17.8%
Population 139% – 350% FPL	31.2%

In SDC in 2019, 96.2% of children age 18 and under, 87.6% of young adults ages 19 to 25, 87.5% of adults ages 26 to 44, 91.7% of adults ages 45 to 64 and 98.8% of seniors age 65 and older had health insurance.¹⁰² 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

¹⁰¹ SpeedTrack Inc.; U.S. Census Bureau.

¹⁰² County of San Diego Health and Human Services Agency, Public Health Services (PHS), Community Health Statistics Unit, October 2021. U.S. Census Bureau, 2015-2019 American Community Survey 5-year estimates.

¹⁰³ 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/>.

¹⁰⁴ San Diego Hunger Coalition (2019-2021), San Diego County Food Insecurity Estimates.

children ages 0 to 18 years.¹⁰⁵ See **Table 32** for health insurance coverage in SDC in 2019.

Table 32: Health Insurance Coverage in SDC, 2019¹⁰²

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	96.2%	92.1%
Young adults 19 to 25 years	87.6%	92.1%
Adults 26 to 44 years	87.5%	92.1%
Adults 45 to 64 years	91.7%	92.1%
Seniors 65+ years	98.8%	N/A ¹⁰⁶

According to the California Health Interview Survey (CHIS), in 2020, 17.4% of SDC's population was covered by Medi-Cal.¹⁰⁷ See **Table 33** for details.

Table 33: Medi-Cal (Medicaid) Coverage in SDC, 2020¹⁰⁷

Description	Rate
Covered by Medi-Cal	17.4%
Not covered by Medi-Cal	82.6%

CHIS data also revealed that 12.9% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 34**).¹⁰⁷

Table 34: Regular Source of Medical Care in SDC, 2020¹⁰⁷

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	87.1%	84.0%
Has no usual source of care	12.9%	16.0%

Cancer and diseases of the heart were the top two leading causes of death in SDC in 2019.¹⁰⁸ 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

¹⁰⁵ 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.

¹⁰⁶ HP2030 does not include targets for individuals age 65 and older.

¹⁰⁷ 2020 CHIS.

¹⁰⁸ County of San Diego Health and Human Services Agency, Public Health Services (PHS), Community Health Statistics Unit (2021), *Leading Causes of Death Workbook 2011-2019*.

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, 2019¹⁰⁸

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	5,018	22.9%
Diseases of the Heart	4,689	21.4%
Cerebrovascular Diseases	1,620	7.4%
Alzheimer's Disease	1,546	7.0%
Accidents/Unintentional Injuries	1,273	5.8%
Chronic Lower Respiratory Diseases	1,007	4.6%
Diabetes Mellitus	760	3.5%
Essential Hypertension and Hypertensive Renal Disease	437	2.0%
Intentional Self-Harm (Suicide)	417	1.9%
Parkinson's Disease	381	1.7%
All Other Causes	4,792	21.8%
Total Deaths	21,940	100.0%

Community Benefit Planning Process

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

- Consults with representatives from a variety of internal departments and other community organizations to discuss, plan and implement community activities
- 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 its 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 2021 Report of Activities conducted in support of the objective(s) and FY 2022 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 age 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 age 65 and older ranked aging concerns among the top five conditions with the greatest impact on overall community health in SDC.
- In 2019, the top 10 leading causes of death among adults age 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/unintentional injuries, essential hypertension and hypertensive renal disease, Parkinson's disease, and influenza or pneumonia.
- In 2019, hospitalization rates among seniors in SDC were higher than the general population due to coronary heart disease, stroke, chronic obstructive pulmonary disease, nonfatal unintentional injuries (including falls), diabetes and cancer.
- In a 2019 survey on long-term and end-of-life care in California, 65% of respondents reported that their loved ones would have preferred to die at home, while only 39% were able to do so (CHCF, 2020).
- Approximately 1.61 million Medicare beneficiaries who died were enrolled in hospice care for one day or more in 2019, a 3.9% increase from 2018 (National Hospice and Palliative Care Organization (NHPCO), 2021).
- NAC and AARP'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 and AARP, 2020).
- While many caregivers rely on health care professionals (such as doctors, nurses or social workers) as a source of information about providing care (55%), very few

report having conversations about what they need to care for their recipient (29%) or to support their own well-being (13%) (NAC and AARP, 2020).

- In 2020, caregivers reported that their care recipient had an average of 1.7 comorbid conditions, an increase from 1.5 conditions in 2015. This increase suggests that not only are more American adults taking on the role of unpaid caregiver, but they are doing so for adult recipients who may have increasingly complex medical or support needs (NAC and AARP, 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).
- A study on the end-of-life priorities of terminally ill older adults and their caregivers identified seven major themes: quality of life, 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), *America's Care of Serious Illness*, unmet needs and unresolved symptoms often cause 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. Standardizing 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).

- 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 2021 Report of Activities

Sharp HospiceCare supports the San Diego community in the areas of end-of-life care and AIM through the provision of education and resources on topics including but not limited to hospice, palliative care and caregiving. Outreach is traditionally provided in-person to community groups and at community health fairs and events. However, in response to the ongoing COVID-19 (coronavirus disease 2019) pandemic, Sharp HospiceCare conducted its community outreach virtually in FY 2021, reaching more than 1,700 members of the community.

Approximately 900 community members were reached during health fairs and events throughout SDC. In April, Sharp HospiceCare's Transitions Advance Illness Management Program participated in the Virtual Sharp Women's Health Conference. Team members shared educational videos on self-chakra healing and provided the opportunity to chat with experts about Sharp HospiceCare's programs and services. In May, Sharp HospiceCare partnered with the Sharp Grossmont Hospital Senior Resource Center to provide the Sharp HealthCare Virtual Aging Conference. More than 80 community members participated in the free Zoom event, which focused on self-care during and after the COVID-19 pandemic. Presentations included Mental Wellness During Quarantine, Managing Loneliness During COVID-19 and Self-Chakra Connection. Attendees also engaged in stretching sessions and opportunity drawings, as well as connected with 20 participating community exhibitors.

Sharp HospiceCare also engaged approximately 70 community members in education on understanding hospice and palliative care. In November, this included a virtual presentation to 20 members of the East County San Diego Bar Association. Sharp HospiceCare also presented virtually in May to 10 staff members at San Diego PACE

(Program of All-Inclusive Care for the Elderly), a geriatric-focused health plan that serves the needs of older adults who require coordinated care and support. In addition, Sharp HospiceCare staff provided education by telephone to approximately 40 community members seeking general information about hospice and palliative care.

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 NHPKO in collaboration with the U.S. Department of Veterans Affairs (VA) to empower hospice professionals to meet the unique end-of-life needs of veterans and their families. As 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 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 2021. Prior to COVID-19, Sharp HospiceCare typically honored veteran patients through special pinning ceremonies, during which volunteers presented veterans with a WHV pin and a certificate of appreciation for their service. In response to the pandemic, these ceremonies were transitioned to a no-contact format, where volunteers dropped off a pin, certificate and flag at each veteran's home, as well as installed a yard sign honoring the individual's military service. In FY 2021, approximately 60 veteran patients and their families were recognized through this initiative. In March, Sharp HospiceCare presented on the WHV program to 75 staff members at the County of San Diego's Office of Military & Veterans Affairs, as well as participated in San Diego County HVP's virtual Vietnam veterans' recognition event, which reached an additional 75 veteran community members. Further, in December, Sharp HospiceCare honored veterans through the annual Wreaths Across America wreath-laying ceremony at Fort Rosecrans National Cemetery. In addition, Sharp HospiceCare honored veteran residents at Westmont of La Mesa senior living facility on Flag Day in June. During the ceremony, team members

formally debuted the veterans' photos on Westmont's Veterans Honor Wall, which is sponsored by Sharp HospiceCare.

In FY 2021, Sharp HospiceCare supported 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 November, this included the Parade of Honor — a drive-by Veterans Day celebration held at National University. The no-contact, socially distanced event featured live music and Operation Gratitude care packages for each attendee, which included handwritten letters from supporters all around the country. More than 600 community veterans attended the event.

Sharp HospiceCare continued to provide a wig donation program in FY 2021. 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 nine wigs to community members in FY 2021. Sharp HospiceCare's Business Development department also assisted volunteers with an effort to create and distribute handmade greeting cards to homebound seniors in the community. Business Development team members distributed approximately 250 cards to individuals residing in local assisted living and board and care facilities, to bring joy and combat loneliness and isolation during the pandemic.

In addition, in FY 2021, Sharp HospiceCare team members donated time and expertise to Sharp's COVID-19 community vaccination effort. This included time spent volunteering at Sharp's vaccination superstations at Chula Vista Center, Grossmont Center, the Sharp Metropolitan campus, Coronado Community Center and California State University San Marcos (CSUSM). Sharp HospiceCare also coordinated with 2-1-1 San Diego to identify, register and vaccinate homebound individuals in the community, reaching over 1,100 of SDC's most vulnerable residents.

FY 2022 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.
- 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*, rates of ACP are particularly low (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 include: 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. Other health professionals 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 more than one-third of patients with treatment-limiting POLSTs received potentially unwanted intensive care near the end of life. Research on ICU patients and survivors suggests 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).
- 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).
- According to the *Journal of Clinical Oncology*, high-intensity care can contribute to moral distress among clinicians, especially when such care seems overly aggressive based on a patient's perceived prognosis. Consideration and documentation of patient preferences would help patients and clinicians in these situations (American Society of Clinical Oncology, 2020).
- A study from the journal *Frontiers in Public Health* found that more than half of participants believe ACP to be more important now compared to before the COVID-19 pandemic. Although 42.4% stated that their thinking about ACP had not changed, none of the participants thought that it was less important (Nguyen et al, 2021).

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 2021 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, as well as 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 130 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.

In addition, Sharp's ACP team engaged more than 930 community members in virtual ACP education throughout the year. ACP presentations were provided to participants at the virtual Sharp Women's Health Conference, Live Well San Diego's 2021 Vital Aging Conference, a Coalition for Compassionate Care of California (CCCC) meeting, a meeting of the East County San Diego Bar Association and for a group of Sharp HospiceCare volunteers. To ensure ongoing community member access to ACP information during the pandemic, Sharp HospiceCare's ACP website offered a variety of resources to the community through PREPARE for Your Care — a free online ACP platform — which includes educational videos and a guided, step-by-step advance directive template.

Throughout the year, Sharp's ACP team hosted free, monthly ACP webinars to help community members identify their personal health care choices, communicate their wishes to loved ones and document their goals of care. This included specialized webinars to address the ACP needs of individuals with cancer and their loved ones, the needs of family caregivers and the needs of veterans and their families. In honor of National Healthcare Decisions Day (NHDD) — a nationwide initiative celebrated every April to educate adults of all ages about the importance of ACP — Sharp HospiceCare provided a webinar titled Spirituality and the Five Precepts in Advance Care Planning. More than 90 community members were served through ACP webinars in FY 2021. In addition, Sharp HospiceCare partnered with SCVMC in October to provide a virtual seminar about the importance of completing an advance directive and available ACP resources in the community. More than 20 community members attended the free event.

In FY 2021, 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 at the 2020 Beautiful Dying Expo, which was held virtually. The presentation reached approximately 30 community members.

Although opportunities for engagement were greatly reduced due to COVID-19, in FY 2021, Sharp's ACP team continued to partner with San Diego Health Connect, County of San Diego Aging and Independence Services, Health Services Advisory Group, County of San Diego Emergency Medical Services, and various health care providers in SDC to ensure that community providers have access to POLST forms through San Diego Health Connect. Funded by the CHCF and supported by the 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 60,000 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 2022 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 NHDD, in-person or virtually pending COVID-19 public health guidelines
- Provide free ACP consultations to community members
- Provide information to community members regarding the End of Life Option Act (EOLOA) when requested
- 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 use

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 – 2020-2030* report, employment in health care and social assistance is projected to add about 3.3 million jobs from 2020 to 2030 — the highest growth among all industry sectors. Seven of the 30 occupations expected to grow fastest in that time period are associated with health care. Factors that are expected to contribute to this growth include rising demand for the care of an aging baby-boom population, longer life expectancies and continued growth in the number of patients with chronic conditions (BLS, 2021).
- According to the report *Health Workforce Strategies for California*, studies conducted over the past four decades demonstrate that multi-component pipeline programs for high school, college and post-baccalaureate students underrepresented in the health professions positively impact a variety of outcomes with the potential to improve the diversity of the health care workforce (CHCF, 2021).
- Although California has enacted various policies to increase both the size and the diversity of the health workforce, current public and private sector efforts have not been sufficient to alleviate existing shortages (CHCF, 2021).
- According to a report from PHI titled *Caring for the Future: The Power and Potential of America's Direct Care Workforce*, the direct care workforce, which includes personal care aides, home health aides and nursing assistants, is expanding rapidly as the U.S. population grows older, people live longer with disabilities and chronic conditions, and the supply of potential family caregivers dwindles. The long-term care sector has expanded from 3 million workers in 2009 to almost 4.6 million in 2019 and is expected to add a further 1.3 million direct care jobs by 2028 (PHI, 2021).
- 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) 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 that 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).

- 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)
- Additional research published in *Health Affairs* suggests six vital strategies that can help improve the care and quality of life for all older Americans, including creating an adequately prepared workforce, strengthening the role of public health, remediation of disparities and inequities, developing new approaches to care delivery, allocating resources to palliative and end-of-life care, and redesigning long-term services and supports (Fulmer et al, 2021).
- 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).

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 2021 Report of Activities

Sharp HospiceCare supports San Diego’s future health care workforce through lectures to enhance students’ understanding of hospice and palliative care. On a quarterly basis in FY 2021, Sharp HospiceCare provided virtual education on ACP, POLST, EOLOA and goals of care to approximately 140 nursing students at Azusa Pacific University (APU). APU students also received training on the role of bioethics in end-of-life care. In addition, in May, Sharp HospiceCare provided approximately 30 Master of Social Work students from San Diego State University (SDSU) with a virtual lecture on hospice, ACP, bioethics and bereavement.

In FY 2021, Sharp HospiceCare partnered with SDCCC to provide monthly education and training on POLST to approximately 75 community health professionals and

students. This included clinicians from local SNFs, including Sharp facilities, as well as students from CSUSM and SDSU. These web-based seminars helped develop and enhance participants' skills for facilitating meaningful conversations with patients and families about their care goals. Sharp HospiceCare also worked directly with community facilities to provide opportunities for students to shadow clinicians during telehealth ACP and POLST conversations with patients and families.

Sharp HospiceCare also participated in SDCCC, CCCC and Children's Hospice & Palliative Care Coalition's telehealth and ACP pilot project in 2021. Recognizing the increased need for ACP during the COVID-19 pandemic, this project used video conferencing technology to provide counseling and support to patients, clients, and families across a variety of institutional settings, including SNFs, residential care facilities for the elderly, community clinics, housing shelters and correctional facilities. In FY 2021, approximately 30 Sharp HospiceCare patients received assistance through this program.

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, ECSSP, NAC, San Diego County HVP, South County Action Network, SDCCC and SDCCEOLC. 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.

FY 2022 Plan

Sharp HospiceCare will do the following:

- Provide virtual lectures on hospice and palliative care to nursing, ancillary and medical 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
- 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).
- Counseling or grief support for the patient and loved ones is an essential part of hospice care. After the patient's death, bereavement support is offered to families for at least one year. These services can take a variety of forms, including visits, written materials about grieving, phone or video calls, and support groups. Individual counseling may be offered by a hospice, or a hospice may make a referral to a community resource. Some hospices also provide bereavement services to the community at large, in addition to supporting patients and their families (NHPCO, 2021).
- According to the NHPCO, grief can happen when a death occurs or in response to other significant losses (e.g., divorce, job loss, declining health or physical activity, etc.). Experiencing grief is one of the ways that individuals heal and adjust to life after loss. Bereaved individuals may need additional support, particularly if they are unable to get on with the normal tasks of life or are behaving in ways that might be harmful (NHPCO, 2021).
- 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 adults 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).

- In the development and aftermath of the COVID-19 pandemic, it is anticipated that worldwide, prolonged grief will become a major public health concern. Recent studies indicate that between 47% and 71% of family caregivers report grief while caring for a loved one and 20% experience complicated grief after death. Even though most persons have not had COVID-19, society as a whole has experienced a collective grief due to the efforts to contain the spread of the virus, as well as complexities associated with funeral and memorial services (Holland et al, 2021).
- 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 signposting 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 2021 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 response to the COVID-19 pandemic, most community support groups and events were provided as virtual presentations.

In FY 2021, Sharp HospiceCare's licensed clinical therapists with specific training in grief and loss devoted more than 2,400 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 55 community members grieving the loss of a loved one during the 2020 holiday season. This included Sharp HospiceCare's Coping With Grief During the Holiday Season event in November. The annual event

helps support individuals who have lost a loved one and are seeking coping strategies for the holiday season. In addition, Sharp HospiceCare provided a three-session Healing After Loss support group in November and December, which focused on practical concerns of adults grieving the loss of a loved one during the holidays. Sessions included Introduction to the Grief Process, Communicating with Family and Friends, and Strategies for Coping with Grief.

Sharp HospiceCare provided the three-session Healing After Loss support group once again in the spring, followed by an eight-session support group in summer. Topics covered during the eight-session support group included: 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? In FY 2021, Sharp HospiceCare's Healing After Loss support group served approximately 135 members of the community. In addition, Sharp HospiceCare provided the eight-week Widow's and Widower's support group in spring and summer, which addressed the concerns of men and women who have lost their spouses. In FY 2021, the Widow's and Widower's support group engaged more than 80 community members in sharing their emotional challenges and exchanging coping skills with others in similar circumstances.

In recognition of Father's Day in June, Sharp HospiceCare provided a special support opportunity for adults who have lost parents. The hour-long Remembering Our Parents presentation helped individuals identify strategies to cope with grief, especially around special dates. In FY 2021, Remembering Our Parents presentation reached approximately 10 members of the community.

New in FY 2021, Sharp HospiceCare provided the Purpose and Identity grief support group in June and July. The six-week group addressed the impact that the death of a loved one can have on how an individual views themselves and their future. The group provided opportunities to find clarity, direction and meaning following loss; education about identity and purpose during the grief process as well as guidance to move forward with healing; and writing, mindfulness, and strength-building exercises. Approximately 35 community members attended the Purpose and Identity grief support group in FY 2021.

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 1,500 newsletters were mailed each month during FY 2021.

FY 2022 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
- Provide virtual and in-person bereavement support groups and educational workshops, as public health guidelines allow
- Provide one virtual and two live educational events 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
- Memory Bear program
- Music therapy
- Palliative care
- Social services support
- Spiritual care services
- Transitions Advanced Illness Management Program
- Volunteer program
- WHV program

Providing Comprehensive Medical Care

Sharp Metropolitan Medical Campus

Sharp Metropolitan Medical Campus, centrally located in San Diego County, 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) 2021 Community Benefit Program Highlights

SMMC provided a total of **\$213,021,735** in community benefit in fiscal year (FY) 2021. 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 2021**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2021 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹⁰⁹	\$51,077,009
	Shortfall in Medicare ¹⁰⁹	130,469,930
	Shortfall in County Medical Services (CMS) ¹⁰⁹	11,999,236
	Shortfall in CHAMPVA/TRICARE ¹⁰⁹	6,006,570
	Shortfall in Workers' Compensation	29,322
	Charity Care ¹¹⁰	9,156,642
	Bad Debt ¹¹⁰	1,055,938
Other Benefits for Vulnerable Populations ¹¹¹	Patient transportation and other assistance for the vulnerable ¹¹²	947,199
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ¹¹²	1,404,605
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ¹¹²	875,284
TOTAL		\$213,021,735

¹⁰⁹ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

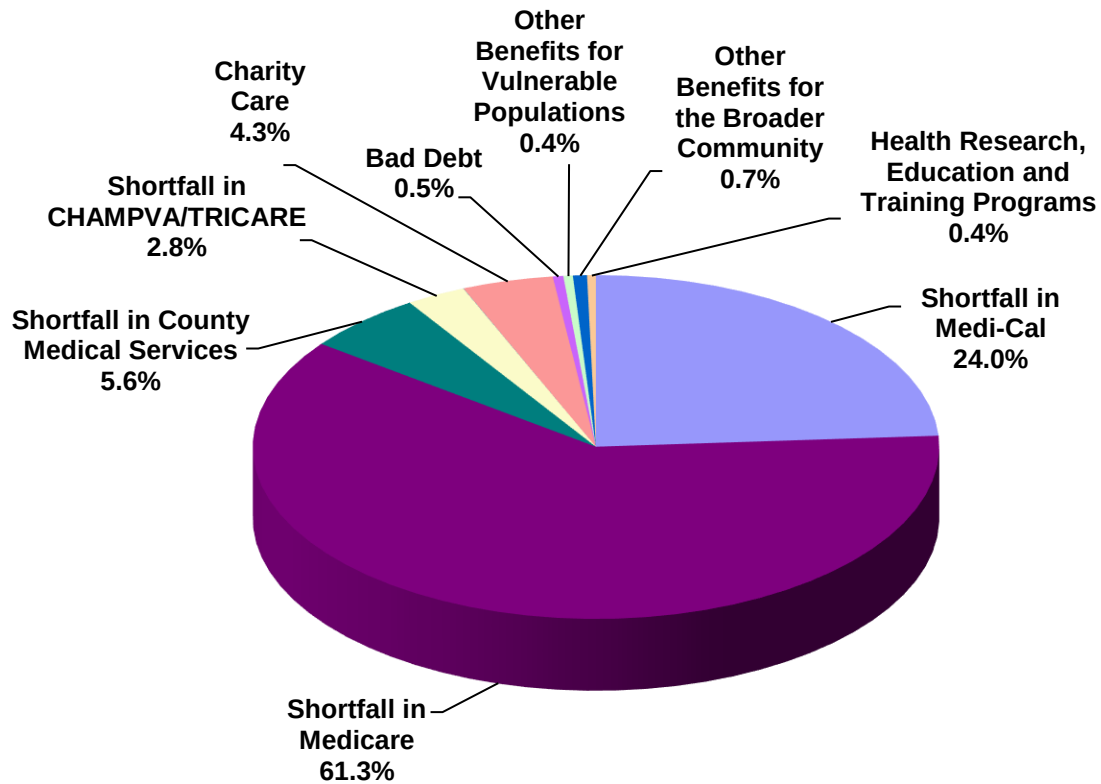
¹¹⁰ Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

¹¹¹ "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs.

<https://hcai.ca.gov/wp-content/uploads/2020/10/SB697-Report-to-the-Legislature-Community-Benefit.pdf>

¹¹² Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

Figure 25: Percentage of Community Benefit by SB 697 Category
Sharp Metropolitan Medical Campus — FY 2021





Education for a Healthy Pregnancy and Safe Birth

Sharp Mary Birch Hospital for Women & Newborns

Pregnancy is an exciting time. But a high-risk pregnancy or preterm birth can bring unexpected challenges. Whether planning for pregnancy or already expecting, Sharp Mary Birch Hospital for Women & Newborns provides community education to help lower the risk of potential complications. Pre-pregnancy events educate community members on preparing for pregnancy, having a baby later in life, and the potential effects of COVID-19 on pregnancy. Monthly preterm birth prevention classes teach expectant parents about the warning signs of preterm labor and preventing premature birth. And, in fiscal year 2021, specialized webinars highlighted prenatal health topics, such as the risks of high blood pressure, the importance of proper exercise and nutrition, and more. Sharp Mary Birch's educational programs empower San Diegans to optimize their chances for a healthy pregnancy and safe birth.

Section

9 Sharp Mary Birch Hospital for Women & Newborns

At Sharp Mary Birch, caring for newborns and women is everything we do — and the only thing. We are deeply grateful to provide specialized care, education and support so that new parents can continue to nurture their families and women can thrive throughout and beyond their childbearing years.

— Trisha Khaleghi, Chief Executive Officer, Sharp Mary Birch Hospital for Women & Newborns, Sharp Mesa Vista Hospital and Sharp McDonald Center

Fiscal Year (FY) 2021 Community Benefit Program Highlights

Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) provided a total of **\$4,721,259** in community benefit in FY 2021. 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 2021**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2021 Unreimbursed Costs
Medical Care Services	Shortfall in Medicare ¹¹³	\$1,649,341
	Shortfall in CHAMPVA/TRICARE ¹¹³	1,646,164
	Shortfall in Workers' Compensation	330
	Charity Care ¹¹⁴	810,133
	Bad Debt ¹¹⁵	(110,413)
Other Benefits for Vulnerable ¹¹⁶ Populations	Patient transportation and other assistance for the vulnerable ¹¹⁷	41,152
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 ¹¹⁷	559,102
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ¹¹⁷	125,450
TOTAL		\$4,721,259

¹¹³ 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.

¹¹⁴ 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.

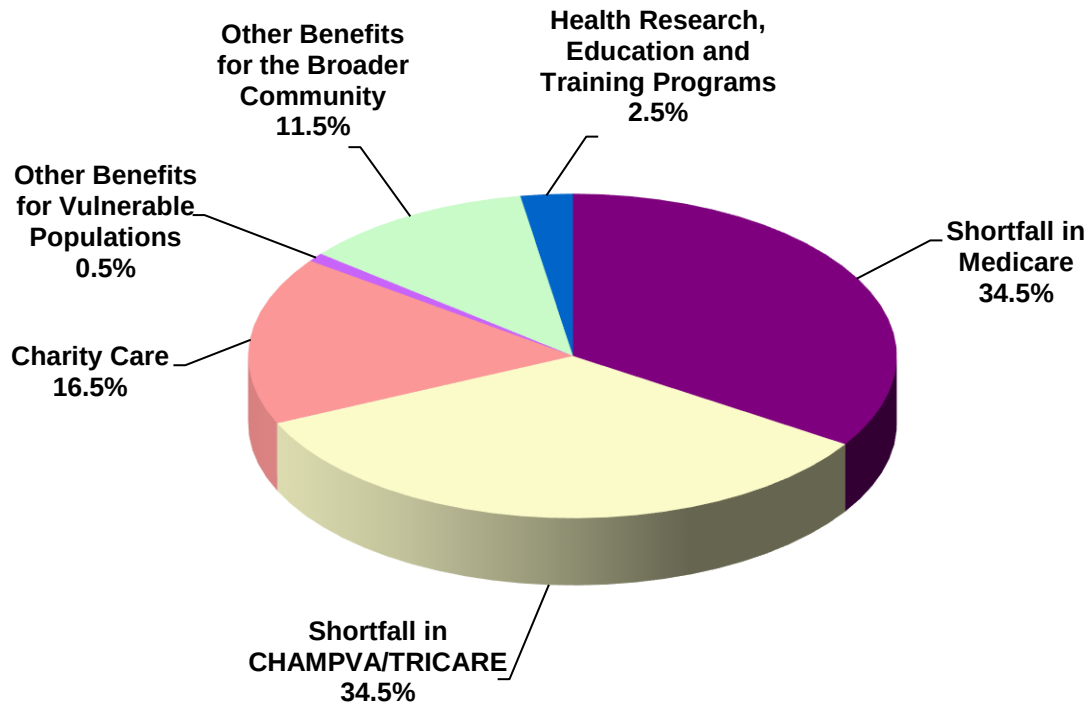
¹¹⁵ In FY 2021, due to COVID-19 and consequent dramatic drops in patient volume, a greater amount of historical bad debt was resolved into charity care than was offset by new patient volume and subsequent new patient bad debt.

¹¹⁶ "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://hcai.ca.gov/wp-content/uploads/2020/10/SB697-Report-to-the-Legislature-Community-Benefit.pdf>

¹¹⁷ 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 2021**



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 \$21.9 million in FY 2021. These supplemental revenues were funded through SMBHWN's traditional and managed care Medi-Cal programs, which were only in shortfall positions of \$10.5 million and \$5.8 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 programs to \$0.00 (zero). This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2021 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, 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, volunteer work at Sharp HealthCare's (Sharp) COVID-19 (coronavirus disease 2019) Community Vaccination Program, 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), The Doris A. Howell Foundation for Women's Health Research (Howell Foundation); Council of Women's and Infants' Specialty Hospitals (CWISH), Perinatal Social Work Cluster, Pima Medical Institute (PMI) and Southern California Association of Neonatal Nurses (SCANN). See **Appendix A** for a list of Sharp's involvement in community organizations in FY 2021. 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/IBM Watson 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 — SDC¹¹⁸



Description of Community Health

In 2021, there were 591,534 women ages 18 to 44 residing in SDC, representing 17.8% of the population. Between 2021 and 2026, it is anticipated that the number of women of childbearing age in SDC will increase by 0.6%.¹¹⁹

In 2019, 11.6% of the SDC population reported living below 100% of the federal poverty level (FPL). The county's unemployment rate was 5.7% and 5.0% of households received Supplemental Security Income.¹²⁰

According to estimates from the San Diego Hunger Coalition, as of March 2021, 31% of San Diegans experienced food insecurity¹²¹ and 39% of children lived in food insecure households. This is a substantial increase compared to pre-COVID-19 pandemic estimates — in August 2019, approximately 25% of SDC residents were food insecure. The increase in individuals experiencing food insecurity from 2019 to 2021 highlights

¹¹⁸ IBM Watson Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018.

¹¹⁹ SpeedTrack, Inc; U.S. Census Bureau.

¹²⁰ County of San Diego Health and Human Services Agency, Public Health Services (PHS), Community Health Statistics Unit, October 2021. U.S. Census Bureau, 2015-2019 American Community Survey 5-year estimates.

¹²¹ 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/>.

the negative impact of the COVID-19 pandemic and ensuing economic crisis on the San Diego community.¹²²

In 2019, 7.1% of households in SDC received Supplemental Nutrition Assistance Program (SNAP) benefits, while 17.8% of the population lived at or below 138% FPL and were eligible for the program.¹²⁰ Please refer to **Table 38** for SNAP participation and eligibility in SDC.

Table 38: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2019¹²⁰

Food Stamps/SNAP Benefits	Percent of Population
Households	7.1%
Families with Children	13.1%
Eligibility by FPL	
Population ≤130% FPL	16.5%
Population ≤138% FPL	17.8%
Population 139% – 350% FPL	31.2%

In SDC in 2019, 96.2% of children age 18 and under, 87.6% of young adults ages 19 to 25, 87.5% of adults ages 26 to 44, and 91.7% of adults ages 45 to 64 had health insurance.¹²⁰ 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.¹²³ See **Table 39** for health insurance coverage in SDC in 2019.

Table 39: Health Insurance Coverage in SDC, 2019¹²⁰

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	96.2%	92.1%
Young adults 19 to 25 years	87.6%	92.1%
Adults 26 to 44 years	87.5%	92.1%
Adults 45 to 64 years	91.7%	92.1%
Seniors 65+ years	98.8%	N/A ¹²⁴

¹²² San Diego Hunger Coalition (2019-2021), San Diego County Food Insecurity Estimates.

¹²³ 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.

¹²⁴ HP2030 does not include targets for individuals age 65 and older.

According to the California Health Interview Survey (CHIS), in 2020, 17.4% of SDC's population was covered by Medi-Cal.¹²⁵ See **Table 40** for details.

Table 40: Medi-Cal (Medicaid) Coverage in SDC, 2020¹²⁵

Description	Rate
Covered by Medi-Cal	17.4%
Not covered by Medi-Cal	82.6%

CHIS data also revealed that 12.9% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 41**).¹²⁵

Table 41: Regular Source of Medical Care in SDC, 2020¹²⁵

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	87.1%	84.0%
Has no usual source of care	12.9%	16.0%

In 2019, there were 38,445 live births in SDC overall. The 2019 infant mortality rate was 2.5 infant deaths per 1,000 live births in the north coastal region, 2.8 in the east region, 3.3 in the central region, 3.7 in SDC overall, 4.0 in the north central region, 4.4 in the north inland region, and 4.6 in the south region.¹²⁰

In 2019, 141 infants in SDC died before their first birthday. Infant mortality was more common among male infants (76 deaths) than female infants (65 deaths). Infants of other races/ethnicities had the highest mortality rate (14.8 infant deaths per 1,000 live births) when compared to infants of all other races and ethnicities. Black infants had the second highest mortality rate of 13.9 deaths per 1,000 live births.¹²⁰ In addition, 3,336 preterm births occurred in SDC during 2019.^{120,126} Compared to all other races and ethnicities, Hispanic mothers had the highest total number of births (14,340), of which 8.4% were preterm. Although Black mothers and American Indian/Alaska Native mothers had fewer total births (1,515 and 129 total births, respectively), they experienced the highest rates of preterm births among all other racial or ethnic groups (10.7% and 12.4% of preterm births, respectively). Similarly, although women ages 25 to 39 had the highest total number of births among all age groups, mothers age 40 and older were more likely to give birth preterm (13.9% preterm births among mothers age 40 and older compared to 8.5% among mothers ages 25 to 39).¹²⁰

In 2019, all SDC regions met the HP2030 national targets for early prenatal care, preterm births and infant mortality.¹²⁰ See **Table 42** for a summary of maternal and infant health indicators in SDC in 2019 and **Table 43** for a summary of maternal and infant health indicators by region.

¹²⁵ 2020 CHIS.

¹²⁶ Preterm birth refers to births prior to 37 completed weeks of gestation.

Table 42: Maternal and Infant Health Indicators in SDC, 2019^{120, 123}

Maternal and Infant Health Indicator	Rate	HP2030 Target
Early Prenatal Care ¹²⁷	88.2%	80.5%
Preterm Births ¹²⁶	8.7%	9.4%
Very Low Birth Weight (VLBW) Infants ¹²⁸	1.0%	N/A ¹²⁹
Low Birth Weight (LBW) Infants ¹³⁰	6.8%	N/A ¹²⁹
Infant Mortality ¹³¹	3.7%	5.0%

Table 43: Maternal and Infant Health Indicators by Region in SDC, 2019¹²⁰

Indicator	Central	East	North Central	North Coastal	North Inland	South
Prenatal Care	84.6%	84.5%	92.7%	88.1%	92.3%	86.5%
Preterm Births	9.5%	9.0%	7.7%	8.2%	8.4%	9.2%
VLBW Infants	1.1%	0.8%	0.9%	0.9%	1.0%	1.3%
LBW Infants	7.2%	6.9%	6.2%	6.5%	6.8%	7.4%
Infant Mortality	3.3%	2.8%	4.0%	2.5%	4.4%	4.6%

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

¹²⁷ Early prenatal care is defined as care initiated during the first trimester of pregnancy, not accounting for frequency of care.

¹²⁸ VLBW refers to birth weight less than 1,500 grams (approximately 3 pounds, 5 ounces).

¹²⁹ HP 2030 health indicators are not available for VLBW or LBW infants.

¹³⁰ LBW refers to birth weight less than 2,500 grams (approximately 5 pounds, 8 ounces).

¹³¹ Infant mortality refers to the number of deaths of infants under one year of age per 1,000 live births.

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

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 California Department of Health Care Access and Information.

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 implementation strategy includes programs and services provided by SMBHWN. The SMH 2019 CHNA and most recent 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 2021 Report of Activities conducted in support of the objective(s) and FY 2022 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 low birth weight (LBW) discharges.¹³²
- 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

¹³² In HCAI'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 (HCAI, 2019; U.S. Census Bureau, 2018).

following social determinants of health (SDOH) affecting their patients: limited access to behavioral health services, even for the insured; lack of access to transportation; and economic stress related to childcare and maternity leave.

- Participants also identified the following strategies to improve women's health: build awareness of the importance of preconception and prenatal care, establish more options for home health care for postpartum women, increase lactation consulting and services, increase availability of translation services, create an interdisciplinary care team, provide inpatient and outpatient behavioral health services, and improve communication between physicians and pharmacists.
- In 2019, SDC had 2,630 LBW births, which accounted for 6.8% of all live births. When compared to all other racial groups, the proportion of LBW births in SDC was highest among American Indian and Alaska Native infants (10.1%).
- In 2019, 141 infants in SDC died before their first birthday. The infant mortality rate was 3.7 infant deaths per 1,000 live births.
- There were 3,336 preterm births in SDC in 2019, representing 8.7% of all births countywide.
- In 2019, 33,880 live births received early prenatal care in SDC, which translates to 88.2% of all live births in the region.
- According to the National Center for Health Statistics (NCHS), prenatal care improves pregnancy outcomes, and is among the most frequently used health care services in the U.S. Experts recommend prenatal care with early, ongoing risk assessment, and tying content and timing to individual needs and risk status (NCHS, 2018).
- Live Well San Diego's (LWSD) *Report Card on Children and Families, 2019* identified the following barriers to use of prenatal care: financial barriers, such as lack of health insurance; 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 tobacco or substance use, infectious diseases, diabetes, high blood pressure, certain medications, depression, unsafe environmental or workplace conditions, radiation and weight gain during pregnancy (CDC, 2021).
- According to 2020 CHIS data, 23.9% of women ages 18 to 65 years in SDC were obese (Body Mass Index > 30), lower than the state of California overall (30.4%).
- According to the CDC, being overweight increases the risk of pregnancy complications, including preeclampsia, gestational diabetes, stillbirth and cesarean delivery. Obesity during pregnancy is also 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, 2021).
- In 2020, preterm birth affected 1 of every 10 infants born in the U.S. While the preterm birth rate declined by 1% between 2019 and 2020, racial and ethnic differences in preterm birth rates remain. The rate of preterm birth among Black

women (14.4%) in 2020 was about 50% higher than the rate among white or Hispanic women (9.1% and 9.8% respectively) (CDC, 2021).

- According to March of Dimes data, the rate of preterm births in the state of California was 8.8% in 2020 — lower than the national average. However, racial disparities have worsened in California, where the rate of preterm birth among Black women is 44% higher than the rate among all other women (March of Dimes, 2021).
- 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; providing access to midwifery and doula services; expanding group prenatal care; providing coverage for pregnancy and postpartum telehealth services; researching the causes of maternal death; increasing investments in community public health programs; creating paid family leave systems; and vaccinations and boosting vaccine confidence (March of Dimes, 2021).

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 prenatal health topics and available hospital resources through news interviews, articles and participation in community events
- Provide financial support to community-based organizations that address maternal and prenatal care, including high-risk pregnancy
- Improve outcomes for at-risk newborns through the Sharp Mary Birch Neonatal Research Institute (NRI)

FY 2021 Report of Activities

SMBHWN conducts 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. In FY 2021, SMBHWN continued to offer all maternal and prenatal care classes online to ensure safe, ongoing education for expectant mothers and families during the COVID-19 pandemic.

SMBHWN taught more than 140 expectant parents about the warning signs of preterm labor and how to help prevent a premature birth through free, monthly Preterm Birth Prevention classes. In October, a free Preventing Preterm Labor webinar — led by a Sharp-affiliated maternal fetal medicine physician — engaged nearly 80 community members in education to help reduce the risk and recognize the warning signs of

preterm labor. In February, May and August, SMBHWN hosted free Planning for Pregnancy events, which provided pre-pregnancy education to nearly 90 community members. Topics included preparing the body for pregnancy, having a baby later in life, reproductive planning, optimizing conception, implications of COVID-19 on pregnancy, fertility challenges and treatments and available support groups and classes at SMBHWN.

SMBHWN also hosted several new free webinars addressing high-risk pregnancy in FY 2021. In November, a Preparing for Multiples: Pregnancy and Birth webinar shared education with more than 20 attendees about the specifics of pregnancy and delivery of multiples and the benefits of choosing a hospital with a high level neonatal intensive care unit (NICU). In April, a High Blood Pressure and Pregnancy: Know the Risks webinar provided education to six community members about the warning signs, risks and treatment for high blood pressure in pregnancy, which, if left untreated, can lead to high-risk complications for mothers and their babies. In June, a webinar titled Exercise and Nutrition in Pregnancy taught nearly 40 community members about safe exercises and foods to nourish mothers and their growing babies. In addition, in March, a webinar titled Understanding Your Ultrasound engaged approximately 25 community members in education about what to expect during an ultrasound scan, the different types of ultrasounds and what the doctor is looking for, as well as addressed common ultrasound concerns and misconceptions.

Throughout the year, SMBHWN health experts provided interviews and articles to educate the community about important prenatal health topics. Information was shared through media outlets including CBS News 8 San Diego, ABC 10News San Diego, as well as through the hospital's Facebook page and Sharp Health News. Topics included pregnancy and heart health, including the importance of diet and exercise; risk factors for and symptoms of placental abruption; black women and the increased risk of preterm birth; the link between hypertension and preterm birth; and pregnancy and the COVID-19 vaccine, including potential risks, benefits, CDC recommendations and the importance of having a conversation with one's doctor.

SMBHWN also offered several low-cost prenatal classes in FY 2021. 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, relaxation and breathing techniques, medication choices, caesarean delivery, newborn characteristics and procedures and basic infant care. Fees for these classes were waived specifically for pregnant teens to help improve their access to important prenatal education. Other low-cost prenatal classes covered the following topics: preparing families with dogs for life with a baby, basic infant sleep patterns and strategies to support the early months of parenting, labor comfort measures and relaxation skills to support the birthing experience, and the joys and challenges of parents expecting twins, triplets or more.

In April, SMBHWN participated in the virtual Sharp Women's Health Conference. Team members answered attendees' questions on topics including pre- and postnatal health,

hospital services, and visitation guidelines during COVID-19. In addition, SMBHWN provided fundraising support for the 2021 San Diego Heart & Stroke Walk.

The Sharp Mary Birch NRI was launched in 2013 to discover new, leading-edge treatments and practices in newborn care and disseminate 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 60 clinical trials with over 3,300 newborns enrolled.

The NRI values the community's perspective in shaping the future of care provided in the 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 points 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, the Samuel H. French III and Katherine Weaver French Fund, and the Chuck and Ernestina Kreutzkamp Foundation. 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 10News San Diego, CNN, FOX 5 San Diego, NBC 7 San Diego, KPBS, *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 2022 Plan

SMBHWN will do the following:¹³³

- Provide monthly virtual Preterm Birth Prevention classes
- Develop and provide free and low-cost prenatal classes for expectant mothers and families, including a new class for grandparents
- Provide prenatal classes both virtually and in-person
- Provide education to pregnant teens and other high-risk populations
- Provide fundraising support for March of Dimes
- 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.
- 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

¹³³ Where applicable, SMBHWN will perform these activities as COVID-19 public health and safety guidelines allow.

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 2019, 95.6% of mothers in SDC began breastfeeding in the hospital, higher than the state of California overall (93.7%). Mothers in SDC were also more likely to exclusively breastfeed in the hospital (79.6%) when compared to all California mothers (70.0%).
- 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, 2021).
- According to a report titled *Achieving Breastfeeding Equity in California*, most mothers need support during their hospital stay to overcome common breastfeeding 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 behavioral health disorders (e.g., 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 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 life stress, lack of social support, current or past abuse, prenatal depression and marital or partner dissatisfaction. Understanding risk factors for PPD informs health care providers and contributes to the development of prevention and screening strategies for the most vulnerable women (Hutchens & Kearney, 2020).
- Research published in *American Family Physician* reveals that nearly half of all maternal deaths occur in the first 42 days postpartum. Early postpartum visits should evaluate pregnancy complications as well as common postpartum complications,

and care should include a full biopsychosocial assessment. Family physicians should be aware of SDOH and disparities in maternal outcomes according to race, ethnicity and 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).
- Research published in *Health Affairs* revealed that COVID-19-related pregnancy worries were more strongly predictive of PPD than general COVID-19 worries, which may be related to distress around newborn care and maternal support during the COVID-19 pandemic. This suggests that acute environmental stressors may be perceived as more stressful when one considers how it may affect pregnancy, childbirth, and parenting (Kornfield et al, 2021).

Objectives

- Provide education and support to new mothers on the importance of breastfeeding
- Provide postpartum education and support to new mothers and their families
- Educate community members about maternal and child health topics and available hospital resources through news interviews and articles
- Support vulnerable patients and families through the provision of free diapers to those facing economic hardships, and connections to community resources to address other barriers to health equity

FY 2021 Report of Activities

In FY 2021, SMBHWN continued to provide educational classes and support groups to address the needs of new mothers and families. All opportunities were provided online to ensure participant health and safety during the COVID-19 pandemic.

SMBHWN served approximately 490 new mothers through its free breastfeeding support group webinar. Facilitated by an experienced lactation educator, the group was offered three times per week to assist new parents with breastfeeding challenges. Topics included latching, pumping breastmilk, baby behavior and sleep issues. Parents were also referred to the hospital's New Beginnings Boutique & Gift Shop for additional breastfeeding resources.

SMBHWN provided a weekly Baby and Me Time virtual support group to help new parents seamlessly transition from giving birth to returning home with their newborn. The free group provided an opportunity to share the unique experiences and responsibilities of parenthood, enhance knowledge and confidence as a new parent and develop new friendships. All parents from the community were invited to participate in Baby and Me Time, which included a variety of first-time parents, including those preparing to go back to work, military families, single parents and stay-at-home parents.

The group also offered expecting parents with insight into what parenthood might look like for them. Serving approximately 300 new parents in FY 2021, the 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, virtual postpartum support groups led by a licensed clinical social worker. 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 addition, the impact of COVID-19 was 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 connected participants to online community play groups and other virtual parent groups. Together, the hospital's postpartum support groups engaged approximately 450 parents in FY 2021.

SMBHWN also offered a low-cost class titled *The Fourth Trimester: Understanding Your Body After Pregnancy and Birth* to help promote successful postpartum recovery. Additionally, SMBHWN staff devoted approximately 670 hours to daily Family Home Care classes that provided critical information and support to more than 2,900 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 500 family and friends of the hospital's NICU babies.

Throughout the year, SMBHWN health experts provided interviews and articles to educate the community about important maternal and child health topics. Information was shared through media outlets including KUSI News and *The San Diego Union Tribune*, as well as through the hospital's Facebook page and Sharp Health News. Topics included: how reading to babies and children can improve early literacy levels, the importance of infant and child vaccines, symptoms of and support for perinatal mood and anxiety disorders, breastfeeding challenges and support options, coping with infant loss, and symptoms of PPD.

Scientific evidence shows that exclusive breastfeeding provides the healthiest start for a newborn's life, especially among 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 15 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 2021 due to COVID-19. Held in celebration of National Breastfeeding Month in August, the event collected approximately eight gallons of breastmilk from 27 donors, who received special coolers in which to mail their donations to the Mother's Milk Bank. Over the past seven years, the annual drive has collected approximately 348 gallons of breastmilk from more than 240 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 2021, SMBHWN's New Beginnings Boutique & Gift Shop donated more than \$1,530 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 San Diego Food Bank's (Food Bank) 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 10,400 diapers to 117 patients in FY 2021 and has provided approximately 24,660 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) Community Information Exchange (CIE) to better understand and address the health equity barriers 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 challenges to health equity, 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 to better serve vulnerable patients in the acute care setting, including those patients who experience homelessness, food insecurity and other hardships.

Although delays and obstacles to CIE implementation and adoption persisted due to the COVID-19 pandemic during Year 2 of the CIE pilot, utilization metrics improved significantly over Year 1. Community members across SDC were assisted through the CIE including residents of Downtown, Mission Valley, Southeast San Diego, Encanto, El Cajon, Lakeside, La Mesa, Otay Mesa, National City, Chula Vista, Carlsbad, Escondido and Oceanside. The top community referrals provided through the CIE included utilities, food, housing and economic support. In addition, at the start of Year 3 (July 2021) of the partnership, Sharp leadership approved the integration of select CIE data with Sharp's electronic health record system, to further increase and support CIE utilization and strengthen community resource connection. Data integration with the CIE will further support and improve Sharp's efforts to identify and address health equity barriers experienced by patients and communities.

Sharp teams continue to work closely with 2-1-1 on the implementation and data integration plans for CIE, which includes evaluation of ongoing metrics, such as system utilization of CIE, referral tracking, case management efficiency, successful connection to community referrals and more. Data will be used to re-evaluate the value and sustainability of CIE for Sharp upon completion of the pilot's third year.

FY 2022 Plan

SMBHWN will do the following:¹³⁴

- 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 connect patients who experience homelessness and other health equity barriers to critical community services

¹³⁴ Where applicable, SMBHWN will perform these activities as COVID-19 public health and safety guidelines allow.

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 2021, there were 186,000 people employed in the health care sector in SDC, accounting for 13% of all jobs countywide (SDWP, 2021).
- SDWP also cites research by the University of Washington Center for Women's Welfare that estimates the basic needs of a single adult resident of SDC to cost \$3,058.72 per month, requiring full-time employment at \$17.65 an hour. Of the 20 most common occupations in SDC's health care sector, there are 11 with training requirements less than or equal to an associate degree that can provide new graduates with a living wage (SDWP, 2021).
- 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 – 2020-2030* report, employment in health care and social assistance is projected to add about 3.3 million jobs from 2020 to 2030 — the highest growth among all industry sectors. Seven of the 30 occupations expected to grow fastest in that time period are associated with health care. Factors that are expected to contribute to this growth include rising demand for the care of an aging baby-boom population, longer life expectancies, and continued growth in the number of patients with chronic conditions (BLS, 2021).
- According to a report from the California Health Care Foundation (CHCF), titled *California Physicians: A Portrait of Practice*, the number of physicians, physician assistants and three types of advanced practice nurses in California grew between

2016 and 2020, while the supply of clinical nurse specialists decreased. The increased supply of licensed physicians does not accurately reflect the availability of care, however — less than half of California’s physicians provided care 40 or more hours per week (CHCF, 2021).

- According to a report titled *Health Workforce Strategies for California*, studies conducted over the past four decades demonstrate that multi-component pipeline programs for high school, college, and post-baccalaureate students underrepresented in the health professions positively impact a variety of outcomes with the potential to improve the diversity of the health care workforce (CHCF, 2021).
- Although California has enacted various policies to increase both the size and the diversity of the health workforce, current public and private sector efforts have not been sufficient to alleviate existing shortages (CHCF, 2021).
- 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).
- According to CFHWC key informant interviews with private sector health care leaders, some of California’s workforce needs include increasing workforce diversity; educating young Californians that futures in the health sector are appealing regardless of background, socioeconomic status, race/ethnicity, and gender; and partnering with schools and companies to remove barriers to continuing education and develop pipelines for jobs (CFHWC, 2020).
- A CHCF survey of frontline health care workers during COVID-19 reflects the sustained mental and emotional toll of providing patient care during the pandemic. Six in ten providers continue to feel overworked and burned out, while nearly half are frustrated by their job. Nearly three out of four nurses (72%) say they feel burned out from their work — higher than the 61% reported among nurse practitioners and physician assistants, 57% among doctors, and 56% among behavioral health specialists (CHCF, 2021).
- A study published in *EClinicalMedicine* that included nearly 21,000 clinical and non-clinical health care workers from 42 organizations found that, in 2020, 61% of workers reported fear of workplace COVID-19 exposure or transmission, 38% reported anxiety/depression, 43% suffered work overload and 49% had burnout (Prasad et al., 2021).

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 2021 Report of Activities

In FY 2021, 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 2021, student participation in these programs declined because of interruptions to on-site learning caused by COVID-19.

SMBHWN served as a training site for more than 190 nursing students and 16 ancillary (non-nursing) students in FY 2021, who spent over 6,900 hours on the hospital campus. Academic institution partners included California State University Dominguez Hills, PMI, Point Loma Nazarene University, San Diego State University, San Joaquin Valley College, Southwestern College, UC San Diego Extension and University of San Diego.

In FY 2021, the NRI shared its expertise and groundbreaking research developments with the greater health and research communities. Virtual presentations were also provided to support socially distanced professional learning during COVID-19. Presentation topics included, but were not limited to, state-of-the-art delivery room resuscitation, umbilical cord management for newborn infants, ancillary therapy for management of neonatal respiratory failure, and postnatal steroids and caffeine in preterm infants. Further, the NRI's research findings have been shared in several distinguished medical journals. In FY 2021, this included *The Journal of Perinatology*, *American Journal of Perinatology*, *BMJ Open*, *The Journal of Maternal-Fetal & Neonatal Medicine*, *Seminars in Fetal and Neonatal Medicine*, and *Journal of Pediatrics*.

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 techniques 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 September, SMBHWN participated in Sharp's Annual Interprofessional Research & Innovations Conference. Held virtually in response to COVID-19, the event invited 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. Topics included improving PPD screening, increasing skin-to-skin care in very preterm infants and a presentation by a SMBHWN Clinical Nurse Specialist on neonatal toxic stress and long-term neurodevelopment in premature infants. In addition, in FY 2021, SMBHWN team

members served on boards and committees for local and national organizations, including SCANN, CWISH, AHA, Howell Foundation and the Perinatal Social Work Cluster.

FY 2022 Plan

SMBHWN will do the following:¹³⁵

- 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
- Host a career development fair for current and future nurses
- Participate in local and national collaboratives and share specialty expertise at professional conferences

¹³⁵ Where applicable, SMBHWN will perform these activities as COVID-19 public health and safety guidelines allow.

SMBHWN Program and Service Highlights

- Breastmilk donor program in collaboration with the Mother's Milk Bank
- Breastmilk pump rentals
- Classes, events and physician referral through 1-800-82-SHARP
- Clinical research trials through the NRI
- Cord blood banking (private and public)
- Early Recovery After Surgery 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
- Nursing Lounge at Petco Park
- Obstetrical and women's triage services
- Postpartum support groups
- Pre-Anesthesia Evaluation Services
- Pregnancy, childbirth and parent education programs (in person and virtual)
- Prenatal/Antenatal Diagnostic Center
- Spiritual care services, including Arts for Healing program
- Women's and infants' pathology services
- Women's surgery, including minimally invasive robotic gynecology surgery



Health for the Mind and Body

Sharp Memorial Hospital

Good health encompasses our entire well-being. At Sharp Memorial Hospital's Elliot and Helen Cushman Wellness Center, monthly integrative medicine classes — both in person and virtual — invite community members to learn about the mental, emotional and spiritual components of health.

In fiscal year 2021, several classes focused on maintaining health and well-being during the COVID-19 pandemic, including the importance of sleep, nutrition, positivity and hope. Other class topics ranged from prevention and natural treatments for osteoporosis and the impact of hormones on health, to the connection between gut health and mental wellness. The Cushman Wellness Center's integrative medicine classes provide the knowledge and tools for community members to take a more holistic approach to their health.

Section

10 Sharp Memorial Hospital

Being an exceptional community citizen means being part of a team. We celebrate each other's successes, support each other when faced with challenges, and work together to ensure the next generation is set up for success.

— Tim Smith, Chief Executive Officer, Sharp Memorial Hospital

Fiscal Year (FY) 2021 Community Benefit Program Highlights

Sharp Memorial Hospital (SMH) provided a total of **\$180,100,716** in community benefit in FY 2021. 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 2021**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2021 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibility forms ¹³⁶	\$48,818,875
	Shortfall in Medicare ¹³⁶	117,337,402
	Shortfall in County Medical Services (CMS) ¹³⁶	186,996
	Shortfall in CHAMPVA/TRICARE ¹³⁶	2,642,642
	Charity Care ¹³⁷	7,801,894
	Bad Debt ¹³⁷	1,294,865
Other Benefits for Vulnerable ¹³⁸ Populations	Patient transportation, Project HELP and other assistance for the vulnerable ¹³⁹	631,876
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 ¹³⁹	720,647
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ¹³⁹	665,519
TOTAL		\$180,100,716

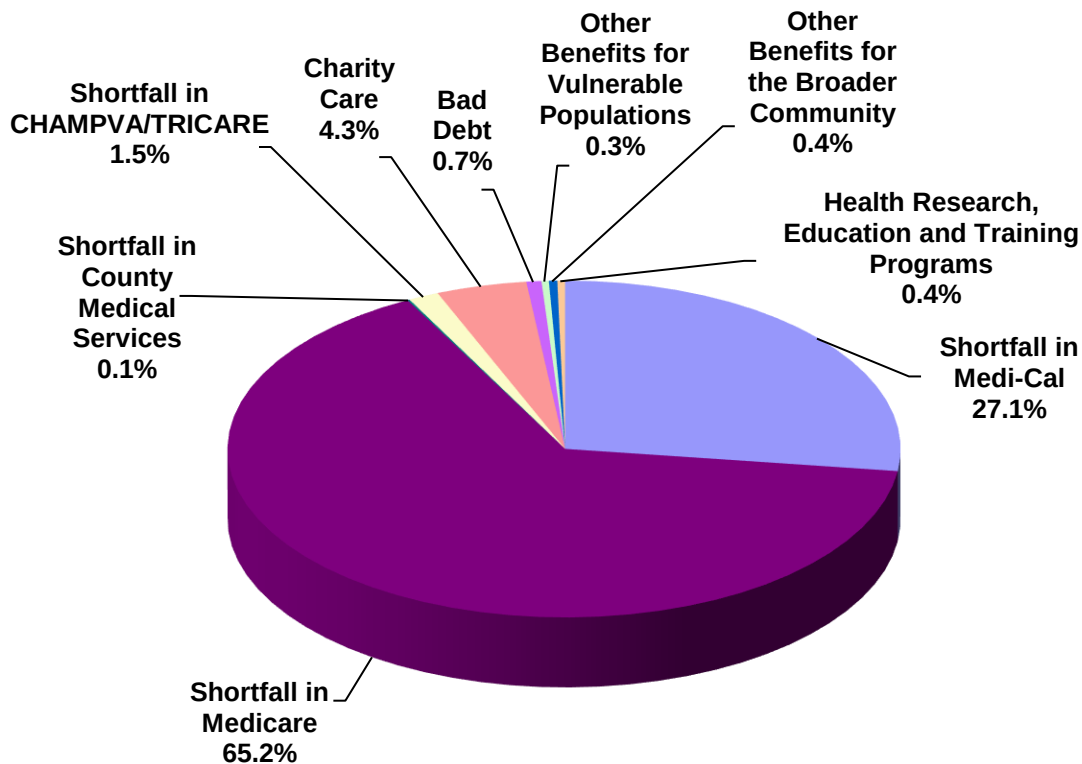
¹³⁶ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

¹³⁷ 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.

¹³⁸ "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://hcai.ca.gov/wp-content/uploads/2020/10/SB697-Report-to-the-Legislature-Community-Benefit.pdf>

¹³⁹ 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 2021**



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 \$17.7 million in FY 2021. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2021 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; 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 Mama's Kitchen, Kitchens for Good and San Diego Food Bank (Food Bank); 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 blood pressure, colorectal cancer and other health concerns; volunteer work to support Sharp HealthCare's (Sharp) COVID-19 (coronavirus disease 2019) Community Vaccination Program; 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, 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, Serving Seniors, Community 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's involvement in community organizations in FY 2021. 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 St. in San Diego, ZIP code 92123.*
- *Sharp Memorial Outpatient Pavilion (OPP) is located at 3075 Health Center Drive in San Diego, ZIP code 92123.*

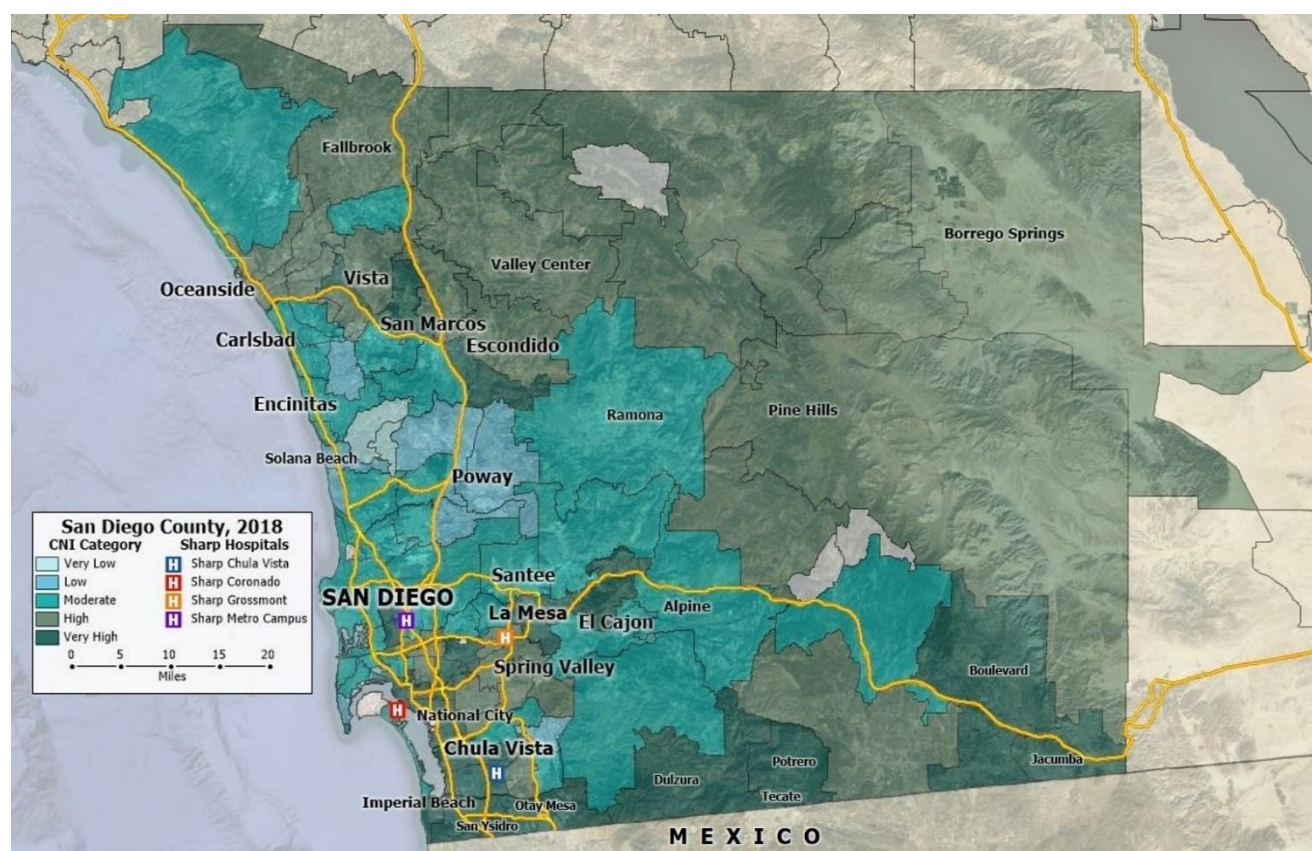
SMH serves all of San Diego County (SDC); however, the primary communities served by the hospital include the City of San Diego, Chula Vista, SDC's east region and the North Inland communities surrounding Rancho Bernardo. See **Appendix B** for a map of community and region boundaries in SDC.

For SMH's 2019 CHNA process, the Dignity Health/IBM Watson 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 — SDC¹⁴⁰



Description of Community Health

In 2021, there were 508,808 residents age 65 and older in SDC, representing 15.3% of the population. Between 2021 and 2026, it is anticipated that SDC's senior population will grow by 15.3%.¹⁴¹

¹⁴⁰ IBM Watson Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018.

¹⁴¹ SpeedTrack Inc.; U.S. Census Bureau.

In 2019, 11.6% of the SDC population reported living below 100% of the federal poverty level (FPL). The county's unemployment rate was 5.7% and 5.0% of households received Supplemental Security Income.¹⁴²

According to estimates from the San Diego Hunger Coalition, as of March 2021, 31% of San Diegans experienced food insecurity¹⁴³ and 39% of children lived in food insecure households. This is a substantial increase compared to pre-COVID-19 pandemic estimates — in August 2019, approximately 25% of SDC residents were food insecure. The increase in individuals experiencing food insecurity from 2019 to 2021 highlights the negative impact of the COVID-19 pandemic and ensuing economic crisis on the San Diego community.¹⁴⁴

In 2019, 7.1% of households in SDC received Supplemental Nutrition Assistance Program (SNAP) benefits, while 17.8% of the population lived at or below 138% FPL and were eligible for the program.¹⁴² Please refer to **Table 45** for SNAP participation and eligibility in SDC.

Table 45: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2019¹⁴²

Food Stamps/SNAP Benefits	Percent of Population
Households	7.1%
Families with Children	13.1%
Eligibility by FPL	
Population ≤130% FPL	16.5%
Population ≤138% FPL	17.8%
Population 139% – 350% FPL	31.2%

In SDC in 2019, 96.2% of children age 18 and under, 87.6% of young adults ages 19 to 25, 87.5% of adults ages 26 to 44, 91.7% of adults ages 45 to 64, and 98.8% of seniors age 65 and older had health insurance.¹⁴² 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.¹⁴⁵ See **Table 46** for health insurance coverage in SDC in 2019.

¹⁴² The County of San Diego Health and Human Services Agency (HHS), Public Health Services (PHS), Community Health Statistics Unit, October 2021. U.S. Census Bureau, 2015-2019 American Community Survey 5-year estimates.

¹⁴³ 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/>.

¹⁴⁴ San Diego Hunger Coalition (2019-2021), San Diego County Food Insecurity Estimates.

¹⁴⁵ 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, 2019¹⁴²

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	96.2%	92.1%
Young adults 19 to 25 years	87.6%	92.1%
Adults 26 to 44 years	87.5%	92.1%
Adults 45 to 64 years	91.7%	92.1%
Seniors 65+ years	98.8%	N/A ¹⁴⁶

According to the California Health Interview Survey (CHIS), in 2020, 17.4% of SDC's population was covered by Medi-Cal.¹⁴⁷ See **Table 47** for details.

Table 47: Medi-Cal (Medicaid) Coverage in SDC, 2020¹⁴⁷

Description	Rate
Covered by Medi-Cal	17.4%
Not covered by Medi-Cal	82.6%

CHIS data also revealed that 12.9% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 48**).¹⁴⁷

Table 48: Regular Source of Medical Care in SDC, 2019¹⁴⁷

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	87.1%	84.0%
Has no usual source of care	12.9%	16.0%

Cancer and diseases of the heart were the top two leading causes of death in SDC in 2019.¹⁴⁸ 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>.

¹⁴⁶ HP2030 does not include targets for individuals age 65 and older.

¹⁴⁷ 2020 CHIS.

¹⁴⁸ The County of San Diego HHSA, PHS, Community Health Statistics Unit (2021), *Leading Causes of Death Workbook 2011-2019*.

Table 49: Leading Causes of Death in SDC, 2019¹⁴⁸

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	5,018	22.9%
Diseases of the Heart	4,689	21.4%
Cerebrovascular Diseases	1,620	7.4%
Alzheimer's Disease	1,546	7.0%
Accidents/Unintentional Injuries	1,273	5.8%
Chronic Lower Respiratory Diseases	1,007	4.6%
Diabetes Mellitus	760	3.5%
Essential Hypertension and Hypertensive Renal Disease	437	2.0%
Intentional Self-Harm (Suicide)	417	1.9%
Parkinson's Disease	381	1.7%
All Other Causes	4,792	21.8%
Total Deaths	21,940	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 Department of Health Care Access and Information (HCAI).¹⁴⁹

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.

¹⁴⁹ HCAI was formerly known as the Office of Statewide Health Planning and Development

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 Centers (SRS MC) 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 2021 Report of Activities conducted in support of the objective(s), and FY 2022 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.¹⁵⁰
- 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 (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

¹⁵⁰ IBM Watson Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018; HCAI 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 2019, diabetes was the seventh leading cause of death in SDC.
- In 2019, there were 760 deaths due to diabetes in SDC overall. The age-adjusted death rate due to diabetes was 20.6 per 100,000 population.¹⁵¹
- In 2019, there were 4,854 hospitalizations due to diabetes in SDC. The age-adjusted rate of hospitalization was 137.2 per 100,000 population.
- In 2019, there were 5,905 diabetes-related ED visits in SDC. The age-adjusted rate of diabetes-related ED visits was 169.1 per 100,000 population.
- According to 2020 CHIS data, 7.3% of adults living in SDC indicated that they had ever been diagnosed with diabetes, which was lower than the state of California (10.9%). Diabetes rates among seniors were particularly high, with 19.7% 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), titled *the Burden of Diabetes in California*, the age-adjusted prevalence of prediabetes among California adults age 18 and over was 14.9% in 2017, and the age-adjusted prevalence of Type 2 diabetes was 8.3% (CDPH, 2019).
- Data presented by the United Health Foundation (UHF) indicates that, in 2019, diabetes prevalence in California was highest among individuals of other race (14.8%), followed by non-Hispanic Black individuals (14.4%), Hispanic individuals (12.4%) and multiracial individuals (11.0%) (UHF, 2020).
- According to the Centers for Disease Control and Prevention (CDC), diabetes is the seventh leading cause of death in the U.S. In addition, the number of adults diagnosed with diabetes in the U.S. has more than doubled in the last 20 years as the U.S. population has aged and become more overweight (CDC, 2020).

¹⁵¹The 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, PHS, Community Health Statistics Unit, October 2020).

- The CDC's 2020 *National Diabetes Statistics Report* indicates that 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 (CDC, 2020).
- 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, 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 workdays compared to people who do not 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 community members with barriers to health equity
- Participate in local and national conferences to share best practices in diabetes treatment and control with the broader health care community

FY 2021 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 manage various conditions, including prediabetes, gestational diabetes (diabetes developed during pregnancy), and Type 1 and Type 2 diabetes. In FY 2021, small group and one-on-one education options were offered in person or online, in both English and Spanish.

The Sharp Diabetes Education Program participated in Sharp's systemwide COVID-19 community vaccination initiative, dedicating time and staff at various locations including Sharp corporate offices, Sharp Health Plan, the Sharp — South Bay Vaccination Super Station and the Sharp — Grossmont Center Vaccination Super Station. From January to May, the diabetes team served as volunteer vaccinators and support staff at the clinics, assisting more than 1,200 community members.

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 2021, however, most in-person opportunities were canceled or postponed due to the

COVID-19 pandemic. Despite these limitations, the program provided fundraising and team participation for the 2021 San Diego Heart & Stroke Walk in September. In addition, the SMH Diabetes Education Program assisted with food distribution at the San Diego First Church of the Nazarene, serving more than 170 community members.

The SMH Diabetes Education Program is actively involved with San Diego's renal health community. In FY 2021, 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 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 FY 2021, the Sharp Diabetes Education Program collaborated with community clinics to provide clinic patients with education and resources to support a healthy pregnancy. During the pandemic, the program accommodated individual preferences by serving patients with virtual, telephone and on-site options. 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 SMH, the Sharp Diabetes Education Program provided services and education to more than 1,240 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 from the Sharp Equality Alliance to improve the delivery of inclusive and culturally competent care for diverse communities.

The Sharp Diabetes Education Program provided education to several students throughout FY 2021. In September, the program provided virtual diabetes education on the different types of diabetes, diagnoses, current technology and medication, community resources for patients, and careers in diabetes to nearly 20 dietetic students at San Diego State University (SDSU). The Sharp Diabetes Education Program also mentored two dietetic interns from the SDSU Research Foundation's San Diego Women, Infants, and Children (WIC) Dietetic Internship program. The director of the Sharp Diabetes Education Program served as a board member of the San Diego WIC Dietetic Internship program in FY 2021, and provided a presentation on diabetes care, the role of the dietitian, the different types of diabetes, nutrition and meal planning, diabetes and technology and more to all six interns in the program.

In FY 2021, the Sharp Diabetes Education Program continued to serve as an insulin pump training center to support endocrinologists and primary care physician (PCP) groups throughout SDC. Through this effort, the program trains community providers to use diabetes technology, including insulin pumps and blood glucose monitors, to improve patient care and outcomes. Further, the program recently implemented an enhanced electronic medical record system to improve care coordination with more than 300 community endocrinologists and PCP groups.

FY 2022 Plan

The SMH and Sharp Diabetes Education Programs will do the following:¹⁵²

- 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

¹⁵² Where applicable, the SMH and Sharp Diabetes Education Program will perform these activities as COVID-19 public health and safety guidelines allow.

- 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) Community Information Exchange (CIE) program to serve patients with barriers to health equity by connecting them to community services

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; 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 (HHSA) for those who qualify for wraparound support.
- In 2019, cerebrovascular diseases including stroke were the third leading cause of death in SDC.
- In 2019, there were 1,620 deaths due to stroke in SDC. The age-adjusted death rate due to stroke was 42.4 per 100,000 population, which was higher than the HP2030 target of 33.4 deaths per 100,000 population.¹⁵¹
- In 2019, there were 6,500 hospitalizations for stroke in SDC. The age-adjusted rate of hospitalizations for stroke was 177.5 per 100,000 population.

- In 2019, there were 2,828 stroke-related ED visits in SDC. The age-adjusted rate of ED visits was 76.7 per 100,000 population.
- According to 2020 CHIS data, 23.2% of SDC residents had ever been diagnosed with high blood pressure, while 7.8% had borderline high blood pressure. In addition, 24.3% 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 6 deaths from cardiovascular disease (CDC, 2021).
- 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, 2021).
- 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).
- Despite encouraging data about declining stroke incidence, on a global level the aging population and accumulating risk factors contribute to an increasing lifetime risk of stroke (American Hospital Association, 2020).

Objective

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

FY 2021 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 2019). 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. In addition, the SMH Rehabilitation Center is accredited by CARF (Commission on Accreditation of Rehabilitation Facilities) International for its stroke specialty program, which represents the highest level of accreditation that can be awarded to an organization.

Although Sharp's systemwide stroke program and SMH's Stroke Program planned to participate in numerous screening and educational events in FY 2021, events were either canceled or postponed due to the COVID-19 pandemic. Despite these

circumstances, Sharp's systemwide stroke program partnered with Sharp's marketing team during Stroke Awareness Month in May to share stroke and atrial fibrillation education through social media outlets, including Instagram, Twitter, Facebook, sharp.com and more. This virtual community education had an expansive reach, obtaining more than 17,000 hits. In addition, in FY 2021 the program displayed billboards to educate community members about stroke recognition, including BEFAST (balance, eyes, face, arm, speech, time) and conditions that can lead to stroke.

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. The group offered support, guest speakers, adaptive exercise classes and opportunities to socialize. In FY 2021, YESS reached approximately 200 attendees and connected with approximately 700 survivors, family members and health professionals through its mailing list.

SMH continued its 16-year collaboration with the County of San Diego EMS to provide data for the SDC stroke registry, where data is tracked to identify gaps and determine trends. SMH also 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. The San Diego County Stroke Consortium consists of 18 hospitals—including SMH, Sharp Coronado Hospital and Healthcare Center, Sharp Chula Vista Medical Center, Sharp Grossmont Hospital, Alvarado Hospital Medical Center, Kaiser San Diego Medical Center, Kaiser Zion Medical Center, Palomar Medical Center, Paradise Valley Hospital, Scripps Memorial Hospital Encinitas, Scripps Memorial Hospital La Jolla, Scripps Mercy Hospital Chula Vista, Scripps Mercy Hospital San Diego, Temecula Valley Hospital, Tri-City Medical Center, UC San Diego Medical Center, and UC San Diego Medical Center – La Jolla—which are San Diego County Stroke Receiving Centers and certified by the Joint Commission. In response to the COVID-19 pandemic, meetings continued to be held virtually in FY 2021.

In partnership with the San Diego County Stroke Consortium, in November Sharp's systemwide stroke program participated in an EMS training video to provide stroke education to AMR (American Medical Response) San Diego, a medical transportation company that assists with emergency and non-emergency transportation. The video included the following topics: new stroke procedures and guidelines and how to assess a stroke patient at the scene.

Sharp's systemwide stroke program also collaborated with San Diego County Stroke Consortium hospitals in FY 2021 to relieve community concerns around getting health care amidst the COVID-19 pandemic. Utilizing social media, the hospitals released two messages encouraging San Diegans not to delay seeking care during the COVID-19 pandemic. Each message sent from Sharp reached 16,000 subscribers on Facebook, Instagram and other Sharp-associated social media outlets.

Sharp's systemwide stroke program submitted three poster presentations to the International Stroke Conference 2021 in February, titled Should I Stay Or Go: Seeking Stroke Care During COVID-19, COVID-19 Geographic Distribution and Stroke Code Activation Within San Diego County, and Coming Together in a Time of Distancing: Creating Community Messaging for Emergency Care During COVID. The International Stroke Conference was dedicated to the science and treatment of cerebrovascular disease, and stroke experts shared the latest clinical trial results with attendees from all over the world.

FY 2022 Plan

SMH Stroke Program will do the following:¹⁵³

- Provide stroke screening and education at events in SDC, including events for seniors and vulnerable adults
- Provide stroke education, screening and outreach to community members via social media and in person classes
- 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

Identified Community Need: Health Education, Screening, Support and Resources 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.
- 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.

¹⁵³ Where applicable, the SMH Stroke Program will perform these activities as COVID-19 public health and safety guidelines allow.

- 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 age 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 2019, Alzheimer's disease was the fourth leading cause of death in SDC for all age groups.
- In 2019, the top 10 leading causes of death among adults age 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/unintentional injuries, essential hypertension and hypertensive renal disease, Parkinson's disease, and influenza or pneumonia.
- In 2019, 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 age 65 and older in 2019 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 SDC residents 55 years and older will be living with Alzheimer's Disease and Related Dementias, representing a 36.5% increase from 2015 (County of San Diego HHSA, 2018).
- According to the California Department of Aging (CDA), in 2021, 11.4% of SDC residents age 60 and older were considered low-income, and 17.1% were eligible for Medi-Cal coverage. In addition, 17.9% of SDC seniors were identified as living alone (CDA, 2021).
- The National Alliance for Caregiving's (NAC) *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), *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).
- Research published in *Health Affairs* indicates that lack of access to technology, low digital health literacy and design barriers in patient portals and apps have disproportionately affected older adults during the COVID-19 pandemic, especially those in underserved communities (Fulmer et al, 2021).

Objectives

- Provide a variety of senior health education and screening programs
- Provide education and community resources to seniors and 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 2021 Report of Activities

The 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.

Sharp Senior Health Centers connect with underserved seniors in SDC through

educational presentations and referrals to community resources and support services. In FY 2021, the majority of activities, including education programs, health fairs, screenings and events to address the needs of seniors and caregivers, were canceled or postponed in response to COVID-19. When possible, programs were held virtually to support continued learning during the pandemic. In FY 2021, the Sharp Senior Health Centers also distributed Vials of Life in the clinics and at other events. Vials of Life are small vinyl sleeves that can be magnetically affixed to a refrigerator to provide emergency personnel with critical medical information for seniors and people with disabilities.

In response to COVID-19 in FY 2021, Sharp Senior Health Centers continued to offer telemedicine visits with both PCPs and psychiatrists to reach isolated patients and maintain connection with seniors. In addition, Sharp Senior Health Centers continued to conduct telephone calls to more than 1,900 patients and community members during 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 general wellness check-ups, referrals for further assistance and resources to address loneliness. Further, throughout FY 2021, a geriatric social worker 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 500 individuals — including patients and their family members as well as 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. Since the onset of the COVID-19 pandemic in March 2020, the geriatric social worker has connected by phone with more than 750 individuals.

In FY 2021, the Sharp Senior Health Center provided virtual education on loneliness and isolation as well as shared community resources to 35 members of the San Diego Seniors Community Foundation, an organization focused on improving the vitality of all SDC seniors and ensuring that no local senior is left without access to the knowledge and resources to thrive. In January, the Sharp Senior Health Center provided education on coronavirus burnout and pandemic fatigue to more than 50 staff members at Serving Seniors. The Sharp Senior Health Center also provided Serving Seniors staff with information about various community resources including San Diego Center for Children Academy, SDC COVID-19 information and updates, Food Bank, San Diego Housing Federation, United Way of San Diego County, Computers 2 Kids San Diego, Center for Community Solutions, San Diego Hunger Coalition, San Diego District Attorney victim and survivors COVID-19 community resource list, County of San Diego HHSA senior meals, San Diego County Suicide Prevention Council COVID-19 resources, San Diego County Behavioral Health Services, Child and Adolescent Mental Health Services, Live Well San Diego (LWSD) and SMV.

In February 2021, Sharp Senior Health Center staff participated in LWSD's Love Your Heart screening, an event where organizations from across the U.S. and Mexico join

together to provide the community with free blood pressure screenings around Valentine's Day. Community partners spread awareness of heart disease and stroke and empower community members to take control of their heart health, as well as understand their blood pressure readings. The Sharp Senior Health Center provided 10 community members with blood pressure checks as well as information about blood pressure control and community resources at the Sharp Senior Health Center Clairemont. In May 2021, the Sharp Senior Health Center participated in the Sharp HealthCare Virtual Aging Conference: Self-Care for the Mind, Body and Soul. The Sharp Senior Health Center provided community resources and shared its service offerings to 80 participants.

In FY 2021, the SMH Senior Resource Center and the Sharp Senior Health Center distributed a technology survey to senior community members through the Cushman Wellness Center Community Health Library, Sharp Senior Health Center and the Gary and Mary West Senior Wellness Center in Downtown San Diego. In FY 2021, more than 50 participants completed surveys, which will guide future education and support for seniors and help them connect with one another virtually.

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, Point Loma/Hervey Library, San Diego Square, St. Paul's PACE (Program of All-Inclusive Care for the Elderly), St. Peter's by the Sea Lutheran Church, Downtown San Diego Silvercrest Residence and Health Insurance Counseling & Advocacy Program. In FY 2021, several organizations met virtually in response to the COVID-19 pandemic.

Unfortunately, Sharp's Downtown Senior Health Center permanently closed in November 2020 and Sharp's Clairemont Senior Health Center permanently closed in August 2021.

FY 2022 Plan

The SMH Senior Resource Center will do the following:¹⁵⁴

- Offer educational workshops for seniors and caregivers at Point Loma Community Presbyterian Church

¹⁵⁴ Where applicable, the SMH Senior Resource Center will perform these activities as COVID-19 public health and safety guidelines allow.

- Provide information, resources and support to address concerns of community seniors and caregivers
- Provide community health information and resources through educational programs
- Produce and distribute quarterly newsletters to San Diego households, highlighting events of interest to seniors and family caregivers
- Provide Vials of Life to community seniors
- Participate in and coordinate community health events and conferences, including virtual events
- In collaboration with Sharp HospiceCare, host a virtual aging conference for seniors
- Maintain active relationships with organizations that serve seniors in Point Loma, SDC's north central and central regions, and Downtown San Diego
- Serve as a resource for senior health and well-being through various media sources

Identified Community Need: Health Education, Support and Wellness

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

Rationale

- The HASD&IC and SMH 2019 CHNAs identified access to health care, aging concerns, behavioral health, cancer, chronic conditions, community and social support, economic security, education, homelessness and housing instability, and unintentional injury and violence as the priority health issues affecting members of the communities served by SMH. In addition, maternal and prenatal care, including high-risk pregnancy, 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 a 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.¹⁵⁰
- In 2019, diseases of the heart were the second leading cause of death for SDC.
- According to 2020 CHIS data, 23.2% of SDC residents had ever been diagnosed with high blood pressure, while 7.8% had borderline high blood pressure. In addition, 24.3% of SDC adults reported being obese.
- In California, the self-reported obesity rate in 2020 was 30.3%. Prevalence of obesity decreases as education levels increase, highlighting the need for health education as a tool for reducing obesity rates (CDC, 2021).
- 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 (CDC, 2021).
- According to the article *Social and Environmental Factors Influencing Obesity*, obesity prevalence is significantly associated with gender, 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, 2019).
- According to the NIH National Library of Medicine (NNLM), nearly 9 out of 10 U.S. adults struggle with health literacy, which involves the information and services that people need to make well-informed health decisions. Limited health literacy is associated with poor health outcomes, including hospital stays and ED visits; medication errors; difficulty managing chronic diseases; and skipping preventive services, such as flu vaccines (NNLM, 2021).
- The NNLM suggests the following strategies for improving health literacy: ensuring that community members can easily access health information, providing plain language health materials in different languages, training health professionals about health literacy best practices, creating clearinghouses of health literacy information for health professionals, and reviewing health materials (like insurance forms and medication instructions) with community members to help make sure they understand the information (NNLM, 2021).
- The National Center for Complementary and Integrative Health (NCCIH) describes integrative health as a way to bring conventional and complementary health care approaches together in a coordinated way. Integrative health also emphasizes

multimodal interventions — combinations of various interventions such as conventional medicine, lifestyle changes, physical rehabilitation, psychotherapy, and complementary health approaches — with an emphasis on treating the whole person (NCCIH, 2021).

- According to the Mayo Clinic, integrative medicine can help people with cancer, persistent pain, chronic fatigue, fibromyalgia and many other conditions better manage their symptoms and improve their quality of life by reducing fatigue, pain and anxiety. Examples of common practices include acupuncture, animal-assisted therapy, aromatherapy, dietary supplements, massage therapy, music therapy and meditation (Mayo Clinic, 2021).

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 2021 Report of Activities

In FY 2021, the OPP and various departments at SMH reached more than 900 patients and community members through free health education classes and support groups as well as hundreds of additional individuals through newsletter mailings. Throughout the year, all programs were offered virtually to ensure safe, ongoing education for the community during the COVID-19 pandemic. Education classes covered various aspects of health and wellness, including 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. Class topics included: Keeping Fear in Check: “C.A.D.” Coronary Artery Disease or Covid Anxiety Disorder—Is there a Link?; Introduction and Overview: Understanding Integrative Medicine Health Practices; Eat This Not That: COVID-19 Edition; How to Beat Burnout and Fatigue; Hope for the COVID-Weary; How Sleep Affects Immunity; Positive Impacts of Mixing Up Your Exercise Routine; Osteoporosis Prevention and a Natural Approach to Treatment; Perimenopause: More Than Hot Flashes; Gut Health Affects All Health; Everyone Is Aging, Trends in Longevity, Health and Wellness; and Autoimmune Disease: ANTI-body Heroes and Enemies. Integrative medicine classes offered in-person, virtual and recorded meeting options in FY 2021. SMH also connected with more than 200 community members each month through its integrative medicine class mailing list.

Support groups provided an outlet for community members to share their personal experiences and advice for coping with various challenges, including cancer, breastfeeding, postpartum mood disorders, and nutrition and support following bariatric surgery. Sharp Rehabilitation Services (Sharp Rehab) also hosted free support groups,

including groups for stroke survivors, individuals with spinal cord injury (SCI), and those recovering from the physical or cognitive effects of a past COVID-19 diagnosis.

The YESS support group focused on educating the community about stroke and the effects of stroke on young people and their families. The group offered guest speakers, adaptive exercise classes, social meetings and support meetings. Serving not only stroke survivors, but also adults with head injuries, family members, professionals and educators, YESS reached approximately 200 participants in FY 2021, which included SMH's virtual support group meetings and virtual adaptive exercise classes. In addition, YESS connected with approximately 700 survivors, family members and health professionals through its mailing list. The twice monthly support group for individuals with SCI engaged more than 10 community members each session in FY 2021. The group also included an additional 150 community members through an electronic resource and support network. Beginning in June, Sharp Rehab offered a twice monthly, post-COVID-19 group to support community members living with residual health issues from an earlier COVID-19 diagnosis, including pulmonary issues, balance/vestibular problems, cognitive challenges and pain. The post-COVID-19 support group reached nearly 20 community members in FY 2021.

The Arts for Healing program at SMMC — led by Sharp's Spiritual Care Department and supported by volunteers — brings a variety of art experiences to hospital patients, guests and staff to promote emotional and spiritual well-being. Up until April, volunteer participation was paused due to COVID-19. Prior to the return of Arts for Healing volunteers, program staff mindfully and creatively adapted and enhanced their offerings to meet the emerging needs of those they serve. At SMH, Arts for Healing staff provided inspirational and reflective arts experiences to help alleviate the stress emotional and physical fatigue experienced by hospital team members during the COVID-19 surge. This included community art, art-based mindfulness, self-reflection tools, staff wellness events and supportive live music engagements.

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 and upcoming community education classes and support groups. Each quarter in FY 2021, the library mailed approximately 1,230 newsletters and delivered an additional 1,140 electronically. 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. In May, the consumer health librarian shared information about the Cushman Wellness Center Community Health Library to approximately 80 attendees of the Sharp HealthCare Virtual Aging Conference.

In August, a librarian from the Cushman Wellness Center Community Health Library participated in Grossmont Healthcare District's Family End of Summer Palooza at Briercrest Park along with several community partners including YMCA, Family Health Centers of San Diego, Neighborhood Healthcare, La Maestra Community Health Centers, the Food Bank and many more. The three-day event included a food drive, a fresh food giveaway, take-home crafts in the park, face-painting activities, COVID-19 vaccinations, group exercises and free back-to-school supplies and books. In addition, the librarian read three health-related picture books during a story time to approximately 25 attendees.

In April, SMH staff participated in the virtual Sharp Women's Health Conference. The conference encouraged attendees to focus on themselves, learn tools to improve their health and well-being, stay connected and lift each other up. Nearly 830 community members were inspired by the conference's three keynote speakers, multiple breakout sessions and exhibitors. Various hospital departments engaged attendees in educational videos, health risk assessments and live chat sessions with clinical experts on a range of health topics, including cancer, cardiovascular health, diabetes, women's health, orthopedics, senior health and more, as well as provided community resources.

In FY 2021, SMH offered three webinars on atrial fibrillation, where SMH-affiliated cardiovascular surgeons and heart specialists discussed symptoms, diagnosis and advanced treatment options, including minimally invasive procedures designed to reduce the risk of stroke. During American Heart Month in February, SMH shared three videos on Facebook of an SMH-affiliated cardiologist discussing how to be good to the heart. Topics included common habits that may be damaging the heart; how much exercise is good for heart health and the benefits of exercise; and the Mediterranean diet's heart benefits. Also in February, SMH provided a webinar titled Advances in Treatment for Heart Valve Disease, where SMH-affiliated surgeons discussed heart valve disease symptoms, diagnosis and treatment options. SMH also provided six webinars on treating knee, hip, shoulder and joint pain to numerous community members throughout FY 2021.

Throughout the year, SMH provided coordination, support and related fundraising activities for the 2021 San Diego Heart & Stroke Walk. In addition, SMH served as a blood donation site for Sharp's FY 2021 systemwide blood drive to collect life-saving blood for those with medical needs. SMH anticipated participating in additional community health fairs and events in FY 2021, however, most community events were cancelled or postponed as a result of COVID-19. In addition, Sharp, including SMMC, provided COVID-19 vaccines at the Sharp Knollwood Vaccination Station, vaccinating nearly 34,000 community members throughout the year, including SDC school teachers.

In FY 2021, SMH health experts provided a variety of health and wellness education through the hospital's Facebook page and Sharp Health News. Topics included breast self-awareness and breast cancer screening; breast cancer recovery; navigating brain cancer treatment; paralysis and rehabilitation; hip surgery for young patients; the 'Long-

Haul' COVID-19 Recovery Program; skin changes and cancer diagnosis; kidney disease and preemptive transplantation; life-saving extracorporeal membrane oxygenation care (blood is pumped to a heart-lung machine and sends oxygen-filled blood back to the body); adaptive surfing; fall prevention; managing shoulder pain; how to determine your healthy weight; how to treat mild COVID-19 symptoms at home; breaking bad heart-health habits; exercise, mindfulness and heart health; the Mediterranean diet and heart health; heart transplantation; tips to lower colorectal cancer risk; colorectal cancer screening; and mental health awareness and available support. These and other topics were featured in more than 120 Sharp news media clips. Additional media outlets featuring SMH's educational topics included *The San Diego Union-Tribune*, CBS News 8, KUSI News, NBC-7/39, ABC 10News San Diego, Fox 5 San Diego, KOGO News, and KPBS.

In addition, Sharp Health News featured the Arts for Healing program at SMH in several articles, including *The Power of Music During COVID*, *Healing Through the Arts During the COVID-19 Pandemic*, and *Sharp Adjusts Arts for Healing Program During Coronavirus Pandemic*. In January, ABC 10 News San Diego created a television and web-based news story about the Arts for Healing program during the pandemic, which was shared by news stations across the country. In February, an editor of *San Diego Jewish World*, who participated in several art and music therapy groups during their stay at Sharp Allison DeRose Rehabilitation Center, wrote an article about their experience and appreciation for Sharp's Arts for Healing program.

Beginning in 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. In FY 2021, the SMH FRC continued to attend to the needs of thousands of concerned San Diegans during the ongoing community health crisis.

FY 2022 Plan

SMH will do the following:¹⁵⁵

- Provide education classes for community members on a variety of health topics
- Provide support groups for community members on issues such as 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

¹⁵⁵ Where applicable, SMH will perform these activities as COVID-19 public health and safety guidelines allow.

- Provide coordination, support and fundraising activities for local nonprofit organizations
- Offer support to community members through the SMH FRC

Identified Community Need: Cancer Education and Patient Navigator Services

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

Rationale

- The HASD&IC and SMH 2019 CHNAs identified cancer as one of the priority health needs affecting members of the communities served by SMH.
- According to data presented in the HASD&IC 2019 CHNA, cancer was the leading cause of death in SDC in 2016.
- Focus groups conducted as part of the HASD&IC 2019 CHNA identified cancer as a condition that many members of the community fear, particularly brain, colon and breast cancers. Participants also described barriers to receiving cancer screenings and treatment, including stigma surrounding a cancer diagnosis; fear about immigration status, particularly for asylum seekers; financial burdens, even for those with health insurance; and practical issues, such as transportation to medical appointments.
- According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 67% of respondents ranked cancer among the top five health conditions with the greatest impact on overall community health in SDC.
- As part of the SMH 2019 CHNA, focus groups 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 2020 were (in rank order): breast (18.4%), prostate (11.6%), lung (7.0%), cancers of the hematopoietic and reticuloendo system¹⁵⁶ (6.2%) and endometrial cancer (5.5%). In total, there were 2,475 new cases of cancer at SMH in 2020.

¹⁵⁶ 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).

- According to 2020 Sharp oncology data, 42.9% of the 1,134 SMH 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.
- Sharp 2020 oncology data identified the top 10 areas of concern for Sharp cancer patients to be health insurance or money worries; pain; feeling too tired; worrying about the future and what lies ahead; exercising and being physically active; worrying about family, children or friends; sleep; making a treatment decision; changes/disruptions in work; and feeling nervous. In 2019, cancer was the leading cause of death for SDC residents and was responsible for 22.9% of all deaths.
- There were 5,018 deaths due to cancer (all types) in SDC in 2019. The age-adjusted rate of death due to cancer was 135.2 deaths per 100,000 population in SDC.¹⁵¹
- In 2019, 16.9% of all cancer deaths in SDC were due to lung cancer, 8.6% to colorectal cancer, 7.9% to pancreatic cancer, 7.6% to female breast cancer, 7.1% to prostate cancer, 6.4% to female reproductive cancers, 6.4% to liver cancer, and 3.8% each to brain cancer and leukemia.
- The American Cancer Society (ACS) estimates that, in 2021, there will be 187,140 new cancer diagnoses and 61,860 cancer deaths in the state of California (ACS, 2021).
- According to findings from the ACS *Cancer Facts & Figures 2021* report, 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, 2021).
- 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, 2021).
- A recent study by the ACS found that at least 42% of newly diagnosed cancer cases in the U.S. — about 797,000 cases in 2021 — 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, 2021).
- 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, and offer hope for many people as well as 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 2021 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 SGH, and Douglas & Nancy Barnhart Cancer Center at SCVMC. The Cancer Centers of Sharp are accredited by the American College of Surgeons Commission on Cancer as an Integrated Network Cancer Program (INCP), demonstrating Sharp's commitment to meeting rigorous standards and improving 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. New in FY 2021, the Cancer Centers of Sharp received APEX (Accreditation Program for Excellence) accreditation by the American Society for Radiation Oncology, in recognition of Sharp's dedication to promoting effective communication and coordinated radiation oncology treatment, as well as engaging patients and their families as partners in care.

The Cancer Centers of Sharp, including the SMH Laurel Amtower Cancer Institute, serve 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 2021, all programs served more than 2,800 community members impacted by cancer and were provided online in response to the ongoing COVID-19 pandemic.

Support groups provided a safe environment for more than 1,600 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; women newly diagnosed with cancer; individuals living with a brain tumor or brain cancer and their family and caregivers; and young patients living 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. Additional groups were available twice per month, including a general cancer support group for individuals with any diagnosis at any stage, men living with cancer at any stage, as well as groups for individuals living with breast cancer and advanced cancer. In addition, the Cancer Centers of Sharp offered a weekly Art and Chat support group for patients living with cancer, survivors and their loved ones, which included a combination of conversation and relaxing drawing methods to increase focus, creativity, self-confidence and personal well-being. In FY 2021, support group attendance increased with the new virtual format, reaching community members throughout SDC and the world.

In partnership with the Cancer Centers of Sharp, the Laurel Amtower Cancer Institute reached more than 1,100 community members through free classes and workshops 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 a Lunch and Learn Cancer Education series that discussed a unique cancer-related topic each month for community members, patients and families. A monthly New Cancer Diagnosis webinar provided insight on coping, adjusting and growing through one's new cancer experience. Other webinars included breast cancer treatment and life after cancer.

The Cancer Centers of Sharp also offered free virtual workshops for patients and community members, including advance care planning (ACP) from a trained ACP facilitator with assistance in drafting advance health care directives (advance directives) as well as information about Physician Orders for Life-Sustaining Treatment. Other workshops provided education on relaxation skills, scanxiety (anxiety related to diagnostic scans), managing the stress and anxiety of a cancer diagnosis, improving memory and concentration, managing the fear of cancer recurrence, sleeping well and journaling. Since the classes were transformed to virtual and individuals were in the comfort of their own homes, attendance increased in FY 2021. Further, several programs were recorded and shared with individuals who were unable to attend the webinars. Lastly, a team of Sharp-affiliated physicians shared free videos on sharp.com on the following cancer-related topics: nutrition for breast cancer patients, medical oncology, pathology and surgery.

More than 500 community members participated in webinars to learn more about healthy eating after a cancer diagnosis. This included a twice-monthly, live webinar focused on nutrition, healthy eating and physical activity both during and after breast cancer treatment. Topics included the most current nutrition and physical activity recommendations, plant-based eating, and managing the side effects of treatment, as well as frequently asked questions and myths about breast cancer and nutrition. The webinar was also made available on sharp.com as a pre-recorded YouTube video for convenient viewing at any time. A similar pre-recorded video was also provided on sharp.com, which focused on the importance of a healthy diet before, during and after treatment for any type of cancer. Video topics included basic guidelines and meal-planning strategies and dietary recommendations to manage the side effects of treatment.

In FY 2021, the Laurel Amtower Cancer Institute, in partnership with the Cancer Centers of Sharp, continued to provide free monthly classes on lymphedema — a condition where swelling occurs because of damage or blockage in the lymphatic system. Led by a certified lymphedema therapist, the classes taught more than 20 individuals who were at high risk of developing lymphedema about risk factors, prevention strategies, signs and symptoms, and treatment options for the condition. Participants also received educational and community resources, including a guide to local medical vendors to purchase a compression garment to help manage their condition.

Throughout the year, the Cancer Centers of Sharp, including the Laurel Amtower Cancer Institute, continued to partner with Sharp HospiceCare to provide free, monthly ACP webinars. The webinars educated nearly 20 community members about the ACP process, including basic tools to help individuals make important health care choices and communication tips to jumpstart the conversation with loved ones. Participants also had the opportunity to develop an advance directive with guidance from a Sharp ACP facilitator.

In FY 2021, the Laurel Amtower Cancer Institute hosted free, specialized online events for community members, patients, families and caregivers impacted by cancer. In collaboration with the Cancer Centers of Sharp, this included a webinar in recognition of Breast Cancer Awareness Month in October titled *Surviving Cancer: Thriving After a Diagnosis*, which provided education to 60 participants about health and well-being during the cancer treatment journey. The event featured a variety of presentations from Sharp experts, including *Survivorship from the Physician's Perspective*; *Cancer and Stress 101*; *Nutrition Facts, Myths and Use of Supplements*; *Lymphedema — What You Should Know*; and *Benefits of Exercise Before, During and After Treatment*. In May, the Laurel Amtower Cancer Institute and Neuro-Oncology Center hosted *Living With Hope: A Brain Tumor Workshop* dedicated to the treatment and care of individuals with brain or spinal tumors. The virtual event taught more than 40 participants about advances in treatment, clinical trials, genetics and risk factors, nutrition, coping strategies, supportive services and ACP. In addition, an SMH-affiliated general surgeon discussed breast self-awareness and the signs and symptoms of cancer with *Blood & Milk* — an online community resource for women — during Breast Cancer Awareness Month in October.

The Cancer Centers of Sharp, including the Laurel Amtower Cancer Institute, also participated in the virtual Sharp Women's Health Conference in April. The conference encouraged attendees to focus on themselves, learn tools to improve their health and well-being, stay connected and lift each other up. Nearly 830 community members were inspired by the conference's three keynote speakers, multiple breakout sessions and exhibitors. During the event, the Cancer Centers of Sharp offered an online evidence-based breast cancer health assessment, videos on five ways to reduce breast cancer, breast cancer risk factors, and the services available for breast cancer, as well as live chats with an oncologist and a registered dietitian.

In 2020, Sharp's systemwide INCP promoted convenient at-home colorectal cancer screening by mailing fecal immunochemical test kits to more than 26,000 SDC residents, including those served by SMH. Over 10,000 individuals completed and returned the tests, which detect the presence of hidden blood in the stool, a potential symptom of colon cancer. Participants with positive results received recommendations for follow-up, including colonoscopy. As a result of this screening initiative, 13 participants were diagnosed with colon cancer, a diagnosis that may have otherwise gone undetected until becoming more advanced.

The Laurel Amtower Cancer Institute includes the Neuro-Oncology Center and the Breast Health Center, with designated licensed clinical social workers (LCSW), 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 2021, 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 Vee, 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 who needed transportation to and from treatment appointments. Nearly 1,300 patient trips were provided in FY 2021.

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 NCI 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 studies focus on optimizing the standard of care. Sharp's COR collaborates with 22 physician-investigators throughout SDC's south, east and central regions. This brings innovative treatments close to research participants' homes and minimizes the travel time for their care and study participation.

In FY 2021, the COR pre-screened 254 patients for participation in oncology clinical trials. As a result, 62 patients consented 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 and prostate. Sharp is the only health care organization in SDC to be accredited by the Association for the Accreditation of Human Research Protection Programs, demonstrating Sharp's commitment to rigorous standards for ethics, quality and protection for research participants.

FY 2022 Plan

The Laurel Amtower Cancer Institute at SMH will do the following:

- Provide a variety of virtual cancer support groups for community members, patients, families and caregivers
- 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
- Collaborate with the Cancer Centers of Sharp to provide virtual workshops on various cancer wellness topics, including Spanish-language options
- Boost education and awareness about low-dose computed tomography (CT) lung cancer screenings and lung nodule management
- 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
- Launch a private Facebook group — Sharp HealthCare Cancer Patient Community
- Offer classes to address cognitive impairments related to cancer and cancer treatments
- Offer two new support groups — one for cancer survivors and one for patients with colorectal or anal cancer
- Participate in and provide fundraising for events to support cancer research in San Diego

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 2019, accidents (unintentional injuries) were the fifth leading cause of death for SDC overall.
- Unintentional injuries are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region. Unintentional injuries include the following: motor vehicle accidents, falls, pedestrian-related, firearms, fire/burns, drowning, explosions, poisoning (including drugs and alcohol, gas, cleaners and caustic substances), choking/suffocation, cutting/piercing, exposure to electrical current/radiation/fire/smoke, natural disasters and workplace injuries.
- Between 2015 and 2019, more than 5,800 San Diegans died from injuries that were not self-inflicted.
- In 2019, there were 1,273 deaths due to unintentional injury in SDC. The county's age-adjusted death rate due to unintentional injury was 36.2 deaths per 100,000 population. In 2019, unintentional injury accounted for 5.4% of all deaths in SDC.¹⁵¹
- In 2019, there were 23,310 hospitalizations related to unintentional injury in SDC. The age-adjusted rate of hospitalizations due to unintentional injury was 650.9 per 100,000 population.
- In 2019, there were 173,014 ED visits related to unintentional injury in SDC. The age-adjusted rate of ED visits due to unintentional injury was 5,122.0 per 100,000 population.
- According to a report from the County of San Diego Department of the Medical Examiner, in 2020, 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. The number of deaths attributed to accidental causes increased 15.6% from 2019 to 2020.
- CDPH and HCAI injury data indicates that, in 2020, unintentional injuries caused more than 1,500 deaths, nearly 130,000 million ED visits, and more than 27,500 hospitalizations in SDC (CDPH, 2020; SpeedTrack, Inc., 2020).
- In 2019, unintentional injury was the third leading cause of death across all age groups in the U.S., accounting for more than 173,000 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, 2021).
- According to data from National Center for Health Statistics, in 2019, nearly 143,000 deaths in the U.S. were attributed to three causes: poisoning (46.1%), motor vehicle traffic accidents (26.3%) and falls (27.6%).
- 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 (LWSD, 2020).
- According to the CDC, traumatic brain injury (TBI) is a major cause of death and disability in the U.S., contributing to about 30% of all injury deaths. Those who

survive TBI can face effects lasting a few days to disabilities that last the rest of their lives. Preventing older adult falls, improving safe play in sports, and increasing motor vehicle safety can reduce TBI. Public health approaches to injury prevention can reduce the rate of TBI and its long-term consequences (CDC, 2021).

- In addition, the CDC estimates that, in 2019, the economic cost of injury in the U.S. was \$4.2 trillion, including \$327 billion in medical care, \$69 billion in work loss and \$3.8 trillion in value of statistical life and quality of life losses. Economic cost was highest among working-aged adults, highlighting the fact that injuries during the most productive part of people's lives result in a high societal cost (CDC, 2021).
- 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 2021 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 2021, Sharp's ThinkFirst program intended to offer numerous educational opportunities for students and residents. However, due to the continued impact of COVID-19 on school closures and other regulatory requirements, many activities were either cancelled or significantly limited. In total, ThinkFirst injury prevention education reached approximately 225 students throughout SDC in FY 2021.

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 2021, Sharp's ThinkFirst program provided injury prevention education to approximately 225 students from Chula Vista High School. The HASPI programs consisted of one- to two-hour virtual classes on topics including the modes of injury (e.g., automobile collisions, violence and injuries tied to 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. Virtual presentations included lengthy question-and-answer segments to enhance the feeling of connectedness between the students and the VIP speakers. Students had the opportunity to ask questions by unmuting themselves or typing their questions into the chat box. Despite the virtual format, students showed greater engagement and participation compared to previous in-person presentations.

FY 2022 Plan

ThinkFirst will do the following:¹⁵⁷

- 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
- Expand beyond the scope of HASPI with the SDCOE's College and Career Readiness Department to provide and provide educational presentations to schools in North County, Coronado and South Bay
- Grow partnerships with the SDCOE's College and Career Readiness Department through participation in conferences, round table events and collaborative projects
- As appropriate and with funding, explore opportunities to incorporate concussion education into school and community-based presentations
- 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 a priority health need and SDOH affecting members of the communities served by SMH.

¹⁵⁷ Where applicable, ThinkFirst will perform these activities as COVID-19 public health and safety guidelines allow.

- 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 2021, there were 186,000 people employed in the health care sector in SDC, accounting for 13% of all jobs countywide (SDWP, 2021).
- SDWP also cites research by the University of Washington Center for Women's Welfare that estimates the basic needs of a single adult resident of SDC to cost \$3,058.72 per month, requiring full-time employment at \$17.65 an hour. Of the 20 most common occupations in SDC's health care sector, there are 11 with training requirements less than or equal to an associate degree that can provide new graduates with a living wage (SDWP, 2021).
- 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 (Employment Development Department (EDD), 2020).
- According to the U.S. Bureau of Labor Statistics' (BLS) *Employment Projections – 2020-2030* report, employment in health care and social assistance is projected to add about 3.3 million jobs from 2020 to 2030 — the highest growth among all industry sectors. Seven of the 30 occupations expected to grow fastest in that time period are associated with health care. Factors that are expected to contribute to this growth include rising demand for the care of an aging baby-boom population, longer life expectancies and continued growth in the number of patients with chronic conditions (BLS, 2021).
- According to a report from the California Health Care Foundation (CHCF) titled *California Physicians: A Portrait of Practice*, the number of physicians, physician assistants and three types of advanced practice nurses in California grew between 2016 and 2020, while the supply of clinical nurse specialists decreased. The increased supply of licensed physicians does not accurately reflect the availability of care, however – less than half of California's physicians provided care 40 or more hours per week (CHCF, 2021).
- According to a report titled *Health Workforce Strategies for California*, studies conducted over the past four decades demonstrate that multi-component pipeline programs for high school, college and post-baccalaureate students underrepresented in the health professions positively impact a variety of outcomes with the potential to improve the diversity of the health care workforce (CHCF, 2021).

- Although California has enacted various policies to increase both the size and the diversity of the health workforce, current public and private sector efforts have not been sufficient to alleviate existing shortages (CHCF, 2021).
- 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).
- According to CFHWC key informant interviews with private sector health care leaders, some of California's workforce needs include increasing workforce diversity; educating young Californians that jobs in the health sector are attainable, regardless of background, socioeconomic status, race/ethnicity and gender; and partnering with schools and companies to remove barriers to continuing education and develop pipelines for jobs (CFHWC, 2020).
- A CHCF survey of frontline health care workers during COVID-19 reflects the sustained mental and emotional toll of providing patient care during the pandemic. Six in 10 providers continue to feel overworked and burned out, while nearly half are frustrated by their job. Nearly 3 out of 4 nurses (72%) say they feel burned out from their work — higher than the 61% reported among nurse practitioners and physician assistants, 57% among doctors, and 56% among behavioral health specialists (CHCF, 2021).
- A study published in *EClinicalMedicine* that included nearly 21,000 clinical and non-clinical health care workers from 42 organizations found that, in 2020, 61% of workers reported fear of workplace COVID-19 exposure or transmission, 38% reported anxiety/depression, 43% suffered work overload and 49% had burnout (Prasad et al., 2021).

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 2021 Report of Activities

In FY 2021, 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 2021, student participation in some of these programs declined as a result of interruptions to on-site learning caused by COVID-19. SMH traditionally participates in the Health Sciences High and Middle College (HSHMC) program to provide early professional development

and career pathways for high school students, but due to the COVID-19 pandemic, the program remained paused in FY 2021.

SMH and the OPP offered various placement and professional development opportunities for students and interns throughout SDC. More than 340 nursing students, three midlevel practitioner students and more than 240 ancillary (non-nursing) students from a variety of colleges and universities spent more than 81,800 hours at SMH. Program partners included Azusa Pacific University (APU), California State University San Marcos, Grand Canyon University, Grossmont College, Grossmont Health Occupations, National University, Palomar College, Pima Medical Institute, Point Loma Nazarene University, San Diego Mesa College, SDSU, San Joaquin Valley College, Southwestern College (SWC), University of California (UC) San Diego, UC San Diego Extension, University of San Diego, University of Southern California and University of St. Augustine for Health Sciences.

The SMH Clinical Pastoral Education program continued to train community clergy members interested in health care chaplaincy, training 14 chaplain students in FY 2021. In November, the Spiritual Care and Education Department hosted an educational event for professional chaplains titled Chaplains' Roles & Experiences in National Conversations About Race, Prejudice, Equality and Justice. The virtual event drew 50 attendees, including graduates of SMH's chaplaincy program as well as chaplains from various hospitals and hospices in SDC. In May, an SMH chaplain co-presented a Coalition for Compassionate Care of California webinar titled Caring and Commemoration: Creative Models for the Dying in the Face of COVID-19. The SMH chaplain shared experiences working with individuals who are dying and their loved ones during the COVID-19 pandemic. The webinar included practical advice and a framework for providing patient- and family-centered care during COVID-19 and beyond. Nearly 20 health professionals attended the event, including chaplains, spiritual care providers, palliative care leaders and coordinators, registered nurses (RN) and more.

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 14 community paramedic interns in FY 2021. 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 1,680 hours of clinical training and supervision to these specialized community programs in FY 2021.

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. Three MICN's were trained

through the program in FY 2021. In addition, as a radio base station, the SMH prehospital/EMS department provided 26 hours of education to local EMS personnel and MICN nurses throughout SDC through virtual field care conferences.

In FY 2021, the Arts for Healing program completed an evidence-based practice project to measure the impact of music therapy on patients. The project was funded by a grant from The Music Man Foundation in 2019 and 2020, supporting the expansion of music therapy services at SMMC. This included but was not limited to the addition of weekly music therapy for the Child Partial Hospitalization Program at SMV and increased neonatal intensive care unit music therapy services at SMBHWN. The project evaluated the effectiveness of an individualized music therapy intervention on pain, opioid use, anxiety and well-being with adult patients in a progressive care unit at SMH. The project indicated music therapy is an effective treatment to improve social-emotional and physical wellness of hospitalized patients.

Sharp Rehab provided free, online professional development opportunities for community and Sharp professionals in FY 2021, 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 an eight-week course designed to help professionals develop compassion for themselves and others. Through lectures, guided exercises and group discussions, CCT can improve communication, resilience to stress and 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 resilience. In addition to providing an eight-week course of both CCT and MSC, in FY 2021, Sharp Rehab offered two drop-in MSC classes for those interested in a short practice session and ongoing group support, as well as an intensive, four-week version of CCT. Approximately 100 health professionals were trained through these courses in FY 2021. Course feedback indicated positive results for participants, including increased feelings of empathy towards co-workers, decreased self-criticism, and greater compassion following burn-out and negativity from caring for patients with COVID-19.

In FY 2021, SMH administration, along with SMV team members, actively participated in the Community Health Advisory Team (CHAT) for San Diego Mayor Todd Gloria. CHAT is a sub-group of Todd Gloria's Back to Work SD initiative, which looked to create an economic blueprint for reopening the City of San Diego during COVID-19. While the initiative was composed of experts and leaders from across San Diego, CHAT is devoted specifically to advising the mayor and providing education to his team and constituents on the health impacts of COVID-19.

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 sharing best practices, protocol development and education.

As part of this work, in FY 2021, the SMH assistant librarian presented on A Trauma-Informed Approach to Human Trafficking at three continuing education events to nearly 90 clinical staff, which included nurse practitioners, social workers and RNs. The SMH team member was a facilitator at the Health, Education, Advocacy, Linkage (HEAL) Trafficking — an organization that leads innovative health solutions to address human trafficking in communities worldwide — Train the Trainer Academy, along with a cohort of 42 individuals. The SMH team member contributed to trainings and other events that helped equip community health care professionals with best practices to identify and support patients who have experienced human trafficking.

In addition, the SMH assistant librarian created an educational series on trauma-informed care (TIC) in collaboration with the Institute on Violence, Abuse and Trauma; Palomar Health; and the Health Subcommittee for the San Diego Regional Human Trafficking and CSEC Advisory Council. The SMH team member provided planning support and education on the Neurobiology of Trauma (post-traumatic stress disorder); Trauma-Informed Care Principles; Trauma-Informed Care Skills for Clinicians; The PEARR (provide privacy, educate, ask, respect and respond) Tool — a trauma-informed instrument to support patients; ACE (adverse childhood experiences) Scores and Vicarious Trauma (the effect a traumatized client has on a trauma therapist). Providing clinicians with the knowledge and skills to address violence and exploitation that impacts patients, the series helped improve both clinician and patient experiences. The series addresses the gap in TIC, as well as the SDOHs that contribute to human trafficking and similar exploitation, such as addiction and its potential contributions to poor health outcomes. Further, this work supports findings and ongoing engagement as part of San Diego's collaborative, countywide HASD&IC CHNA.

Monthly meeting topics for the Health Subcommittee for the San Diego Regional Human Trafficking and CSEC Advisory Council included: the prevalence of pelvic floor dysfunction misdiagnosis in victims of sexual abuse/trauma as well as treatment techniques; Sharp's CHNA and community benefit process and how nonprofit health care systems can address public health concerns like human trafficking; the Safe Shelter Collaborative, which finds shelter quickly for survivors of domestic violence, human trafficking and sexual assault, and alternatives for when shelter is unavailable; the PEARR Tool; suspicious injury reporting for health care providers and mandated reporting for suspected/confirmed child abuse/CSEC; 2-1-1's CIE as a tool to help prevent client/survivor re-traumatization; Free to Thrive legal clinic, which works to break down barriers and build opportunities for human trafficking survivors; SDOH and human trafficking; an introduction to internet conspiracy theories and the dangers of conspiracy thinking for the anti-human trafficking work; and an informal open forum to discuss any topics of interest or concern. More than 400 community members attended the live meetings, which were recorded, when appropriate, and shared on YouTube. Nearly 500 community members received meeting details, best practices and topic resources throughout the year.

Further, SMH contributes to the expansion of scientific knowledge and medical advancements throughout the larger health and research communities through participation in clinical trials. In FY 2021, SMH provided orthopedic clinical trials to improve care and outcomes of patients with musculoskeletal disorders, including osteoarthritis, cartilage repair, hip dysplasia, bone injury and regeneration.

FY 2022 Plan

SMH will do the following:¹⁵⁵

- 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 education and training programs for community health professionals
- Participate in oncology-related continuing education opportunities for community physicians and other health care professionals
- Provide continuing education lectures to community physicians, residents, interns and Navy personnel at the SMH Hip Preservation Center
- Partner with Sharp's Continuing Medical Education Department to provide a continuing education series on trauma-informed care to equip clinicians with the skills to support the dignity and autonomy of patients, and share this with various stakeholders and organizations
- Collaborate with HASD&IC to address human trafficking by exploring and implementing protocols in regional health care systems to identify and support patients who have been trafficked
- Collaborate with HASD&IC and Sharp on an additional continuing education event addressing human trafficking in health care settings
- Partner with and connect the Training Institute on Strangulation Prevention, a San Diego-based program of Alliance for HOPE International, with the Safe Shelter Collaborative to facilitate interventions, improve patient outcomes and obtain data for research
- Partner with and connect the Training Institute on Strangulation Prevention with HEAL Trafficking to promote continuing education on assessing non-fatal strangulation in sex trafficking
- Explore training human trafficking survivors to teach best practices to health care systems
- Initiate and support plans to create more safe spaces for LGBTQ+ (lesbian, gay, bisexual, transgender and queer (or questioning) and others) and other youth to learn about safe relationships and healthy boundaries with local stakeholders and organizations

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, lack of caregiver upon discharge and lack of childcare assistance as priority SDOH related to community and social support that influence the health and well-being of 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 2021, a total of 1,315 inpatients at SMH experienced homelessness — a 1.8% decrease compared to FY 2020.

- In addition, a total of 243 SMH inpatients had an ICD-10 diagnosis for problems related to living alone in FY 2021 – the highest among all Sharp hospitals.
- In 2020, 12.9% of SDC adults, teens and children reported having no usual source of health care. In addition, 16% of SDC residents reported that they had not visited a doctor at all in the previous year (CHIS, 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 SANDAG's 2021 *COVID-19 Impacts* report, the top three ways Californians reported spending their stimulus checks included food (22%), utilities (16%) and rent (14%) (SANDAG, 2021).
- According to estimates from the San Diego Hunger Coalition, there has been a marked increase in food insecurity since the COVID-19 pandemic began. As of March 2021, approximately 1 in 3 San Diegans experienced food insecurity, nearly three-quarters of whom were already struggling to meet their needs prior to the COVID-19 pandemic. (San Diego Hunger Coalition, 2021).
- As of September 2021, the overall unemployment rate in SDC was 5.6%, which was lower than the unemployment rate for the state of California (7.5%) and higher than the national rate (4.8%) during the same period (Labor Market Information, EDD, 2021).
- According to the San Diego Regional Task Force on Homelessness' (RTFH) 2021 *Homelessness Crisis System Response* report, a total of 38,023 people in SDC received some form of housing or services related to homelessness in 2020, in contrast to the 7,658 people living on the streets or in shelters that were counted during RTFH's January 2020 Point-in-Time count (RTFH, 2021).
- According to findings from the CHCF's 2021 California Health Policy Survey, half of Californians (51%) reported taking at least one action to delay, skip or cut back on care in the past 12 months because of concerns related to cost. Of those who delayed care due to cost, 41% reported that their health condition worsened (CHCF, 2021).
- According to the same survey, more than 1 in 4 lower-income Californians (27%) reported that it was "somewhat" or "very" difficult to find a provider who took their insurance, compared to 10% of Californians with higher incomes (CHCF, 2021).
- In addition, among Californians with lower incomes, 4 in 10 reported being very worried about affording unexpected medical bills (43%), out-of-pocket costs (39%), and rent or mortgage (39%) (CHCF 2021).

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 health equity barriers to community-based services
- Provide transportation and pharmaceutical assistance to individuals with financial barriers

FY 2021 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 2021, 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. 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. Further, SMH assisted individuals who experience homelessness and test COVID positive by connecting them to the County of San Diego's Temporary Lodging Program for individuals affected by COVID-19 without a safe place to quarantine or isolate.

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 provides 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 2021, SMMC provided more than \$75,700 in free medications and transportation to individuals with financial barriers 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 health equity barriers 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. SMH joined the CIE pilot partnership in order to provide more informed, holistic care to patients with challenges to health equity, 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 patients in the acute care setting, including patients who experience homelessness, food insecurity and other hardships.

Although delays and obstacles to CIE implementation and adoption persisted due to the COVID-19 pandemic during Year 2 of the CIE pilot, utilization metrics improved significantly over Year 1. Community members across SDC were assisted through the CIE including residents of Downtown San Diego, Mission Valley, Southeast San Diego, Encanto, El Cajon, Lakeside, La Mesa, Otay Mesa, National City, Chula Vista, Carlsbad, Escondido and Oceanside. The top community referrals provided to patients through the CIE included utilities, food, housing and economic support. In addition, at the start of Year 3 (July 2021) of the partnership, Sharp leadership approved the integration of select CIE data with Sharp's electronic health record system, in order to further increase and support CIE utilization, and strengthen community resource connection. Data integration with the CIE will further support and improve Sharp's efforts to identify and address health equity barriers experienced by its patients and communities.

Sharp teams continue to work closely with 2-1-1 on the implementation and data integration plans for CIE, which includes evaluation of ongoing metrics, such as system utilization of CIE, referral tracking, case management efficiency, successful connection to community referrals and more. Data will be used to re-evaluate the value and sustainability of CIE for Sharp upon completion of the pilot's third year.

FY 2022 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
- Provide items of clothing to patients who lack usable clothing at discharge
- Provide financial assistance for prescription copayments and other personal items as needed
- Participate in 2-1-1's CIE program to connect patients who experience homelessness and other health equity barriers 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
- Age-friendly care program
- Arts for Healing and integrative therapies
- 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
- Critical care: intensive care units with 24-hour staffing by board-certified critical care physicians
- Discharge prescription services
- Family Resource Center
- 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 services¹⁵⁸
- Hospice¹⁵⁹
- Imaging services, including interventional radiology
- Infection prevention services
- Interpreter services
- Laboratory services
- Medical/surgical care, including a dedicated inpatient oncology unit
- 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

¹⁵⁸ Provided through Sharp Home Health

¹⁵⁹ Provided through Sharp HospiceCare.

- Robotic surgery
- Senior Resource Center
- Senior Trauma Program and accredited Senior-Friendly Emergency Department (bronze level)
- Sharp Allison deRose Rehabilitation Center, including inpatient and outpatient physical, occupational, hand, stroke, brain, spinal cord and speech therapy, balance and vestibular services, COVID-19 recovery program 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:
 - Diagnostic imaging
 - Genetic counseling
 - Infusion services
 - LCSWs
 - Nurse navigators
 - Nutrition counseling
 - Radiation therapy
- 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



Promoting Resiliency During a Pandemic

Sharp Mesa Vista Hospital and Sharp McDonald Center

As a primary provider of behavioral health services in San Diego County, Sharp Mesa Vista Hospital serves as a community resource for education and guidance on topics of mental wellness. As part of Mayor Todd Gloria's Back to Work SD initiative, the Community Health Advisory Team (CHAT) was developed to advise the mayor and educate his team and constituents on the health impacts of the COVID-19 pandemic — including its psychological and psychiatric implications. As CHAT participants, Sharp Mesa Vista clinicians educate the City Council and local business leaders on pandemic-related trauma and its impact on health care workers and the broader community. They also provide tools and strategies to promote self-care, mental wellness and resilience. Through this work, Sharp Mesa Vista reinforces its commitment to supporting the behavioral health needs of San Diegans.

Section

11 Sharp Mesa Vista Hospital and Sharp McDonald Center

I think that the “exceptional” citizen is the person who seeks to engage their community on a routine basis. This person speaks up for quality of life and environment and takes time to invest efforts in the individuals within the community.

— Shanette Smith, Senior Specialist, Sharp Mesa Vista Hospital & Sharp McDonald Center

Fiscal Year (FY) 2021 Community Benefit Program Highlights

Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) provided **\$28,199,760** in community benefit in FY 2021. 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 2021**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2021 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹⁶⁰	\$2,258,134
	Shortfall in Medicare ¹⁶⁰	11,483,187
	Shortfall in County Medical Services (CMS) ¹⁶⁰	11,812,240
	Shortfall in CHAMPVA/TRICARE ¹⁶⁰	1,717,764
	Shortfall in Workers’ Compensation	28,992
	Charity Care ¹⁶¹	544,615
	Bad Debt ¹⁶²	(128,514)
Other Benefits for Vulnerable ¹⁶³ Populations	Patient transportation and other assistance for the vulnerable ¹⁶⁴	274,171
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 ¹⁶⁴	124,856
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ¹⁶⁴	84,315
TOTAL		\$28,199,760

¹⁶⁰ 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.

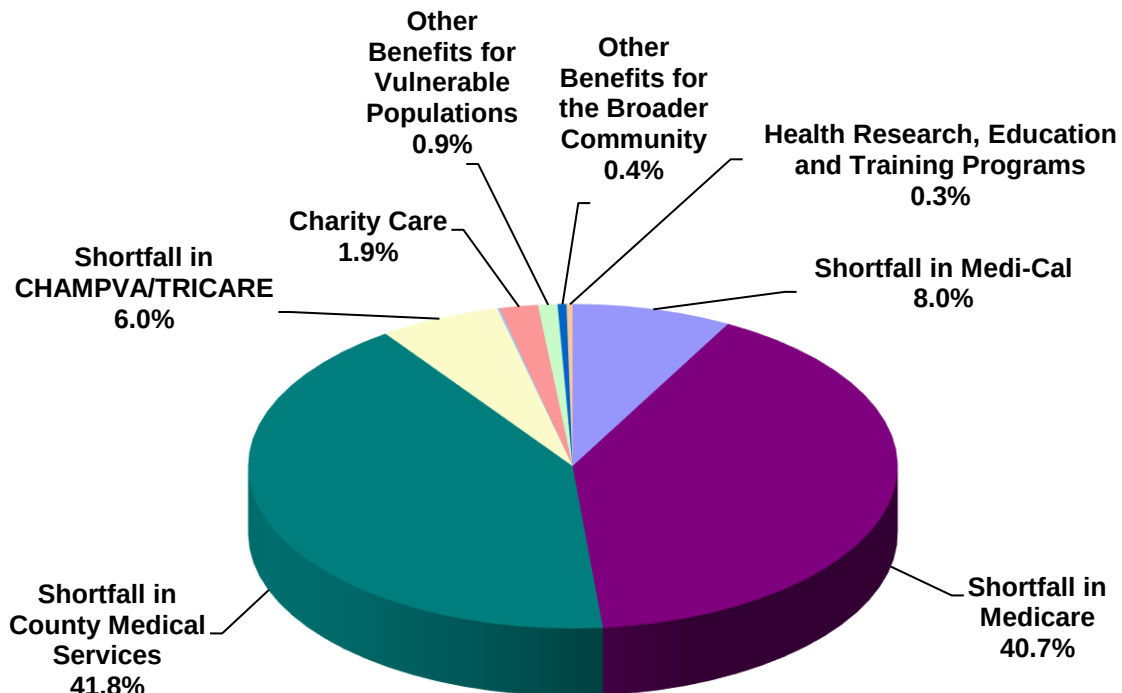
¹⁶¹ Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

¹⁶² In FY 2021, 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.

¹⁶³ “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://hcai.ca.gov/wp-content/uploads/2020/10/SB697-Report-to-the-Legislature-Community-Benefit.pdf>

¹⁶⁴ 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 2021**



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 Mama's Kitchen 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, time devoted to Sharp HealthCare's (Sharp) COVID-19 (coronavirus disease 2019) Community Vaccination Program, and collaboration with local schools to promote interest and provide career pathways in health care. 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's involvement in community organizations in FY 2021. 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

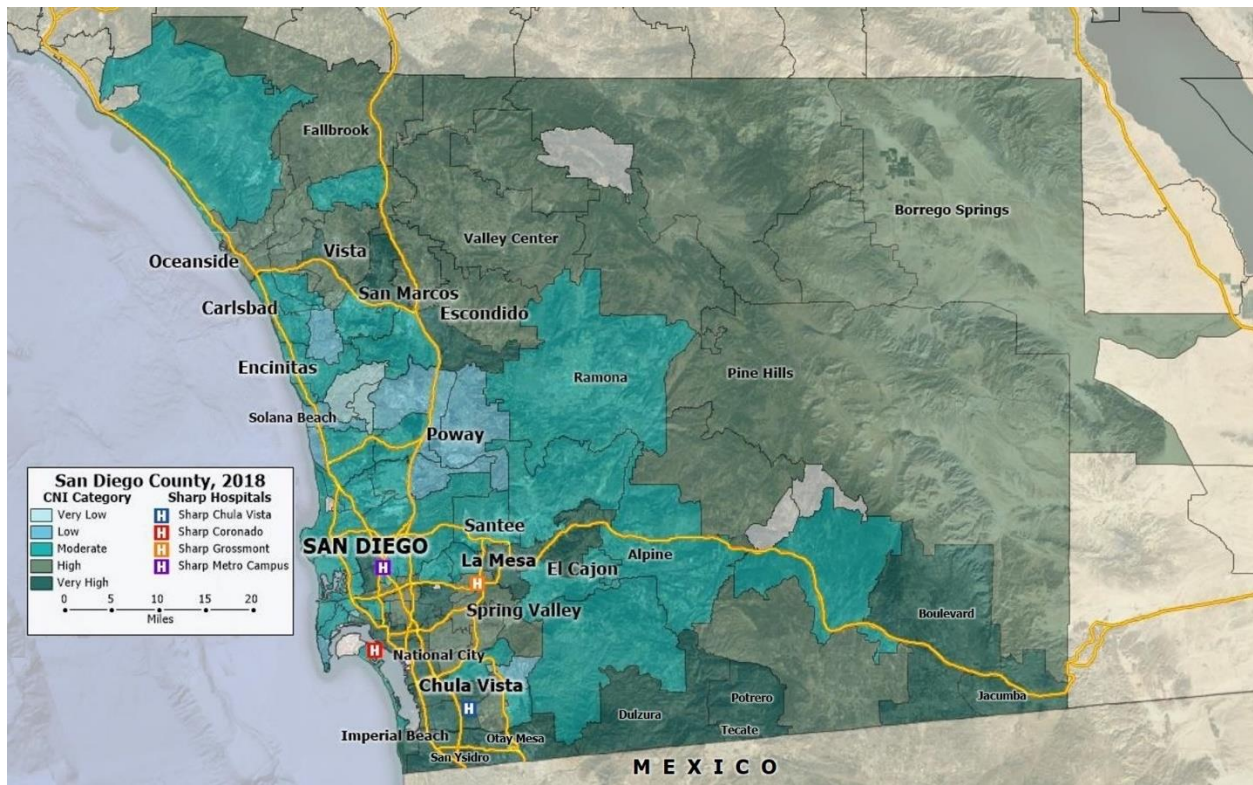
- *SMV is located at 7850 Vista Hill Ave. in San Diego, ZIP code 92123.*
- *SMC is located at 7989-8011 Linda Vista Road in San Diego, ZIP code 92111.*
- *SMV Mid-City Outpatient Programs are located at 4275 El Cajon Blvd, Suite 100 in San Diego, ZIP code 92105; SMV East County Outpatient Programs are located at 1460 East Main St. 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/IBM Watson 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 — SDC¹⁶⁵



Description of Community Health

In 2021, there were 508,808 residents age 65 and older in SDC, representing 15.3% of the population. Between 2021 and 2026, it is anticipated that SDC's senior population will grow by 15.3%.¹⁶⁶

In 2019, 11.6% of the SDC population reported living below 100% of the federal poverty level (FPL). The county's unemployment rate was 5.7% and 5.0% of households received Supplemental Security Income.¹⁶⁷

According to estimates from the San Diego Hunger Coalition, as of March 2021, 31% of San Diegans experienced food insecurity¹⁶⁸ and 39% of children lived in food insecure households. This is a substantial increase compared to pre-COVID-19 pandemic estimates — in August 2019, approximately 25% of SDC residents were food insecure. The increase in individuals experiencing food insecurity from 2019 to 2021 highlights

¹⁶⁵ IBM Watson Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018.

¹⁶⁶ SpeedTrack Inc.; U.S. Census Bureau.

¹⁶⁷ County of San Diego Health and Human Services Agency (HHSA), Public Health Services (PHS), Community Health Statistics Unit, October 2021, U.S. Census Bureau, 2014-2019 American Community Survey 5-year estimates.

¹⁶⁸ 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/>.

the negative impact of the COVID-19 pandemic and ensuing economic crisis on the San Diego community.¹⁶⁹

In 2019, 7.1% of households in SDC received Supplemental Nutrition Assistance Program (SNAP) benefits, while 17.8% of the population lived at or below 138% FPL and were eligible for the program.¹⁶⁷ Please refer to **Table 51** for SNAP participation and eligibility in SDC.

Table 51: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2019¹⁶⁷

Food Stamps/SNAP Benefits	Percent of Population
Households	7.1%
Families with Children	13.1%
Eligibility by FPL	
Population ≤130% FPL	16.5%
Population ≤138% FPL	17.8%
Population 139% – 350% FPL	31.2%

In SDC in 2019, 96.2% of children age 18 and under, 87.6% of young adults ages 19 to 25, 87.5% of adults ages 26 to 44, 91.7% of adults ages 45 to 64, and 98.8% of seniors age 65 and older had health insurance.¹⁶⁷ 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.¹⁷⁰ See **Table 52** for health insurance coverage in SDC in 2019.

Table 52: Health Insurance Coverage in SDC, 2019¹⁶⁷

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	96.2%	92.1%
Young adults 19 to 25 years	87.6%	92.1%
Adults 26 to 44 years	87.5%	92.1%
Adults 45 to 64 years	91.7%	92.1%
Seniors 65+ years	98.8%	N/A ¹⁷¹

¹⁶⁹ San Diego Hunger Coalition (2019-2021), San Diego County Food Insecurity Estimates.

¹⁷⁰ 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.

¹⁷¹ HP2030 does not include targets for individuals age 65 and older.

According to the California Health Interview Survey (CHIS), in 2020, 17.4% of SDC's population was covered by Medi-Cal.¹⁷² See **Table 53** for details.

Table 53: Medi-Cal (Medicaid) Coverage in SDC, 2020¹⁷²

Description	Rate
Covered by Medi-Cal	17.4%
Not covered by Medi-Cal	82.6%

CHIS data also revealed that 12.9% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 54**).¹⁷²

Table 54: Regular Source of Medical Care in SDC, 2020¹⁷²

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	87.1%	84.0%
Has no usual source of care	12.9%	16.0%

In 2020, 26.1% 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, 60.0% received treatment. Overall, 20.0% of SDC adults ages 18 to 64 reported seeing a health care provider for mental, emotional or substance use issues. Among SDC seniors, 7.5% of those surveyed in 2020 reported needing help for mental, emotional or substance use issues in the past year.¹⁷²

In 2019, 6,757 individuals in SDC visited the emergency department (ED) for a self-inflicted injury, an age-adjusted rate of 199.5 per 100,000 population. In total, 294 seniors (an age-adjusted rate of 62.2 per 100,000 population) visited the ED in 2019 and 66 were hospitalized (14.0 per 100,000 population) for a self-inflicted injury. During the same year, the age-adjusted suicide rate in SDC was 12.1 per 100,000 population, or 417 deaths. Among seniors, the rate of suicide was substantially higher — 17.3 deaths per 100,000 population¹⁶⁷ — greatly exceeding the HP2030 target rate of no more than 12.8 deaths per 100,000 population.

An analysis of 2019 mortality data for SDC revealed Alzheimer's disease and suicide to be the fourth and ninth leading causes of death for SDC, respectively.¹⁷³ 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>.

¹⁷² 2020 CHIS.

¹⁷³ County of San Diego HHSA, PHS, Community Health Statistics Unit (2021), *Leading Causes of Death Workbook 2011-2019*.

Table 55: Leading Causes of Death in SDC, 2019¹⁷³

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	5,018	22.9%
Diseases of the Heart	4,689	21.4%
Cerebrovascular Diseases	1,620	7.4%
Alzheimer's Disease	1,546	7.0%
Accidents/Unintentional Injuries	1,273	5.8%
Chronic Lower Respiratory Diseases	1,007	4.6%
Diabetes Mellitus	760	3.5%
Essential Hypertension and Hypertensive Renal Disease	437	2.0%
Intentional Self-Harm (Suicide)	417	1.9%
Parkinson's Disease	381	1.7%
All Other Causes	4,792	21.8%
Total Deaths	21,940	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 years' 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 SMMC.

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

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2021 Report of Activities conducted in support of the objective(s), and FY 2022 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, 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 age 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.¹⁷⁴
- According to 2020 CHIS data, 14.6% of adults in SDC have ever seriously thought about committing suicide, a 53.7% increase from 2016 (9.5%).
- In 2019, there were 224 hospitalizations attributed to substance-related disorders in SDC. The age-adjusted rate of hospitalizations due to substance-related disorders was 7.1 per 100,000 population.

¹⁷⁴ IBM Watson Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018; California Department of Health Care Access and Information via SpeedTrack®, Inc., 2017.

- In 2019, the age-adjusted rate of ED visits for substance related disorders in SDC was 113.2 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 2019, California's state mental health authority provided treatment to 108,669 adolescents ages 13 to 17, representing 16.3% of all individuals treated by the state and an 8.2% decrease from 2018 (Substance Abuse and Mental Health Services Administration (SAMHSA), 2021).
- In 2020, 17.0% of U.S. adolescents experienced a major depressive episode and an estimated 41.6% received treatment for depression (SAMHSA, 2021).
- SAMHSA estimates that, in 2020, approximately 17 million adults in the U.S. had co-occurring mental health and substance use disorders (SAMHSA, 2021).
- According to HP2030, very few people with a substance use disorder access available, effective treatments. Lack of access to care and screening, as well as stigma, 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 age 12 years and older reported that they had used illicit drugs or misused prescription drugs in the past year. (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 U.S. Department of Veterans Affairs (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 2019, the suicide rate for veterans was 1.9 times the rate among non-veterans (VA, 2021).
- Research has shown suicide rates among veterans to be impacted by multiple factors, including economic disparities; race, ethnicity and whether the individual is from the LGBTQ+ (lesbian, gay, bisexual, transgender and queer (or questioning) and others) community; homelessness; service-connected disability status; lack of social connections 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 2021 Report of Activities

In FY 2021, SMV and SMC hosted virtual community education sessions 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 virtual 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.

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 2021, SMV's Trauma and PTSD Recovery IOP supported approximately 720 veterans and community members who have been impacted by trauma.

In FY 2021, SMV and SMC participated in a variety of community behavioral health educational events, health and wellness fairs, conferences and fundraisers. Throughout the year, many programs were offered virtually to ensure safe, ongoing education for the community during the COVID-19 pandemic.

SMV and SMC provided a variety of behavioral health educational opportunities and resources to the community in FY 2021. Through Sharp's partnership with the City of San Diego, in November, a clinician from SMV developed a webinar titled Boost Your Brain Health, focused on slowing cognitive decline. A clinical child psychologist from SMV also delivered a webinar in April on parenting during the pandemic and supporting children's mental health. In addition, in May, an SMV clinician presented an online lecture on mental health during the pandemic to North City Prevention Coalition.

CHIP's SPC is an inter-agency council committed to preventing suicide and its devastating consequences in SDC. In FY 2021, an SMV clinician became the co-chair of this group, enabling SMV to increase its engagement with suicide prevention efforts countywide. In September, SMV provided education on the status of suicide in SDC, as well as safety planning and working with patients at high risk for suicide, which was published in the SPC's *Annual Report on the Status of Suicides & Suicide Prevention Efforts in San Diego*. SMV also participated in the press conference announcing the report's release and provided a presentation on best practices for identifying and mitigating suicide risk among patients.

In FY 2021, SMV and SMC provided behavioral health education, resources and presentations to the community through participation in health and wellness fairs, conferences and events. During the virtual San Diego Women's Week event in March, an SMV clinician participated in a panel discussion on the psychological impact of COVID-19 and how to get back into a healthy routine in 2021. In April, SMV and SMC staff participated in the virtual Sharp Women's Health Conference. The goals of the conference were to inspire attendees to focus on themselves, provide tools to improve health and well-being, stay connected and uplift each other. SMV team members engaged attendees in educational videos on substance abuse as well as parenting children and adolescents; a digital flipbook containing behavioral health resources; risk assessments for anxiety and depression; and a live chat session about behavioral health services and resources. SMV clinicians also provided four breakout sessions, titled Improving Brain Health: Strategies for Women of All Ages; Healthy Relationships During Stressful Times; Healing Through Trauma; and Confronting Loneliness and Isolation. Approximately 830 community members attended the Sharp Women's Health Conference in FY 2021.

SMV also sponsored and participated in events benefitting behavioral health organizations across SDC in FY 2021. Events included NAMI's 17th annual Color Ball and Inspiration Awards and the sixth annual Critical Issues in Child and Adolescent Mental Health Conference, both of which were held virtually. SMV also sponsored 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 ABC 10News San Diego, CBS News 8 San Diego, FOX 5 San Diego, NBC 7 San Diego, KOGO Radio, *The San Diego Union-Tribune* 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 ongoing uncertainty surrounding the pandemic, anxiety related to masking guidelines, the behavioral health impact of the pandemic, managing isolation and depression around the holidays, the dangers of binge drinking, self-care for family caregivers, setting boundaries during the holiday season, managing pandemic-related

stress, managing anxiety and depression in children, and lifestyle changes to manage dementia.

In FY 2021, SMV and SMC sponsored and participated in three walks to increase awareness and raise funds for behavioral health services, including NAMIWalks Your Way, Alzheimer's San Diego's Virtual Walk4ALZ and the American Heart Association's 2021 San Diego Heart & Stroke Walk.

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. Due to challenges associated with the ongoing COVID-19 pandemic, patient participation in the Client Advisory Board was limited throughout FY 2021; however, the group plans to resume meeting in person as public health guidelines allow. Despite these challenges, members of the Client Advisory Board continued to encourage 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 NAMIWalks Your Way event to raise awareness and reduce stigma around behavioral health.

In FY 2021, 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 2022 Plan

SMV or SMC will do the following:¹⁷⁵

- 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
- Serve as the media's go-to experts for information on behavioral health conditions and treatment

¹⁷⁵ Where applicable, SMV and SMC will perform these activities as COVID-19 public health and safety guidelines allow.

- Participate in community events to raise awareness and funds for behavioral health services
- Participate in key behavioral health events and activities alongside patients
- Increase engagement and collaboration with SPC to provide education on decreasing and preventing suicide in SDC
- 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 age 65 and older, 56.3% were adults ages 27 to 64, 15.8% were TAY and 16.7% were children age 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.¹⁷⁴
- In 2019, there were 4,937 ED visits related to mood disorders in SDC. The age-adjusted rate of ED visits for mood disorders was 143.7 per 100,000 population.
- There were 417 deaths due to self-inflicted injury (suicide) in SDC in 2019. The age-adjusted suicide rate was 12.1 per 100,000 population.
- According to 2020 CHIS data, 14.6% of adults in SDC have ever seriously thought about committing suicide, a 53.7% increase from 2015 (9.5%).
- Among adults served by California's public mental health system in 2020, 89.8% of those ages 18 to 20, 88.8% of those ages 21 to 64, and 96.6% of those age 65 or older were not in the labor force (SAMHSA, 2020).
- According to SAMHSA, 41.1 million Americans ages 12 or older (14.9% of the population) needed substance use treatment in 2020, but only 1.4% 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 substance use among county residents (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, from August 2020 to February 2021, the percentage of adults with recent symptoms of an anxiety or a depressive disorder increased from 36.4% to 41.5%, and the percentage of those reporting an unmet behavioral health care need increased from 9.2% to 11.7%. Increases were largest among adults ages 18 to 29 years and those with less than a high school education (CDC, 2021).

- 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 increased substance use 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 2021 Report of Activities

In FY 2021, 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 14,500 free psychiatric evaluations and referrals for the general community. Due to the ongoing COVID-19 pandemic, SMV continued to conduct the majority of these assessments via telemedicine. In addition, SMC spent more than 1,570 hours offering free substance use assessments, educational materials and community referral resources to more than 980 community members. The assessments were facilitated by a licensed mental health professional who provided individuals with recommendations for appropriate programs and levels of care.

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 electronic questionnaire and a variety of educational articles for employees through Sharp’s intranet.

Throughout the COVID-19 pandemic, SMV has provided behavioral health resources, guidance and support to community members as well as local public officials. In May 2020, California State Assembly member and then-mayoral candidate Todd Gloria invited SMV to participate in his Back to Work SD task force, an economic blueprint for reopening the City of San Diego amid the ongoing COVID-19 pandemic. The coalition brought together a diverse group of elected officials, industry leaders and community members to help develop strategies to assist in San Diego’s economic recovery. Through this initiative, the Community Health Advisory Team (CHAT) was developed to

advise the mayor and provide education to his team and constituents on the health impacts of the pandemic. Throughout FY 2021, SMV clinicians participated in the CHAT to provide insight into the psychological and psychiatric implications of COVID-19. This was accomplished by educating the city council and local business leaders on the trauma of the pandemic and its impact on health care workers and the community at large, as well as providing these groups with tools and strategies to promote self-care, mental wellness and resilience.

In FY 2021, SMV team members donated their time and expertise to Sharp's COVID-19 community vaccination effort. This included time spent volunteering at Sharp's vaccination superstations at Chula Vista Center, Grossmont Center and SMMC. Volunteer duties included greeting and registering community members upon arrival, administering vaccine doses and monitoring individuals for adverse reactions post-vaccine.

Throughout FY 2021, SMV offered virtual 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. The 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. The SMC Aftercare group also continued to meet virtually to help former patients problem-solve issues and make the necessary transitions to maintain a sober lifestyle following inpatient substance use treatment.

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) Community Information Exchange (CIE) to better understand and address the health equity barriers 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 to provide more informed, holistic care to patients with challenges to health equity, 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 hardships.

Although delays and obstacles to CIE implementation and adoption persisted due to the COVID-19 pandemic during Year 2 of the CIE pilot, utilization metrics improved significantly over Year 1. Community members across SDC were assisted through the CIE including residents of Downtown, Mission Valley, Southeast San Diego, Encanto, El Cajon, Lakeside, La Mesa, Otay Mesa, National City, Chula Vista, Carlsbad, Escondido and Oceanside. The top community referrals provided to patients through the CIE included utilities, food, housing and economic support. In addition, at the start of Year 3 (July 2021) of the partnership, Sharp leadership approved the integration of select CIE data with Sharp's electronic health record system, to further increase and support CIE utilization, and strengthen community resource connection. Data integration with the CIE will further support and improve Sharp's efforts to identify and address health equity barriers experienced by patients and communities.

Sharp teams continue to work closely with 2-1-1 on the implementation and data integration plans for CIE, which includes evaluation of ongoing metrics, such as system utilization of CIE, referral tracking, case management efficiency, successful connection to community referrals and more. Data will be used to re-evaluate the value and sustainability of CIE for Sharp upon completion of the pilot's third year.

FY 2022 Plan

SMV or SMC will do the following:¹⁷⁵

- 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 organizations
- Increase education, support and engagement related to the opioid epidemic, including community distribution of free opioid overdose prevention kits containing Narcan
- Host and facilitate various virtual support groups and provide free meeting space for a variety of community self-help groups
- Provide weekly food donations to the San Diego Rescue Mission
- Participate in 2-1-1's CIE program to serve patients who experience health equity barriers 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 age 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 2019, Alzheimer's disease was the fourth leading cause of death in SDC, third in the state of California, and sixth in the U.S. (County of San Diego HHSA, 2021; CDC, 2021).
- In 2019, adults age 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 (County of San Diego HHSA, 2018).
- In its *2020 Alzheimer's Disease Facts and Figures* report, the Alzheimer's Association projects that, by 2025, there will be approximately 840,000 Californians age 65 and older living with Alzheimer's disease, a 21.7% increase from 2020 (Alzheimer's Association, 2020).
- According to 2020 CHIS data, 7.3% of SDC adults over the age of 65 thought about committing suicide in the past year. In addition, 69.7% of SDC seniors who reported having mental/emotional or substance use issues in 2019-2020 sought help for those issues (CHIS, 2019-2020).
- In 2019, there were 700 ED visits for alcohol-related disorders among SDC seniors. The rate of alcohol-related ED visits was 148.0 per 100,000 population.
- The 2019 hospitalization rate for acute substance-related disorders was 8.7 per 100,000 among SDC residents over the age of 65.
- According to the CDC, nearly one-fourth of adults age 65 and older are considered to be socially isolated. Studies reveal that social isolation negatively impacts physical and mental health in many ways, including increased risk of premature death; significantly greater risk of dementia, heart disease and stroke; and higher rates of depression, anxiety and suicide (CDC, 2020).
- A 2018 health policy brief by the University of California, Los Angeles (UCLA) Center for Health Policy Research recommended the following strategies to improve access and utilization of behavioral health services by California seniors: 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).
- Research published in *Health Affairs* indicates that lack of access to technology, low digital health literacy, and design barriers in patient portals and apps have disproportionately affected older adults during the COVID-19 pandemic, especially those in underserved communities (Fulmer et al, 2021).
- According to research presented by the National Institute on Aging (NIA), social isolation and loneliness have been linked to a variety of physical and behavioral health 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).
- According to research in *Aging & Mental Health*, older adults who reported being both lonely and socially isolated had significantly higher rates of ED visits and marginally higher medical costs (Barnes et al, 2021).

Objectives

- Provide culturally competent outreach services to vulnerable seniors in communities with barriers to health equity
- Provide education and screenings to senior community members
- Collaborate with community organizations to address the behavioral health needs of seniors and other community members with health equity barriers

FY 2021 Report of Activities

In FY 2021, SMV clinicians collaborated with Serving Seniors to provide more than 700 hours of clinical services to clients at the Gary and Mary West Senior Wellness Center. Seniors received a variety of early intervention services, including health assessments; 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. When appropriate, seniors also received crisis intervention and initiation of treatment at a higher level of care. While community members were able to begin receiving services on-site during FY 2021, SMV continued to use telemedicine to provide behavioral health services to clients and to offer home-based outreach and services to seniors living at Potiker Family Senior Residence in East Village and Potiker City Heights Residence, in collaboration with Serving Seniors.

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 and address barriers to accessing behavioral health care, including stigma, isolation and lack of available services. Services were enhanced by case management, free psychoeducation and support for staff, seniors and families, and a healthy aging support group led by an SMV clinician. The weekly support group focused on aging and behavioral health issues, including depression, anxiety and coping with loss. Held at the Gary and Mary West Senior Wellness Center, Potiker Family Senior Residence and Potiker City Heights Residence, the support group served nearly 390 community seniors in FY 2021.

Throughout the year, clinicians from SMV's Senior IOP (SIOP) provided education and outreach to community members in an effort to debunk the myths associated with older adulthood, such as "depression is a normal part of aging" and "growing old is characterized by loss and pain." Clinicians delivered virtual presentations on topics including the impact of COVID-19 on mental health; strategies to reduce, prevent and cope with stress; managing loneliness during the holidays; and supporting mental well-being in older adults. Presentations were delivered to community groups, including the San Diego Public Employees Benefits Association, East County Community Action Network and San Diego Oasis. Through Sharp's partnership with the City of San Diego, a clinician from SMV's SIOP developed a webinar titled How to Curb Loneliness and

Isolation During Challenging Times, which focused on providing strategies to reduce isolation in seniors. In addition, an SIOP clinician partnered with Jewish Family Service of San Diego (JFS) to provide a virtual presentation titled Aging With Resilience: Combating Loneliness and Enhancing Your Mental Health, which was attended by more than 150 community members.

Throughout the year, SMV's SIOP provided behavioral health resources and information about the hospital's senior services at virtual senior health fairs and community events. In May, SMV participated in the Sharp Virtual Aging Conference, which was presented by Sharp HospiceCare and the Sharp Grossmont Hospital Senior Resource Center. More than 80 community members participated in the free Zoom event, which focused on self-care during and after the COVID-19 pandemic. SMV also provided virtual behavioral health resources at the conference, and an SMV clinician delivered two presentations, titled Mental Wellness During Quarantine and Managing Loneliness During COVID-19.

In FY 2021, 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. In August, SMV clinicians participated in an Alzheimer's San Diego webinar titled Caregiver Wellbeing: Mindfulness, Movement & Managing your Mood. Throughout FY 2021, SMV provided free memory screenings — a wellness tool that identifies possible changes in memory and cognition — to approximately 200 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 remained suspended due to COVID-19, clinicians continued to provide screenings at SMV's Clinical Research Center. Additionally, in September, an SMV clinician provided educational materials and lectures on advances in Alzheimer's research and opportunities to enroll in clinical research studies to approximately 35 community members at Santee Senior Community Center.

FY 2022 Plan

SMV will do the following:¹⁷⁵

- 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 SIOP, provide education and support to community members around senior behavioral health issues
- Collaborate with community organizations to address the behavioral health needs of SDC seniors and community members with barriers to health equity

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).
- According to the report, *Health Workforce Strategies for California*, studies conducted over the past four decades demonstrate that multi-component pipeline programs for high school, college, and post-baccalaureate students who are underrepresented in the health professions have the potential to improve the diversity of the health care workforce (CHCF, 2021).
- Although California has enacted various policies to increase both the size and the diversity of the health workforce, current public and private sector efforts have not been sufficient to alleviate existing shortages (CHCF, 2021). From September 2020 to September 2021, the number of designated Mental Health Care Health Professional Shortage Areas (HPSA) in California increased 7.8%. The state's 578

Mental Health Care HPSAs represent approximately 11.5 million residents. The Kaiser Family Foundation (KFF) estimates that 618 new practitioners would need to be added to the behavioral health workforce in order to remove HPSA designation from all areas (KFF, 2021).

- A report titled *California's Current and Future Behavioral Health Workforce* suggests that increasing racial and ethnic diversity as well as female representation among providers is necessary to ensure that California's diverse population receives culturally, racially, ethnically and linguistically appropriate behavioral health services (Healthforce Center at University of California, San Francisco (UCSF), 2018).
- The same report emphasizes the following strategies for improving access to behavioral health care treatment in California: greater cultural competency in the delivery of behavioral health care, adequate geographical distribution of facilities and training programs across the state, and increased provider participation in both public and private health insurance plans (Healthforce Center at UCSF, 2018).
- According to a report from the National Council for Behavioral Health (National Council) titled *Hope for the Future*, 113 million Americans live in mental health "deserts" — areas that lack sufficient numbers of health professionals to meet the needs of the population (National Council, 2020).
- 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 12% from 2020 to 2030, much faster than the average for all occupations. Employment of substance use, behavioral disorder and mental health counselors is anticipated to increase 23%. 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, 2021).
- Additionally, substance use, behavioral disorder, and mental health counselors experienced an increase in demand due to the toll of the COVID-19 pandemic on many individuals' mental health (BLS, 2021).
- 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 2021 Report of Activities

Throughout the year, SMV participated in internship and clinical training programs for trainees and students in various health care disciplines, including psychology, clinical social work, social work administration, MFT, pharmacy, clinical chaplaincy, medicine and nursing. Academic institution partners included, but were not limited to: Alliant International University, Azusa Pacific University (APU), Colorado State University, California State University San Marcos (CSUSM), Loma Linda University, Loyola University, National University (NU), Palo Alto University, Pima Medical Institute of Chula Vista, Point Loma Nazarene University (PLNU), San Diego City College, San Diego State University (SDSU), Southwestern College, State University of New York at Binghamton, University of Illinois, University of Iowa, University of Oregon, University of California (UC) San Diego, University of San Diego (USD) and Vanderbilt University.

Amid the ongoing COVID-19 pandemic, psychology and practicum (MFT and Master of Social Work (MSW)) students continued to perform a critical role in the provision of patient care at SMV. Students earned 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 education. Throughout FY 2021, SMV provided clinical supervision and training for 37 psychology trainees, including 23 graduate students, eight doctoral interns and six behavioral health therapists, as well as 22 MFT, eight MSW and four Bachelor of Social Work student interns. In FY 2021, ancillary (non-nursing) students served more than 107,000 hours on the SMV campus — an 87% increase of over FY 2020.

In addition, nearly 275 nursing students spent approximately 18,000 hours working clinical rotations of six- to eight- hour shifts in all inpatient units and several of the outpatient programs at SMV and SMC. SMV offers two clinical rotations in one day, including morning and evening shifts, and nursing students are on campus seven days a week. Including time spent with groups and individual preceptors, nursing students served approximately 19,500 hours at SMV in FY 2021. Nursing students from various universities and colleges were also provided free meeting space as needed.

In FY 2021, SMV received more than 200 applications for eight doctoral intern positions available through Sharp's yearlong, American Psychological Association (APA) accredited doctoral internship in clinical psychology. Interns completed 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 interns a unique opportunity to receive intensive training in psychological assessment and neuropsychological screening. With this training, psychology doctoral students provided

approximately 75 detailed psycho-diagnostic assessments throughout the year. In addition, psychology trainees provided more than 3,950 hours of group therapy and approximately 1,500 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 recognition of the important contributions of these trainees, all eight interns maintained their status as paid employees with benefits. SMV also continued to mentor behavioral health therapist trainees during FY 2021, 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 virtual 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, Self-Compassion Interventions, Speaking up for Safety, and Working with Interpreters.

Throughout the year, SMV provided specialized learning opportunities for its MSW and Bachelor of Social Work (BSW) students. MSW and BSW students working with inpatients attended 12 hours of orientation sessions to become familiar with social work in the hospital setting. During the first semester, students spent two months shadowing SMV social workers before working with patients under supervision. Students attended case presentations, in-services, staff meetings, treatment team meetings, staff huddles and other learning activities as part of their experience. Students also had the opportunity to shadow social workers in various locations throughout the Sharp system. In addition, MFT and MSW students working specifically with outpatients attended quarterly two-hour trainings.

SMV and SMC team members also contributed their expertise to the broader health care community through participation in professional conferences and events. In September, a member of the hospital's leadership team served as the endnote speaker at Sharp's Annual Interprofessional Research & Innovations Conference. A clinical trials specialist also presented on the impact of a Sustainable Early Episode Clinic (SEEC) intervention in adults with schizophrenia or schizoaffective disorder. Held virtually in

response to COVID-19, the event invited 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.

SMV and SMC provided continuing education and training for behavioral health care professionals and students in FY 2021. This included a virtual lecture on the function of executive leadership in the health care setting, which was delivered to approximately 15 Master of Public Health students from SDSU in March. In November, SMV provided a webinar titled COVID-19: Burnout and Fatigue in Essential Workers. More than 90 essential workers attended this presentation, which offered tips for dealing with burnout, stress and fatigue. In addition, in September, clinicians from SMV and SMC offered a webinar titled Addiction Treatment During a Pandemic: Considerations, Learnings and Next Steps. The presentation was attended by over 40 health care professionals who care for patients with substance use disorders (SUD). Topics discussed included the role of the pandemic in the recent rise in opioid deaths; the way trauma may impede recovery and exacerbate stressors; the pandemic's disparate impact on marginalized communities; and benefits and barriers to delivering telehealth treatment to patients with SUDs. In FY 2021, SMV also provided behavioral health resources to approximately 300 social work and behavioral health students at virtual internship fairs hosted by APU, CSUSM, NU, PLNU, SDSU, UC San Diego and USD.

In collaboration with SDSU, SMV clinicians shared knowledge and best practices with the larger health care community through the development of educational materials on behavioral health care and participation in student research. In FY 2021, 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.

The Sharp Neurocognitive Research Center at SMV also contributes to the expansion of scientific knowledge and medical advancements throughout the larger health and research communities through participation in clinical trials. In FY 2021, SMV provided clinical trials to improve care and outcomes for patients experiencing PTSD, schizophrenia and Alzheimer's disease.

Throughout FY 2021, 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 Community Advisory Council, Association for Ambulatory Behavioral Healthcare, Association of Black Psychologists – San Diego Chapter, Association of California Nurse Leaders, Association for Contextual Behavioral Science – Aging Special Interest Group, Back to Work SD, 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 Coalition for Mental Health, San Diego Military Family Collaborative, San Diego Psychological Association Membership and Public Education Media Committees, CHIP SPC Media and Higher Education Subcommittees, Special Needs Trust Foundation and VA San Diego Mental Health Council.

FY 2022 Plan

SMV or SMC will do the following:¹⁷⁵

- Offer internship and clinical training programs or placement for clinical dietary/nutrition, psychology, clinical social work, social work administration, MFT, medicine, music therapy, health information technology, nursing, recreation therapy, chemical dependency counseling, clinical chaplains and pharmacy students
- Provide lectures on behavioral health issues to the local academic community
- Continue the behavioral health careers curriculum within the Health Sciences High and Middle College 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 and field instruction for BSW students
- 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
- Medication Assisted Therapy IOP
- 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 SEEC 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



Addressing Food Insecurity for Local Families

Sharp Rees-Stealy Medical Centers

The COVID-19 pandemic brought a significant rise in food insecurity to San Diego County, where approximately one-third of community members now struggle with consistent access to healthy food. To help address this need, the Sharp HealthCare Foundation provided Sharp Rees-Stealy Medical Centers with funding to assist patients and families who experience food insecurity. Social workers from the Population Health case management team created a screening tool that identified 600 individuals lacking access to nutritious food, and then provided them with a gift card to a local grocery store and referrals to additional services. By addressing social needs like food insecurity, Sharp Rees-Stealy demonstrates its commitment to the well-being of patients, families and the larger San Diego community.

Section

12 Sharp Rees-Stealy Medical Centers

Giving back to the community has been in the DNA of Sharp Rees-Stealy for nearly 100 years as San Diego's first multispecialty medical group. I am honored to continue that tradition with the physicians, providers and staff of Sharp Rees-Stealy. Throughout the pandemic, they have continually impressed me with their unwavering generosity of caring and spirit. On a personal level, anything I can do to help our community truly fills me with gratitude and brings meaning to my life.

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

Fiscal Year (FY) 2021 Community Benefit Program Highlights

Sharp Rees-Stealy Medical Centers (SRSMC) consists of 19 primary and specialty outpatient medical facilities across San Diego County (SDC). SRSMC is operated by Sharp Rees-Stealy Medical Group (SRSMG), one of the region's largest and most comprehensive medical groups. SRSMG is not required to develop a community benefit plan as part of Senate Bill 697, nor is SRSMG required to conduct a community health needs assessment (CHNA). However, as a division of Sharp HealthCare (Sharp), SRSMC engaged in a variety of activities that provided direct benefit to the San Diego community during FY 2021, a selection of which are highlighted in this section.

Key highlights:

- **Other Benefits for Vulnerable Populations** included shuttle transportation for patients to and from medical appointments; financial assistance for pharmaceutical costs; assistance for patients experiencing food insecurity; 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 skin cancer; participation in community COVID-19 (coronavirus disease 2019) vaccination clinics; and community education and resources provided by Sharp Rees-Stealy Center for Health Management and Education. SRSMC and SRSMG staff actively participated in professional and community boards, committees and other civic organizations, including America's Physician Groups, Integrated Healthcare Association (IHA), North San Diego Business Chamber and San Diego Public Health Advisory Council. See **Appendix A** for a listing of Sharp's involvement in community organizations in FY 2021. The category also includes costs associated with community benefit planning and administration.
- **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

- For a map of SRS MC locations, visit <https://www.sharp.com/locations/search/sharp-rees-stealy>

SRS MC serves all of San Diego County (SDC); however, the primary communities served include the City of San Diego, Chula Vista, SDC's east region and the North Inland communities surrounding Rancho Bernardo. See **Appendix B** for a map of community and region boundaries in SDC.

Description of Community Health

In 2021, there were 508,808 residents age 65 and older in SDC, representing 15.3% of the population. Between 2021 and 2026, it is anticipated that SDC's senior population will grow by 15.3%.¹⁷⁶

In 2019, 11.6% of the SDC population reported living below 100% of the federal poverty level (FPL). The county's unemployment rate was 5.7% and 5.0% of households received Supplemental Security Income.¹⁷⁷

According to estimates from the San Diego Hunger Coalition, as of March 2021, 31% of San Diegans experienced food insecurity¹⁷⁸ and 39% of children lived in food insecure households. This is a substantial increase compared to pre-COVID-19 pandemic estimates — in August 2019, approximately 25% of SDC residents were food insecure. The increase in individuals experiencing food insecurity from 2019 to 2021 highlights the negative impact of the COVID-19 pandemic and ensuing economic crisis on the San Diego community.¹⁷⁹

In 2019, 7.1% of households in SDC received Supplemental Nutrition Assistance Program (SNAP) benefits, while 17.8% of the population lived at or below 138% FPL and were eligible for the program.¹⁷⁷ Please refer to **Table 56** for SNAP participation and eligibility in SDC.

¹⁷⁶ SpeedTrack Inc.; U.S. Census Bureau.

¹⁷⁷ The County of San Diego Health and Human Services Agency (HHSA), Public Health Services (PHS), Community Health Statistics Unit, October 2021. U.S. Census Bureau, 2015-2019 American Community Survey 5-year estimates.

¹⁷⁸ 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/>

¹⁷⁹ San Diego Hunger Coalition (2019-2021), San Diego County Food Insecurity Estimates.

Table 56: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2019¹⁷⁷

Food Stamps/SNAP Benefits	Percent of Population
Households	7.1%
Families with Children	13.1%
Eligibility by FPL	
Population ≤130% FPL	16.5%
Population ≤138% FPL	17.8%
Population 139% – 350% FPL	31.2%

In SDC in 2019, 96.2% of children age 18 and under, 87.6% of young adults ages 19 to 25, 87.5% of adults ages 26 to 44, 91.7% of adults ages 45 to 64, and 98.8% of seniors age 65 and older had health insurance.¹⁷⁷ 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.¹⁸⁰ See **Table 57** for health insurance coverage in SDC in 2019.

Table 57: Health Insurance Coverage in SDC, 2019¹⁷⁷

Description	Rate	HP2030 Target
Current Health Insurance Coverage		
Children 0 to 18 years	96.2%	92.1%
Young adults 19 to 25 years	87.6%	92.1%
Adults 26 to 44 years	87.5%	92.1%
Adults 45 to 64 years	91.7%	92.1%
Seniors 65+ years	98.8%	N/A ¹⁸¹

According to the California Health Interview Survey (CHIS), in 2020, 17.4% of SDC's population was covered by Medi-Cal.¹⁸² See **Table 58** for details.

¹⁸⁰ 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.

¹⁸¹ HP2030 does not include targets for individuals age 65 and older.

¹⁸² 2020 CHIS.

Table 58: Medi-Cal (Medicaid) Coverage in SDC, 2020¹⁸²

Description	Rate
Covered by Medi-Cal	17.4%
Not covered by Medi-Cal	82.6%

CHIS data also revealed that 12.9% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 59**).¹⁸²

Table 59: Regular Source of Medical Care in SDC, 2019¹⁸²

Regular Source of Medical Care	Rate	HP2030 Target
Has a usual source of care	87.1%	84.0%
Has no usual source of care	12.9%	16.0%

Cancer and diseases of the heart were the top two leading causes of death in SDC in 2019.¹⁸³ See **Table 60** 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>.

Table 60: Leading Causes of Death in SDC, 2019¹⁸³

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	5,018	22.9%
Diseases of the Heart	4,689	21.4%
Cerebrovascular Diseases	1,620	7.4%
Alzheimer's Disease	1,546	7.0%
Accidents/Unintentional Injuries	1,273	5.8%
Chronic Lower Respiratory Diseases	1,007	4.6%
Diabetes Mellitus	760	3.5%
Essential Hypertension and Hypertensive Renal Disease	437	2.0%
Intentional Self-Harm (Suicide)	417	1.9%
Parkinson's Disease	381	1.7%
All Other Causes	4,792	21.8%
Total Deaths	21,940	100.0%

¹⁸³ The County of San Diego HHSA, PHS, Community Health Statistics Unit (2021), *Leading Causes of Death Workbook 2011-2019*.

Community Benefit Planning Process

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

- Incorporates community priorities and community relations into its strategic plan and develops entity-specific goals
- Consults with representatives from a variety of departments to discuss, plan and implement community activities

Priority Community Needs Addressed in Community Benefit Report — Sharp Rees-Stealy Annual Population Assessment

SRSMG's Population Health Department is accredited by the National Committee for Quality Assurance (NCQA). NCQA Population Health Program Accreditation helps organizations align their operations with industry best practices in population health management. In compliance with NCQA standards, SRSMG conducts a population health assessment annually to identify the characteristics and needs of its member population, including data on social determinants of health (SDOH) — the conditions under which people live, learn, work and play. The assessment findings are used to identify population changes and establish priorities for program support. The annual population assessment informs guidelines and resource planning for programming to address chronic health conditions and case management.

SRSMG's annual assessment also uses the Dignity Health/IBM Watson Health Community Needs Index (CNI) to identify communities of need within their patient population. This is the same CNI tool used in Sharp's hospital-based CHNAs to identify communities with greater health disparities, as determined through an analysis of specific barriers to health care access, including education, income, culture/language, insurance and housing. The CNI demonstrates the link between community need, access to care and preventable hospitalizations.

SRSMG's 2020 population health assessment identified the following characteristics and health needs for its patient population:

- Nearly half (47.3%) of SRSMG patients reside in communities of highest need in SDC. Further, 55.5% of patients with diabetes, 50% of patients with hypertension and 61% of patients who had a stroke reside in these communities.
- Among SRSMG's senior patients, 41.4% have multiple (two or more) chronic health conditions.
- Patients identified as Hispanic or Latino accounted for 20% of SRSMG patients in FY 2020, but represented 30% of patients with diabetes and 25% of stroke patients.
- Patients identified as Black accounted for 3% of SRSMG patients in FY 2020, but represented 11% of patients with diabetes and 7% of stroke patients.

- Among SRSMG patients with a behavioral health encounter in FY 2020, the top three diagnosis categories were anxiety or stress disorders; mood disorders; and substance use disorders.

SRSMG's Population Health Department promotes resources and community programs to patients residing in those communities (ZIP codes) of higher need. Patients residing in ZIP codes of highest need are sent an outreach letter containing information about available community resources to address a broad range of issues, including food, financial, housing and other types of socioeconomic assistance. Patients in these communities are also provided with the department's contact information should they require further assistance in accessing community resources. Please refer to **Section 1 (Overview): Patient Access to Care Programs** for additional entity and systemwide programs designed to address access to health care.

Identified Community Need: Health Education, Support and Wellness

Rationale references the findings of the Sharp 2019 CHNAs, Hospital Association of San Diego and Imperial Counties (HASD&IC) 2019 CHNA or the most recent San Diego County (SDC) community health statistics unless otherwise indicated.

Rationale

- The Hospital Association of San Diego and Imperial Counties (HASD&IC) and Sharp 2019 CHNAs identified access to health care, aging concerns, behavioral health, cancer, chronic conditions, community and social support, economic security, education, homelessness and housing instability, and unintentional injury and violence as the priority health issues affecting members of the communities served by SRSMC.
- 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 Sharp 2019 CHNAs, 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 cardiovascular disease and Type 2 diabetes in communities facing greater socioeconomic challenges throughout SDC.¹⁸⁴
- In 2019, diseases of the heart were the second leading cause of death for SDC.
- According to 2020 CHIS data, 23.2% of SDC residents had ever been diagnosed with high blood pressure, while 7.8% had borderline high blood pressure. In addition, 24.3% of SDC adults reported being obese.
- In California, the self-reported obesity rate in 2020 was 30.3%. 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), 2021).
- 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 (CDC, 2021).
- 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).
- Between 2019 and 2020, the self-reported smoking or tobacco use rate in SDC was 5.8% (CHIS, 2020).
- According to the CDC, quitting smoking improves health status and enhances quality of life; reduces the risk of premature death; reduces the risk of many adverse health effects and chronic conditions; has specific benefits for people diagnosed with coronary heart disease or chronic obstructive pulmonary disease; benefits pregnant women and their fetuses and babies; and reduces financial burdens on people who smoke, health care systems, and society (CDC, 2020).
- The CDC reports that emerging evidence shows that people are better protected by being fully vaccinated compared with previously having a COVID-19 infection. One study showed that unvaccinated people who already had COVID-19 are more than twice as likely to become reinfected when compared to fully vaccinated people (CDC, 2021).
- COVID-19 research published in *Frontiers in Public Health* suggests that illness expectations that are based on knowledge about the virus, how it is transmitted, and what limits transmission may protect against potentially harmful beliefs based on misunderstandings and mistrust of credible sources. Targeted strategies to increase individuals' understanding of COVID-19 may be a necessary component of an

¹⁸⁴ IBM Watson Health Analytics, 2018; Insurance Coverage Estimates, 2018; The Nielson Company, 2018; and CNI, 2018; California Department of Health Care Access and Information via SpeedTrack®, Inc., 2017.

organization's safety plan as well as public health outreach more generally (Soederberg Miller, Gee & Katz, 2021).

- According to the *American Journal of Lifestyle Management*, culinary medicine is an emerging discipline which aims to positively affect public health by improving eating behaviors through integrating nutritional science with food preparation. The intention is to help create positive behavior change by not just providing knowledge, but by teaching specific skills that may aid in creating lasting change. Culinary medicine uses an evidence-based approach that includes simple nutrition education and instruction in nutritious cooking skills, including shopping, meal planning and preparation, and food storage (Parks & Polak, 2019).

Objectives

- Host community health education classes addressing chronic conditions and identified health needs as well as wellness and prevention
- Provide health education, screenings and resources at community-sponsored health fairs and events
- Provide fundraising support for nonprofit health organizations

FY 2021 Report of Activities

In FY 2021, SRSMC reached more than 5,600 patients and community members through free health education classes, programs and webinars. Throughout the year, many offerings occurred virtually to ensure safe, ongoing education for the community during the COVID-19 pandemic.

Live, online educational classes covered various aspects of health and wellness, including heart health, tobacco cessation and stress management. SRSMC also offered pre-recorded webinars through Sharp's wellness partnership with the City of San Diego, on topics including prediabetes, managing back pain and choosing wellness in the new year. Low-cost, virtual exercise options included yoga and group exercise for individuals with Parkinson's disease. In addition, in May, a family and culinary medicine physician shared a virtual Healthy Cooking presentation with employees and clients at Neighborhood House Association, which included demonstrations of three vegetarian recipes.

Throughout FY 2021, SRSMC's Center for Health Management and Health Education offered the New Weigh program — a free, online nutrition program for individuals trying to lose weight and improve overall health. New Weigh is a 10-week webinar series that emphasizes nutrition education and healthy lifestyle development. Participants receive individual coaching, telephone follow-up, support and assistance from a trained health educator, who also helps develop a semi-structured food and exercise plan. During FY 2021, approximately 790 community members, patients and Sharp employees participated in the program.

In FY 2021, SRSMC continued to offer the Be Well program — a free, year-round text messaging program designed to help subscribers stay on track with a healthy lifestyle. Through a combination of regularly scheduled weekly messages and personalized reminders, participants receive helpful tips on healthy eating, staying active, reducing stress and more. In FY 2021, the Be Well program had approximately 1,300 active participants each month, including SRSMC patients and members of the broader community.

San Diego Oasis is a unique educational program for adults ages 50 and over who want to continue to learn and be productive throughout their lives. In October, an SRSMC employee provided a presentation titled Virtual Care & Telemedicine: Bringing Your Doctor to You at San Diego Oasis' 2020 Get Connected Technology Fair. In addition, in March, a physician from SRSMG participated in an Oasis webinar titled You Have Your Shots... Now What, which provided seniors with a safe space to ask questions and voice concerns about the COVID-19 vaccine and its rollout.

In April, SRSMC staff participated in the virtual Sharp Women's Health Conference. The goals of the conference were to inspire attendees to focus on themselves, provide tools to improve health and well-being, stay connected and uplift each other. Team members from the Center for Health Management and Education engaged attendees in educational videos on mood-boosting foods, healthy plate tips, accessing health care and the Sharp Experience; a healthy weight range risk assessment; and a live chat session with a registered dietitian. Clinicians also provided two breakout sessions, titled Calorie Traps and Nutrition Mishaps and Culinary Medicine: A Flavorful Journey to Better Health, as well as led a morning yoga session for attendees. Approximately 830 community members attended the virtual Sharp Women's Health Conference in FY 2021.

San Diego Women's Week is an annual leadership event focused on identifying creative solutions to everyday issues affecting women in the workplace and in their daily lives. SRSMC sponsored this year's virtual event, which was held in March. Also at this event, a member of SRSMC's executive team moderated a discussion focused on overcoming roadblocks to women's leadership and equality, while an SRSMG physician participated in a panel discussion on the psychological impact of COVID-19 and how to get back into a healthy routine in 2021.

Throughout the year, SRSMC provided coordination, support and related fundraising activities for the 2021 San Diego Heart & Stroke Walk as well as served as blood donation sites for Sharp's FY 2021 systemwide blood drive to collect life-saving blood for those with medical needs. SRSMC anticipated participating in additional community events in FY 2021, including providing health education and resources at local health fairs. However, most community events were canceled or postponed as a result of COVID-19.

In FY 2021, SRSMG physicians and health professionals from SRSMC provided health and wellness education to the community through interviews with local and national

news outlets, including ABC 10News ABC San Diego, CBS News 8 — San Diego, Fox 5 San Diego, KPBS, KUSI News, NBC 7 San Diego, *The San Diego Union-Tribune*, *USA Today* and *Yoga Journal*. Information was also shared through Sharp Health News (Sharp's online news center). Professionals offered expertise in various disciplines, including addiction medicine, family medicine, gastroenterology, hospital-based care, internal medicine, neurology, ophthalmology, pediatrics, sleep medicine, travel medicine and wellness education. Interview topics included the expansion of virtual care, colorectal cancer treatment and prevention, risk factors for developing Alzheimer's disease, healthy habits for weight loss, the benefits of culinary medicine, yoga for individuals with disabilities, the dangers of mixing prescription medications and cannabis, and tips for getting a better night's sleep.

SRSMD physicians also continued to serve as a significant source of public-facing education and information related to the COVID-19 pandemic. Topics included news stories and interviews on breathing exercises for COVID-19 patients; the dangers of the COVID-19 delta variant; tips for reopening safely during the pandemic; addressing vaccine hesitancy; face masking hygiene and guidance, including safety for children; the pandemic's impact on women; supporting children as they return to in-person learning; stopping the spread of COVID-19; understanding public health guidelines; the importance of maintaining childhood vaccination schedules during the pandemic; the potential for holiday-related COVID-19 surges; gathering safely during the holidays; voting safely; and youth sports safety during the pandemic.

The La Jolla Cove 10 Mile Relay is an annual swim race that takes place at La Jolla Shores and raises funds for the American Diabetes Association and the Prevent Drowning Foundation of San Diego. For the past five years, physicians from SRSMD's Dermatology division have attended this event to offer free skin cancer screenings to participants. In September, four SRSMD dermatologists provided participating swimmers with resources on preventing and identifying skin cancer, and performed more than 100 screenings.

In FY 2021, SRSMD and SRSMD team members donated time and expertise to Sharp's COVID-19 community vaccination effort. This included time spent volunteering in both clinical and non-clinical roles at Sharp's vaccination superstations at Chula Vista Center, Grossmont Center, the Sharp Metropolitan Medical Campus, Coronado Community Center and California State University San Marcos (CSUSM), as well as at vaccination clinics held at SRSMD's Murphy Canyon, Otay Ranch, Rancho Bernardo and Santee locations. In addition, SRSMD team members reached out directly to elderly patients to assist with scheduling vaccine appointments, enabling these individuals to avoid using the online scheduling system or navigating the community superstations. Through this effort, more than 20,000 of SRSMD's frailest patients were vaccinated against the COVID-19 virus.

Throughout FY 2021, SRSMD staff and leaders regularly led and attended various community and professional health boards, committees and advisory and work groups, including Advanced Care at Home Coalition, America's Physician Groups, Be There

San Diego, California Association of Physician Groups, California Doctor of Physical Therapy Advisory Committee, IHA, North San Diego Business Chamber and San Diego Public Health Advisory Council. Throughout the year, many organizations continued to meet virtually, in response to the COVID-19 pandemic.

FY 2022 Plan

SRS MC will do the following:¹⁸⁵

- Provide education for community members on a variety of health topics, with a focus on lifestyle medicine, wellness and disease prevention
- Provide health education, screenings and first-aid services at community events
- In collaboration with the Sharp HealthCare Foundation and other community resources, expand screening for SDOH and develop programs and services to meet identified needs

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 Sharp 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 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 2021, there were 186,000 people employed in the health care sector in SDC, accounting for 13% of all jobs countywide (SDWP, 2021).
- SDWP also cites research by the University of Washington Center for Women's Welfare that estimates the basic needs of a single adult resident of SDC to cost

¹⁸⁵ Where applicable, SRS MC will perform these activities as COVID-19 public health and safety guidelines allow.

\$3,058.72 per month, requiring full-time employment at \$17.65 an hour. Of the 20 most common occupations in SDC's health care sector, there are 11 with training requirements less than or equal to an associate degree that can provide new graduates with a living wage (SDWP, 2021).

- 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 – 2020-2030* report, employment in health care and social assistance is projected to add about 3.3 million jobs from 2020 to 2030 — the highest growth among all industry sectors. Seven of the 30 occupations expected to grow fastest in that time period are associated with health care. Factors that are expected to contribute to this growth include rising demand for the care of an aging baby-boom population, longer life expectancies, and continued growth in the number of patients with chronic conditions (BLS, 2021).
- According to a report from the California Health Care Foundation (CHCF), *California Physicians: A Portrait of Practice*, the supplies of physicians, physician assistants, and three types of advanced practice nurses in California grew between 2016 and 2020, while the supply of clinical nurse specialists decreased. The increased supply of licensed physicians does not accurately reflect the availability of care, however — less than half of California's physicians provided care 40 or more hours per week (CHCF, 2021).
- According to a report titled *Health Workforce Strategies for California*, studies conducted over the past four decades demonstrate that multi-component pipeline programs for high school, college, and post-baccalaureate students underrepresented in the health professions positively impact a variety of outcomes with the potential to improve the diversity of the health care workforce (CHCF, 2021).
- Although California has enacted various policies to increase both the size and the diversity of the health workforce, current public and private sector efforts have not been sufficient to alleviate existing shortages (CHCF, 2021).
- 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).
- According to CFHWC key informant interviews with private sector health care leaders, some of California's workforce needs include increasing workforce diversity; educating young Californians that futures in the health sector are appealing regardless of background, socioeconomic status, race/ethnicity, and gender; and partnering with schools and companies to remove barriers to continuing education and develop pipelines for jobs (CFHWC, 2020).

- A CHCF survey of frontline health care workers during COVID-19 reflects the sustained mental and emotional toll of providing patient care during the pandemic. Six in 10 providers continue to feel overworked and burned out, while nearly half are frustrated by their job. Nearly 3 out of 4 nurses (72%) say they feel burned out from their work — higher than the 61% reported among nurse practitioners/physician assistants, 57% among doctors, and 56% among behavioral health specialists (CHCF, 2021).
- A study published in EclinicalMedicine that included nearly 21,000 clinical and non-clinical health care workers from 42 organizations found that, in 2020, 61% of workers reported fear of workplace COVID-19 exposure or transmission, 38% reported anxiety/depression, 43% suffered work overload and 49% had burnout (Prasad et al., 2021).

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 and national health care professionals

FY 2021 Report of Activities

In FY 2021, SRS MC collaborated with local, state and national schools, colleges and universities to provide opportunities for students to explore and train for a variety of careers in health care.

SRS MC offered various placement and professional development opportunities for students and interns throughout SDC. Nearly 40 nursing students, 50 midlevel practitioner students and more than 65 ancillary (non-nursing) students from a variety of colleges and universities spent over 24,000 hours at SRS MC locations. Program partners included Azusa Pacific University, University of Massachusetts Global, Concorde Career College, CSUSM, Grand Canyon University, Grossmont College, Grossmont Health Occupations Center, Mesa College, MiraCosta College, Palomar Community College, Phlebotomy Training Academy, Pima Medical Institute, San Diego State University, Southwestern College, United States University, University of San Diego and Yale University.

Escondido-based Phlebotomy Training Academy aims to use education and hands-on training to prepare highly skilled, well-qualified and certified phlebotomy technicians for the workforce. Students enrolled in the program must complete 40 hours of classroom training, followed by a 40-hour clinical rotation in the community. In FY 2021, seven students from Phlebotomy Training Academy completed an externship with SRS MC, which was the only entity in the Sharp system to engage these students. SRS MC also provided training to three phlebotomy students from Grossmont Health Occupations Center.

In FY 2021, SRSMC served as the primary training location within the Sharp system for 50 midlevel practitioner students, including individuals studying to become nurse practitioners and physician assistants. Students represented a variety of specialties, including cardiology, family medicine, internal medicine, obstetrics/gynecology (OB-GYN), pediatrics, palliative care and urgent care. Training was provided at several SRSMC facilities, including Carmel Valley, Del Mar, La Mesa, Otay Ranch, Rancho Bernardo, Scripps Ranch and Sorrento Mesa. Students specializing in urgent care also had the opportunity to shadow physicians in all five Sharp Rees-Stealy Urgent Care Centers.

In addition, SRSMG physicians provided guest lectures and education to students and health professionals in FY 2021. This included a virtual presentation in February to faculty at the University of Saint Augustine for Health Sciences and other community leaders on the state of physical therapy in SDC, professional development for physical and occupational therapy students and clinical education. Approximately 200 members of the California Doctor of Physical Therapy Advisory Committee attended the presentation. In addition, in April, an SRSMG physician presented on the practical application of culinary medicine for athletes to attendees at the American Medical Society for Sports Medicine Annual Meeting.

SRSMC shared knowledge and best practices with the larger professional health care community through the development of educational materials on patient care delivery. In November, SRSMC leadership published an article titled A Post-Covid New Normal: Developing Fundamental Changes for Group Medical Practices in *Catalyst*, a publication of the *New England Journal of Medicine*.

FY 2022 Plan

SRSMC will do the following:¹⁸⁵

- Provide professional development opportunities for health professions students and interns throughout SDC
- Collaborate with Health Sciences High and Middle College to provide opportunities for high school students to explore careers in health care
- Share clinical research and best practices with the larger health care community

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 Sharp 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 security, (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 Sharp's 2019 CHNAs identified a lack of: family support; caregiver upon discharge; and childcare assistance as priority SDOH related to community and social support that influence the health and well-being of their patients.
- Sharp Case Management Leadership focus group participants also identified economic security as a significant barrier to care. In particular, the cost of housing, taking time off work to for medical appointments, the cost of medication and food insecurity were highlighted.
- Further, Sharp Case Management Leadership focus group participants identified the following hospital discharge challenges and barriers for patients: transportation support; a shortage of recuperative or respite care options; a lack of short-term caregivers and in-home support services; and a need for a streamlined process from the hospital to the County of San Diego HHSA for those who qualify for wraparound support.
- Participants in Sharp's 2019 CHNA community engagement activities identified the following strategies to address economic security in patients: prioritizing the hiring and training of social workers, offering free post-surgery visits, providing follow-up phone calls to patients following discharge, making in-home care more accessible, ensuring access to 2-1-1 San Diego's (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.
- In 2020, 12.9% of SDC adults, teens and children reported having no usual source of health care. In addition, 16% of SDC residents reported that they had not visited a doctor at all in the previous year (CHIS, 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 SANDAG's 2021 *COVID-19 Impacts* report, the top three ways Californians reported spending their stimulus checks included food (22%), utilities (16%), and rent (14%) (SANDAG, 2021).

- According to estimates from the San Diego Hunger Coalition, there has been a marked increase in food insecurity since the COVID-19 pandemic began. As of March 2021, approximately 1 in 3 San Diegans experienced food insecurity, nearly three-quarters of whom were already struggling to meet their needs prior to the COVID-19 pandemic. (San Diego Hunger Coalition, 2021).
- As of September 2021, the overall unemployment rate in SDC was 5.6%, which was lower than the unemployment rate for the state of California (7.5%) and higher than the national rate (4.8%) during the same period (Labor Market Information, EDD, 2021).
- According to the San Diego Regional Task Force on Homelessness' (RTFH) 2021 *Homelessness Crisis System Response* report, a total of 38,023 people in SDC received some form of housing or services related to homelessness in 2020, in contrast to the 7,658 people living on the streets or in shelters that were counted during RTFH's January 2020 Point-in-Time count (RTFH, 2021).
- According to findings from the CHCF's 2021 California Health Policy Survey, half of Californians (51%) reported taking at least one action to delay, skip, or cut back on care in the past 12 months because of concerns related to cost. Of those who delayed care due to cost, 41% reported that their health condition worsened (CHCF, 2021).
- According to the same survey, more than 1 in 4 lower-income Californians (27%) reported that it was "somewhat" or "very" difficult to find a provider who took their insurance, compared to 10% of Californians with higher incomes (CHCF, 2021).
- In addition, among Californians with lower incomes, 4 in 10 reported being very worried about affording unexpected medical bills (43%), out-of-pocket costs (39%), and rent or mortgage (39%) (CHCF 2021).

Objectives

- Collaborate with community partners to connect individuals experiencing homelessness, food insecurity and other health equity barriers to community-based services
- Assist economically disadvantaged individuals through transportation and pharmaceutical assistance

FY 2021 Report of Activities

In FY 2021, SRSMC provided programs and services to help improve care coordination and access to health care for underserved or economically disadvantaged patients.

Throughout the year, SRSMC provided transportation assistance to ensure that patients were able to attend their medical appointments. SRSMC's free shuttle service connected a variety of clinic locations and related services (e.g., imaging) along four routes. Patient services representatives worked with patients to schedule appointments that coincided with shuttle routes, enabling individuals to arrive at their doctor's office safely and on time. In FY 2021, more than 2,850 individuals were served by SRSMC's shuttle service.

The cost of prescription medication can be unaffordable for economically disadvantaged patients, particularly those experiencing unemployment or other challenges associated with the COVID-19 pandemic. In FY 2021, SRSMC continued to use COVID-19 Foundation Assistance to provide resources to patients with medication-related financial burdens during the pandemic. The effort included SRSMC Pharmacy staff from all eight locations, as well as the Pharmacy Benefits Administration (PBA) team. PBA pharmacists reviewed patient referrals and evaluated them for urgency, alternative therapies and qualification for various financial assistance programs. If alternative programs or longer-term solutions were not available, they coordinated with the SRSMC Pharmacy team to provide the patient with a three-month supply of their medications at no out-of-pocket cost. Since its inception in 2020, this program has covered more than \$223,000 worth of prescription medication copays for over 570 patients.

SRSMC also utilized COVID-19 Foundation assistance in FY 2021 to provide blood pressure cuffs to underserved patients with hypertension. SRSMC pharmacy staff, the PBA department and the Population Health team collaborated throughout the year to identify patients in need of regular blood pressure monitoring who would benefit from having a blood pressure cuff at home to help report accurate measurements. Population Health team members identified appropriate patients and referred them to PBA to receive an affordable blood pressure cuff through SRSMC pharmacies. Patients who qualified received these blood pressure cuffs at no cost. More than 100 SRSMC patients received assistance through this initiative in FY 2021.

According to March 2021 data from the San Diego Hunger Coalition, approximately 1 in 3 San Diegans experience food insecurity or are unable to provide three nutritious meals per day for themselves or their families. To address the rise in food insecurity during the COVID-19 pandemic, the Sharp HealthCare Foundation granted funding to SRSMC to provide grocery gift cards to patients and families in need of assistance. An SRSMC social worker developed a screening tool to identify patients enrolled in Population Health case management who had concerns about being able to afford or consistently access enough food. Depending on the size of the family, identified patients received a \$100 or \$200 gift card to a local grocery store and were referred for additional services such as CalFresh, California's Supplemental Nutrition Assistance Program. From May 2020 to April 2021, more than 600 patients and their families received assistance through this initiative.

Beginning in FY 2019, SRSMC joined Sharp's systemwide pilot partnership with 2-1-1's CIE to better understand and address the health equity barriers 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. SRSMC joined the CIE pilot partnership to provide more informed, holistic care to patients with challenges to health equity 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. SRSMC case managers and social workers were trained on CIE to better serve vulnerable patients in the outpatient care setting, including those patients who experience homelessness, food insecurity and other hardships.

Although delays and obstacles to CIE implementation and adoption persisted due to the COVID-19 pandemic during Year 2 of the pilot, utilization metrics improved significantly over Year 1. Community members across SDC were assisted through the CIE, including residents of Downtown, Mission Valley, Southeast San Diego, Encanto, El Cajon, Lakeside, La Mesa, Otay Mesa, National City, Chula Vista, Carlsbad, Escondido and Oceanside. The top community referrals provided through the CIE included utilities, food, housing and economic support. In addition, at the start of Year 3 (July 2021) of the partnership, Sharp leadership approved the integration of select CIE data with Sharp's electronic health record system, in order to further increase and support CIE utilization, and strengthen community resource connection. Data integration with the CIE will further support and improve Sharp's efforts to identify and address health equity barriers experienced by its patients and communities.

Sharp teams continue to work closely with 2-1-1 on the implementation and data integration plans for CIE, which includes evaluation of ongoing metrics, such as system utilization of CIE, referral tracking, case management efficiency, successful connection to community referrals and more. Data will be used to re-evaluate the value and sustainability of CIE for Sharp upon completion of the pilot's third year.

FY 2022 Plan

SRSMC will do the following:

- Provide a free shuttle service to those in need of transportation assistance
- Provide financial assistance for prescription copayments and other personal items, including blood pressure cuffs
- Participate in 2-1-1's CIE program to serve patients experiencing homelessness and other SDOH hardships by connecting them to critical community services

SRSMC Program and Service Highlights

- Allergy and immunology
- Audiology and hearing services
- Cancer treatment
- Cardiology
- Dermatology
- Diabetes education
- Endocrinology
- Ear, nose and throat services
- Executive health and wellness
- Family and internal medicine
- Gastroenterology
- Health education
- Imaging and radiology, including mammography
- Infectious disease
- Laboratory services
- Lymphedema program
- Nephrology
- Neurology
- Nuclear medicine
- Nutrition
- OB-GYN
- Occupational health and work injury
- Ophthalmology
- Optometry, including the Optical Shop
- Orthopedics
- Pathology
- Pediatrics
- Pharmacy services
- Podiatry
- Pulmonary medicine
- Rehabilitation and physical therapy, including upper extremity and pediatric rehabilitation
- Rheumatology and musculoskeletal medicine
- Speech therapy
- Surgery
- Travel Clinic
- Urgent care
- Urology
- Weight management
- Wound care



Protecting San Diegans From COVID-19

Sharp Health Plan

Sharp Health Plan is dedicated to serving San Diegans. And especially in challenging times, that dedication goes far beyond its members. Throughout the COVID-19 pandemic, Sharp Health Plan has provided vital assistance and information to its members and the broader community, as well as ongoing support for Sharp HealthCare's COVID-19 Community Vaccination Program.

Sharp Health Plan quickly responded to pandemic-related regulatory changes, as well as provided flexibility to ease financial concerns due to COVID-19. In addition, team members offered around-the-clock communications support, conducted outreach and provided resources to eligible members, including invitations to COVID-19 vaccination clinics. Further, Sharp Health Plan hosted community COVID-19 vaccination clinics and volunteered at other Sharp COVID-19 vaccination clinics throughout San Diego.

Sharp Health Plan is honored to support San Diegans and continues to demonstrate the importance of community service during the COVID-19 pandemic.

Section

13 Sharp Health Plan

We honor the health care professionals at Sharp HealthCare, as well as the first responders and community organizations throughout San Diego, who safeguarded the well-being of our community during the COVID-19 pandemic.

— 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) 2021, 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 2021 Community Benefit Program Highlights

SHP provided a total of **\$127,748** in community benefit in FY 2021. See **Table 61** 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.

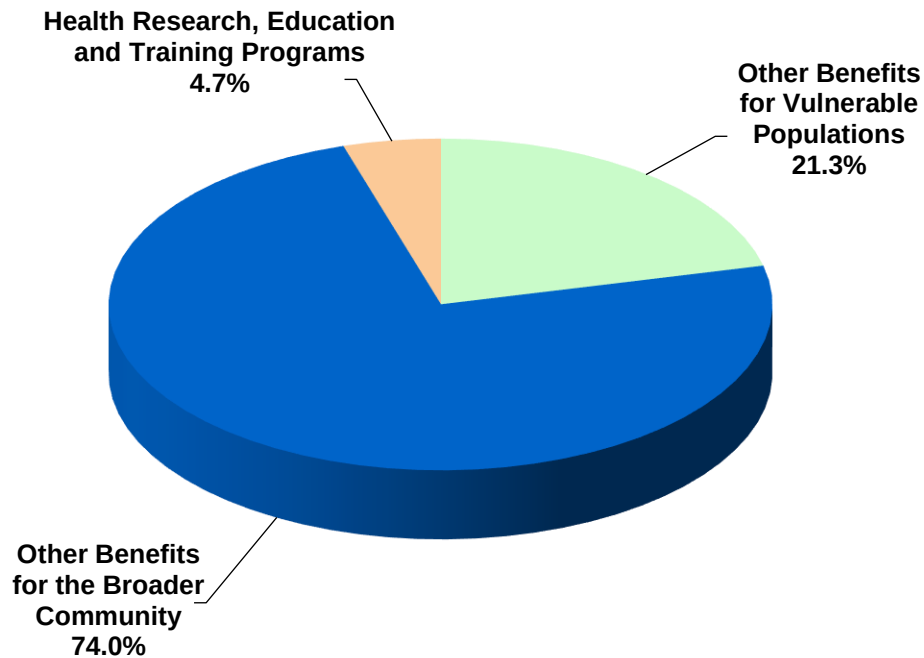
**Table 61: Economic Value of Community Benefit Provided
Sharp Health Plan — FY 2021**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2021 Unreimbursed Costs
Other Benefits for Vulnerable ¹⁸⁶ Populations	Donations to community health centers and other agencies serving the vulnerable ¹⁸⁷	\$27,150
Other Benefits for the Broader Community	Health education programs, donations to community organizations, meeting room space, and participation in community organizations ¹⁸⁷	94,530
Health Research, Education and Training Programs	Support of education and training programs for students, interns and health care professionals ¹⁸⁷	6,068
TOTAL		\$127,748

¹⁸⁶ "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://hcai.ca.gov/wp-content/uploads/2020/10/SB697-Report-to-the-Legislature-Community-Benefit.pdf>

¹⁸⁷ 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 2021**



Key highlights:

- **Other Benefits for Vulnerable Populations** included 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, time devoted to community COVID-19 (coronavirus disease 2019) vaccination clinics, and participation by senior leadership and other staff on community boards, committees and civic organizations, including 2-1-1 San Diego (2-1-1), Alliance for African Assistance, Asian Business Association of San Diego (ABASD), Chicano Federation, California Association of Health Plans, Epilepsy Foundation San Diego County, Episcopal Community Services, San Diego Food Bank (Food Bank), Girl Scouts San Diego, Health Plan Alliance, Home Start, Inc., North San Diego Business Chamber, Pacific Arts Movement, San Diego Community College District Corporate Council, Second Chance, SAY San Diego, St. Paul's Senior Services, Susan G. Komen® San Diego Development Committee, The Nonprofit Institute at the University of San Diego (USD) Advisory Board and Board Chairs Learning Group, Union of Pan Asian Communities (UPAC), Wave Academy and others. See **Appendix A** for a listing of Sharp HealthCare's (Sharp's) involvement in community organizations in FY 2021. The category also includes costs associated with community benefit planning and administration.

- **Health Research, Education and Training Programs** included time devoted to intern supervision.

Identified Community Need: Support for Community-Based Nonprofit Organizations

Rationale references the findings of the Sharp 2019 CHNAs, Hospital Association of San Diego and Imperial Counties 2019 CHNA or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The Hospital Association of San Diego and Imperial Counties (HASD&IC) and Sharp 2019 CHNAs identified access to health care, aging concerns, behavioral health, cancer, chronic conditions, community and social support, economic security, education, homelessness and housing instability, and unintentional injury and violence as being 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 requires collaboration between health care providers, community organizations, residents, and political, health system, and community leaders.
- According to USD's *2021 State of Nonprofits and Philanthropy Annual Report*, there were nearly 12,000 registered nonprofits in SDC in 2021. Nearly three-quarters of human services and health nonprofits reported increased demand for their services, attributed to the COVID-19 pandemic. Among nonprofits who experienced an increase in demand for services, just 12% reported being able to adequately meet that demand, indicating that there is substantial unmet need in the community (USD, 2021).
- The same report notes that San Diegans continually express high levels of confidence in nonprofits to act on the public's behalf, provide high quality services, respond to issues related to COVID-19, and promote positive social change. Public confidence drives engagement in the nonprofit sector (USD, 2021).
- 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 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 SANDAG's 2021 *COVID-19 Impacts* report, the top three ways Californians reported spending their stimulus checks included food (22%), utilities (16%), and rent (14%) (SANDAG, 2021).

- Data presented in the same report shows that the impact of COVID-19 was felt disproportionately among individuals and households. While some professionals were able to work from home with little economic impact, others — often those with fewer years of formal education — were significantly negatively impacted (SANDAG, 2021).
- The Census Household Pulse Survey cited in SANDAG’s report indicates that nearly 64% of Hispanic and 60% of Black survey respondents reported loss of employment income for themselves or someone in their household since March 2020 (U.S. Census Bureau, 2021).
- According to a survey conducted by the Center for Effective Philanthropy, 78% of U.S. nonprofit leaders reported that the COVID-19 pandemic has had a negative impact on their organizations, with two-thirds reporting a moderate or significant negative impact. The majority of leaders whose organizations experienced negative impacts during the pandemic described difficulties in carrying out their programs and services. Most nonprofit leaders reported that they had to alter or reduce their programs or services in 2020 (Center for Effective Philanthropy, 2021).
- 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’s 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 partnerships. 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 2021 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 2021: ABASD Board of Directors, 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. Most organizations met virtually throughout FY 2021, in response to the COVID-19 pandemic

In addition, in FY 2021, SHP provided financial support to the following organizations: 2-1-1, Alliance for African Assistance, ABASD, Chicano Federation, Epilepsy Foundation San Diego County, Episcopal Community Services, Food Bank, Girl Scouts San Diego, Health Industry Collaboration Effort, Inc., Home Start, Inc., North San Diego Business Chamber, San Diego Association of Health Underwriters, Second Chance, SAY San Diego, St. Paul's Senior Services, UPAC, USD, Wave Academy and more.

As part of its commitment to the community, SHP proudly supported local organizations, businesses, families and individuals during the COVID-19 pandemic. SHP focused on several initiatives to help its members receive the best care possible. In response to the pandemic, SHP's interdepartmental COVID-19 Outreach Team engaged in outreach and retention efforts to over 10,000 members who were at higher risk for severe illness from COVID-19. The team offered tips on how to stay safe, what to do if members showed symptoms, how to access 2-1-1 and SHP's COVID-19 resource center, and how to get prescription medications delivered. SHP provided community resources and assessed individuals for food insecurity and isolation, and then facilitated follow-up calls from SHP health coaches and case managers as needed.

SHP sought to helping members keep their insurance coverage during the COVID-19 pandemic. SHP called more than 1,000 members who lost health coverage due to COVID-19-related reasons. In addition, SHP contacted over 600 local businesses who were contracted with competing carriers and whose employees were scheduled to lose

their health coverage. SHP ensured these employees secured new health plan options through SHP that were identical to their original coverage. SHP also accommodated the financial needs of over 50 local businesses and temporarily postponed payment requirements for coverage reinstatement, helping thousands of members maintain their Sharp coverage.

SHP provided timely, around-the-clock messaging and communication distribution to support all lines of business and customer segments. This included targeted member communications with important COVID-19 information, covering major concerns such as access to care, telehealth, staying safe, the American Rescue Plan Act of 2021 — which provided temporary premium assistance — and much more. Further, SHP converted in-person seminars into virtual ones.

In FY 2021, SHP team members dedicated time to supporting Sharp's systemwide COVID-19 community vaccination initiative throughout the county. SHP also hosted COVID-19 vaccination clinics for their Medicare members. SHP team members were honored to do their part by helping members and supporting Sharp's health care heroes. SHP also remained dedicated to supporting community organizations that assisted the San Diego community during the pandemic.

Prior to the pandemic, the Food Bank provided food assistance to 350,000 people each month (11% of SDC's population). Since the pandemic's onset in March 2020, the Food Bank now serves approximately 600,000 per month, reflecting the impact of COVID-19 on the community. From mid-March 2020 through the end of May 2021, the Food Bank distributed more than 71 million pounds of food to individuals, families and seniors affected by the pandemic, and over one million pounds per week through nonprofit partners. In FY 2021, SHP continued to financially support the Food Bank by sponsoring the annual Chefs, Cork & Craft Gala, a virtual event benefiting the Food Bank's COVID-19 Hunger-Relief Response Programs. The evening gala featured a wine and charcuterie board delivered directly to attendee homes, as well as a behind-the-scenes tour of the Food Bank's warehouse, a program highlighting the organization's mission during the pandemic, an opportunity drawing and a live musical performance.

UPAC — a nonprofit that provides health and human services to improve the well-being of underserved diverse populations — was committed to serving SDC communities during the COVID-19 pandemic by providing emergency food distribution each week. UPAC created care boxes which included up to four days of food staples, fresh fruits and vegetables, a hot meal, toilet paper, hand sanitizer, a game or activity for each family, community resources and linguistically appropriate COVID-19 information. These boxes have been distributed to over 6,000 individuals since the start of the pandemic. UPAC also provided housing stability assistance for low-income households affected by the pandemic, and conducted outreach and education about the pandemic, as well as many other services. SHP was proud to sponsor UPAC's 2021 Virtual Event, honoring the incredible work taking place in the community and sharing stories of

resiliency and hope. Held in May, the event raised funds to support the families, individuals and communities hit hardest by the COVID-19 pandemic.

SHP continued to collaborate with The Nonprofit Institute at USD, which provides education, training, research and the necessary tools to build leaders as well as strengthen and support nonprofits and philanthropy in San Diego. In FY 2021, 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 Nonprofit Governance Symposium, a virtual event that envisioned the future of governance, including the COVID-19 pandemic and its impact, and how to build strong organizations and communities. At the event, SHP assisted in selecting awards for nonprofit organizations that recognized, promoted and inspired excellence in nonprofit governance in San Diego during the pandemic.

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 America's Small Business Development Center network, which provides low to no-cost advising and consulting services to entrepreneurs and small businesses, as well as empowers small business creation and growth. In addition, in 2021, ABASD provided small business relief grants from its San Diego COVID-19 Community Response Fund for small businesses most affected by the COVID-19 pandemic. Further, SHP began serving on the Board of Directors in FY 2021, as well as continued to financially support ABASD by sponsoring the virtual Lunar New Year Celebration in February, which shared information about its year-round programs.

2-1-1 is SDC's trusted source for information and connections to community, health and disaster resources, including up-to-date resources on COVID-19. SHP is one of several health insurance companies approved to provide coverage through Covered California, and for individual insurance plans, SHP partners with and educates 2-1-1 about SHP's coverage options. In addition, representatives for Sharp and 2-1-1 collaborate to ensure members understand the insurance options available and are enrolled in plans that meet their needs. Beyond this collaboration, SHP also supported 2-1-1's annual CIE Virtual Summit 2021, which analyzed and discussed how to move CIE planning and implementation forward using community-led strategies that enable inclusive and equitable community input and participation. At the event, SHP team members and 2-1-1 representatives shared a virtual booth, addressing questions about available health plan coverage options.

In addition, since 2019, SHP has been a part of Sharp's systemwide pilot partnership with 2-1-1's CIE to better understand and address the health equity barriers 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. SHP joined the CIE pilot partnership in order to provide more informed, holistic care to patients with challenges to health equity, 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 team members were trained on CIE in order to better serve patients in the acute care setting, including patients who experience homelessness, food insecurity and other hardships.

Although delays and obstacles to CIE implementation and adoption persisted due to the COVID-19 pandemic during Year 2 of the CIE pilot, utilization metrics improved significantly over Year 1. Community members across SDC were assisted through the CIE including residents of Downtown San Diego, Mission Valley, Southeast San Diego, Encanto, El Cajon, Lakeside, La Mesa, Otay Mesa, National City, Chula Vista, Carlsbad, Escondido and Oceanside. The top community referrals provided to patients through the CIE included utilities, food, housing and economic support. In addition, at the start of Year 3 (July 2021) of the partnership, Sharp leadership approved the integration of select CIE data with Sharp's electronic health record system, in order to further increase and support CIE utilization, and strengthen community resource connection. Data integration with the CIE will further support and improve Sharp's efforts to identify and address health equity barriers experienced by its patients and communities.

Sharp teams continue to work closely with 2-1-1 on the implementation and data integration plans for CIE, which includes evaluation of ongoing metrics, such as system utilization of CIE, referral tracking, case management efficiency, successful connection to community referrals and more. Data will be used to re-evaluate the value and sustainability of CIE for Sharp upon completion of the pilot's third year.

FY 2022 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 connect members who experience health equity barriers to critical community services

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 2021. Community organizations are listed alphabetically.

- 2-1-1 San Diego (2-1-1)
- 2-1-1 Community Information Exchange (CIE)
- 2-1-1 CIE Advisory Board
- A New PATH (Parents for Addiction, Treatment and Healing)
- Adult Protective Services
- Advanced Care at Home Coalition
- Alliance for African Assistance
- Alliant International University
- Alzheimer's San Diego
- Alzheimer's San Diego Community Advisory Council
- American Association of Critical-Care Nurses
- American Cancer Society
- American Case Management Association
- American College of Healthcare Executives
- American Diabetes Association
- American Heart Association
- American Hospital Association
- American Hospital Association Regional Policy Board
- American Lung Association
- America's Physician Groups (APG)
- American Red Cross
- Angels Foster Family Network
- Asian Business Association of San Diego (ABASD)
- ABASD Board of Directors
- 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 Black Psychologists – San Diego Chapter
- 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
- Back to Work SD

- Balboa Institute of Transplantation
- Bayside Community Center
- Be There San Diego
- Beacon Council's Patient Safety Collaborative
- Black Tech Link
- Borrego Health
- Boy Scouts of America
- Cabrillo Credit Union Supervisory Committee
- California Academy of Nutrition and Dietetics – San Diego District
- California Association of Health Plans
- California Association of Hospitals and Health Systems (CAHHS)
- CAHHS Committee on Volunteer Services and Directors' Coordinating Council
- California Association Medical Staff Services – San Diego Chapter
- California Association of Physician Groups
- California College San Diego
- California Doctor of Physical Therapy Advisory Committee
- California Health Care Foundation California POLST eRegistry Evaluation Team
- California Health Foundation & Trust
- California Hospice and Palliative Care Association
- California Hospital Association (CHA)
- CHA Advisory Board
- CHA San Diego Association of Directors of Volunteer Services
- CHA Workforce Committee
- California Maternal Quality Care Collaborative
- California Perinatal Quality Care Collaborative
- California School-Age Families Education
- California Society for Clinical Social Work Professionals
- California State University Dominguez Hills
- California State University San Marcos
- Cameron Family YMCA
- Caregiver Coalition of San Diego
- Chicano Federation
- Chula Vista Chamber of Commerce
- Chula Vista Fire Department
- Chula Vista Police Foundation
- City of Chula Vista
- City of Coronado
- City of San Diego
- City of San Diego Community Health Advisory Team
- Climate Action Campaign
- Coalition for Compassionate Care of California
- 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 (SPC)
- CHIP SPC Media and Higher Education Subcommittees
- Concorde Career College
- Concordia University

- Connect
- Consortium for Nursing Excellence, San Diego
- Coronado Chamber of Commerce
- Coronado Community Center
- Coronado Fire Department
- Coronado Police Department
- Coronado Public Library
- Coronado SAFE (Student and Family Enrichment)
- Coronado Senior Planning Committee
- 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 of San Diego Emergency Medical Care Committee
- County of San Diego Emergency Medical Services
- County Service Area – 69 Advisory Board
- Cristo Rey San Diego High School
- Doris A. Howell Foundation for Women's Health Research
- Downtown San Diego Partnership
- Downtown San Diego Silvercrest Residence
- East County Action Network
- East County Elder Abuse Council
- East County Senior Service Providers
- Emergency Nurses Association – San Diego Chapter
- Employee Assistance Professionals Association
- EMSTA College
- Equality Alliance of San Diego County
- 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
- Girl Scouts San Diego
- Glendale Career College
- Grand Canyon University
- Grossmont College
- Grossmont Health Occupations
- Grossmont Imaging LLC Board
- Grossmont Union High School District
- Health and Science Pipeline Initiative
- Health Industry Collaboration Effort, Inc.
- Health Information and Management Systems Society
- Health Insurance Counseling & 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 Committee
- 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
- Kitchens for Good
- La Maestra Community Health Centers
- La Mesa Lion's Club
- La Mesa Park & Recreation Foundation
- Lantern Crest Senior Living Advisory Board
- Las Damas de San Diego International Nonprofit Organization
- Las Patronas
- Live Well San Diego Check Your Mood Committee
- Mama's Kitchen
- MANA de San Diego
- March of Dimes
- McGrath Family YMCA
- Meals on Wheels San Diego County
- Meals on Wheels San Diego County East County Advisory Board
- Midwestern University
- MiraCosta College
- National Active and Retired Federal Employees Association
- National Alliance on Mental Illness
- National Association of Emergency Medical Services Educators
- National Association of Orthopedic Nurses
- National Conflict Resolution Center
- National Eating Disorders Association
- National Hospice and Palliative Care Organization
- National University
- Neighbor 2 Neighbor
- Neighborhood Healthcare
- North San Diego Business Chamber
- North San Diego Business Chamber Health Committee
- Optimist Club of Coronado
- Pacific Arts Movement Advisory Board

- Palomar Community College
- Partnership for Smoke-Free Families
- Peninsula Shepherd Senior Center
- Perinatal Care Network
- Perinatal Social Work Cluster
- Philippine Nurses Association of San Diego County, Inc.
- Phlebotomy Training Academy
- Pima Medical Institute
- Point Loma/Hervey Library
- Point Loma Nazarene University
- Potiker Family Senior Residence
- Poway Chamber of Commerce Government Affairs Committee
- Practice Greenhealth
- Press Ganey
- Psychiatric Emergency Response Team
- Public Health Emergency Hospital Preparedness Program
- Risk Management Society – San Diego Chapter
- Rotary Club of Chula Vista
- Rotary Club of Coronado
- 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 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 Community Action Network
- San Diego Community College District Corporate Council
- San Diego County Breastfeeding Coalition Advisory Board
- 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 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 Older Adult Behavioral Health System of Care Council
- San Diego County Promotores Coalition
- San Diego County Public Health Nursing Advisory Board
- San Diego County Stroke Consortium
- San Diego East County Chamber of Commerce
- San Diego East County Chamber of Commerce Government Affairs Committee
- San Diego East County Chamber of Commerce Leadership East County Program

- San Diego Economic Development Council
- San Diego Education Collaborative
- San Diego Family Care
- San Diego Fire-Rescue Department
- San Diego Freedom Ranch
- San Diego Health Connect
- San Diego Health Connect POLST e-registry workgroup
- San Diego Housing Commission
- San Diego Imaging – Chula Vista
- San Diego-Imperial County Council of Hospital Volunteers
- San Diego Mental Health Coalition
- San Diego Mesa College
- San Diego Military Family Collaborative
- San Diego National Association of Hispanic Nurses
- San Diego Police Foundation
- San Diego Pride
- San Diego Psychological Association Membership and Public Education Media Committees
- San Diego Public Health Advisory Council
- San Diego Regional Chamber of Commerce
- San Diego Regional Economic Development Corporation
- 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 Square
- San Diego State University (SDSU)
- SDSU Institute for Public Health
- San Diego Women, Infants and Children Program
- San Diego Workforce Partnership
- San Joaquin Valley College
- Santee Chamber of Commerce Government Affairs Committee
- SAY San Diego
- Second Chance
- 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
- 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. Paul's PACE
- St. Paul's Senior Services

- St. Peter's by the Sea Lutheran Church
- Susan G. Komen® San Diego Development Committee
- The National Alliance for Caregiving
- Trauma Center Association of America Board of Directors
- UC San Diego
- UC San Diego Extension
- Union of Pan Asian Communities
- University of Massachusetts Global
- University of San Diego (USD)
- USD – The Nonprofit Institute Advisory Board
- USD – The Nonprofit Institute Board Chairs Learning Group
- University of Southern California
- University of St. Augustine for Health Sciences
- USS Midway Museum
- VA San Diego Healthcare System
- VA San Diego Mental Health Council
- Vietnamese American Youth Alliance
- Vista Hill Foundation
- Vista Hill ParentCare
- Wave Academy
- We Honor Veterans
- West Coast University – Los Angeles Campus
- Westminster Manor
- Wreaths Across America San Diego
- YMCA of San Diego County
- YWCA of San Diego County Becky's House®

Appendix

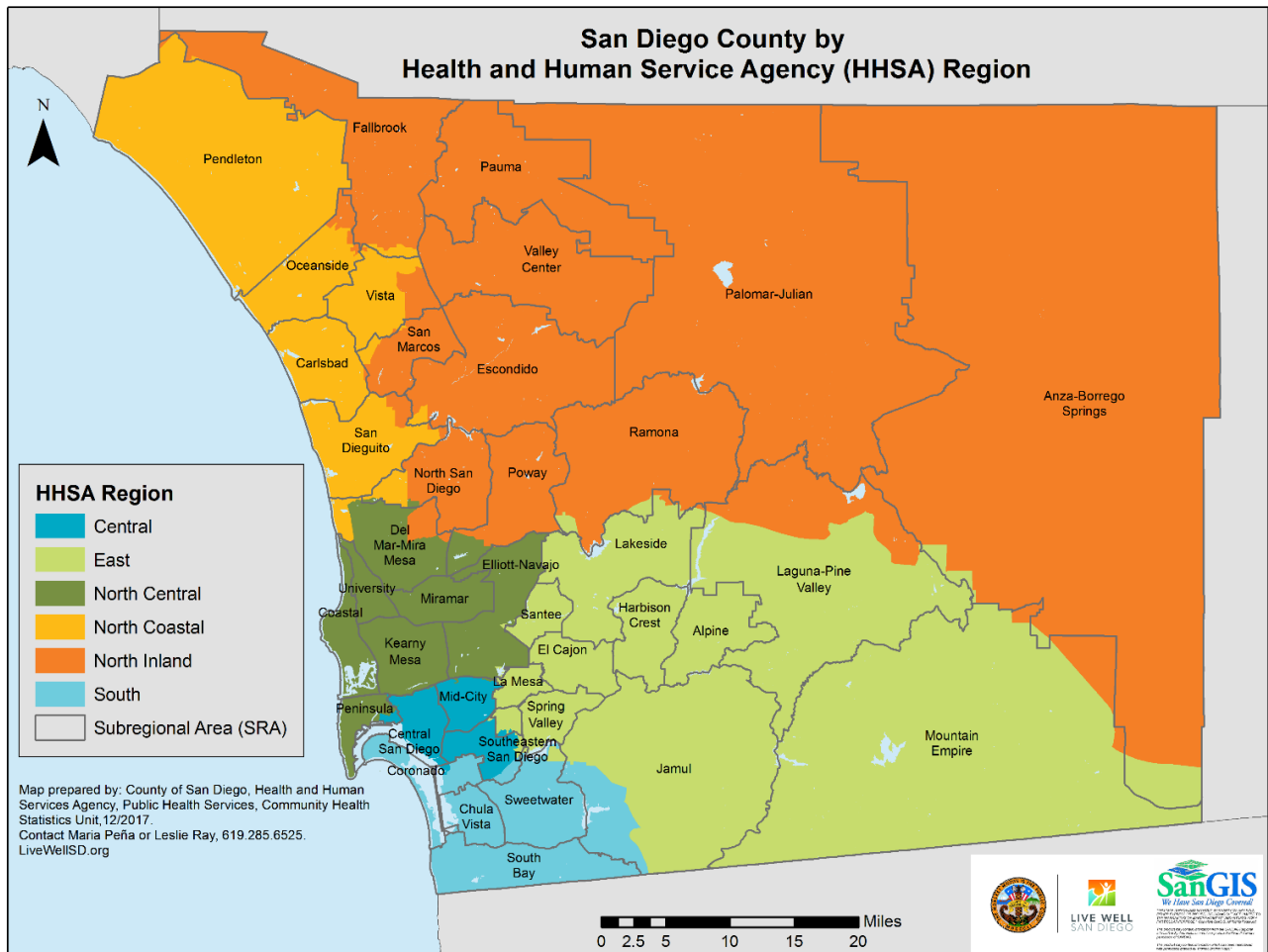
B Map of Sharp HealthCare Locations



Appendix

C

Map of Community and Region Boundaries in San Diego County¹⁸⁸



¹⁸⁸ 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