

Sharp HealthCare Community Benefit Plan and Report

Fiscal Year 2018



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



**Sharp HealthCare
Community Benefit Plan and
Report
Fiscal Year 2018**

Submitted to:

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

Contents

Section	Description	Page
	Preface	i
	Glossary of Terms and Abbreviations.....	iii
1	An Overview of Sharp HealthCare.....	1
2	Executive Summary.....	57
3	Community Benefit Planning Process	67
4	Sharp Chula Vista Medical Center.....	77
5	Sharp Coronado Hospital and Healthcare Center	115
6	Sharp Grossmont Hospital	135
7	Sharp HospiceCare.....	197
8	Sharp Metropolitan Medical Campus.....	223
9	Sharp Mary Birch Hospital for Women & Newborns	225
10	Sharp Memorial Hospital	247
11	Sharp Mesa Vista Hospital and Sharp McDonald Center	297
12	Sharp Health Plan	327
Appendices		
A	Sharp HealthCare Involvement in Community Organizations.....	333
B	Map of Sharp HealthCare Locations.....	339
C	Map of Community and Region Boundaries in San Diego County	341

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

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

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

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

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

Each page of our Fiscal Year 2018 *Sharp HealthCare Community Benefit Plan and Report* reflects a commitment to the community that is stronger than ever. This commitment is represented not only by uncompensated care dollars, but also by more than 120,000 hours devoted by Sharp team members to programs beyond our medical facilities — including free screenings, resources and transportation to those in need, mentorship and training for students, and education and support to members of our community.

In fiscal year 2018, Sharp's community benefit contributions totaled \$437,406,616 and included such vital community support as uncompensated care, benefits for vulnerable populations, and health research and education activities.

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



Michael W. Murphy
President and Chief Executive Officer

Preface

Sharp HealthCare (Sharp) prepared this Community Benefit Report for fiscal year (FY) 2018 in accordance with the requirements of Senate Bill 697 (SB 697), community benefit legislation.¹

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

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

Glossary of Terms and Abbreviations

2-1-1

2-1-1 San Diego

A

AA

Alcoholics Anonymous

AAHPM

American Academy of Hospice and Palliative Medicine

AAHRPP

Association for the Accreditation of Human Research Protection Programs

ACNL

Association of California Nurse Leaders

ACP

Advance Care Planning

ACS

American Cancer Society

ADA

American Diabetes Association

ADOD

Alzheimer's disease and other dementias

AHA

American Heart Association

AIDS

Acquired Immunodeficiency Syndrome

AIM

Advanced Illness Management

AIS

County of San Diego Aging and Independence Services

Alegado Foundation

The Jacinto-Gaudiosa Alegado Foundation, Inc.

ANCC

American Nurses Credentialing Center

APA

American Psychological Association

APG

America's Physician Groups

APU

Azusa Pacific University

ART

Alzheimer's Response Team

ASA

American Stroke Association

ASCO

American Society of Clinical Oncology

ASP

Antimicrobial Stewardship Program

AWHONN

Association of Women's Health, Obstetric and Neonatal Nurses

B

BAME CDC

BAME Renaissance, Inc.

BBB

Better Business Bureau

BFCHC

The Breastfeeding-Friendly Community Health Centers project — a HHS Live Well San Diego initiative that selected SGH's Prenatal Clinic as a pilot to help establish Baby-Friendly USA guidelines

in clinics around breastfeeding during the prenatal period and after discharge.

BHW

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

BLS

U.S. Bureau of Labor Statistics

BMI

Body Mass Index

C

CAHHS

California Association of Hospitals and Health Systems

CalFresh

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

CCCC

Coalition for Compassionate Care of California

CCP

Community Care Partner

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

CHA

California Hospital Association

CHAMPVA

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

CHAPCA

California Hospice and Palliative Care Association

CHCF

California Health Care Foundation

CHD

Coronary Heart Disease

CHF

Congestive Heart Failure

CHIP

Community Health Improvement Partners

CHIS

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

CHNA

Community Health Needs Assessment — a report on the current health status and health-related needs of San Diego

County residents, as well as changes and trends in resident health status. The needs assessment began in 1995 to comply with state community benefit legislation (SB 697), and is an integral part of the community benefit process. The most recent CHNA was completed in collaboration with HASD&IC in 2016.

CHP

California Highway Patrol

CME

Continuing Medical Education

CMS

San Diego County Indigent Medical Services

CNI

Community Need Index

COPD

Chronic Obstructive Pulmonary Disease

Covered California

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

CPR

Cardiopulmonary Resuscitation

CRRA

California Resource Recovery Association

CSA

Community Supported Agriculture

CSE

Center for Sustainable Energy

CSU

California State University

CSUSM

California State University San Marcos

CT

Computed Tomography

CTI

Care Transitions Intervention

CTIS

California Teratogen Information Service

CWISH

Council of Women's and Infants' Specialty Hospitals

D

DHHS

U.S. Department of Health and Human Services

DMCCP

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

DME

Durable Medical Equipment

DPP

Diabetes Prevention Program

E

EAPA

Employee Assistance Professionals Association

EBPI

Evidence-Based Practice Institute

ECAN

East County Action Network

ECSSP

East County Senior Service Providers

ED

Emergency Department

ELNEC

End-of-Life Nursing Education Consortium

EMCC

Emergency Medical Care Committee

EMS

Emergency Medical Services

EMSA

Emergency Medical Services Authority

EPA

U.S. Environmental Protection Agency

ES

Energy Star, an international standard for energy efficiency

EVCs

Electric vehicle chargers

F**FAST**

Face, Arms, Speech, Time

FHCSD

Family Health Centers of San Diego

FOD

Foreign Object Damage

Food Bank

San Diego Food Bank

FPL

Federal Poverty Level

FSD

Feeding San Diego

FY

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

G**GHD**

Grossmont Healthcare District

GHX

Global Healthcare Exchange

GUHSD

Grossmont Union High School District

GWTC

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

H**HAI**

Healthcare Associated Infection

HASD&IC

Hospital Association of San Diego and Imperial Counties

HASPI

Health and Science Pipeline Initiative

HESI

Healthcare Exploration Summer Institute

HFA

Hospice Foundation of America

HHSA

County of San Diego Health and Human Services Agency

HICAP

Health Insurance Counseling and Advocacy Program

HICS

Hospital Incident Command System

HIT

Health Information Technology

HMO

Health Maintenance Organization

HOPE

Homeless Outreach Programs for Entitlement

HP2020

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

HPNA

Hospice and Palliative Nurses Association

HPP

Hospital Preparedness Program

HPSA

Health Professional Shortage Area

HRO

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

HRPP

Human Research Protection Program

HSHMC

Health Sciences High and Middle College

HVAC

Heating, ventilation and air conditioning

HVP

San Diego County Hospice-Veteran Partnership

I**ILA**

Independent Living Association

ILFs

Independent living facilities

IOM

Institute of Medicine

IPH

Institute for Public Health

IRB

Institutional Review Board

IV t-PA

Intravenous Tissue Plasminogen Activator

J**JAMA**

Journal of the American Medical Association

JFS

Jewish Family Service of San Diego

K

kWh
Kilowatt-hour

L

LBW
Low Birth Weight

LCSW
Licensed Clinical Social Worker

LED
Light -emitting diode (lighting)

LEED
Leadership in Energy and
Environmental Design

LGBT
Lesbian, Gay, Bisexual and
Transgender

LWSD
Live Well San Diego

M

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

MDE
Major Depressive Episode

Medi-Cal
California's Medicaid program

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

MFT
Marriage and Family Therapy

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

NCHS
National Center for Health Statistics

NCI
National Cancer Institute

NCQA
National Committee for Quality
Assurance

NEDA
National Eating Disorders Association

NHA
Neighborhood House Association

NHDD

National Healthcare Decisions Day

NHPCO

National Hospice and Palliative Care Organization

NICHQ

National Institute for Children’s Health Quality

NICU

Neonatal Intensive Care Unit

NIH

National Institutes of Health

NINDS

National Institute of Neurological Disorders and Stroke

NRI

Neonatal Research Institute

O**OB-GYN**

Obstetrician-gynecologist

OPP

Sharp Memorial Outpatient Pavilion

ORI

Sharp HealthCare Outcomes Research Institute

OSHPD

California Office of Statewide Health Planning and Development

P**PACE**

Program for All-Inclusive Care for the Elderly

A New PATH

Parents for Addiction Treatment and Healing

PERT

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

PFS

Patient Financial Services

Planetree

Planetree, Inc. is a mission based not-for-profit organization that partners with healthcare organizations around the world and across the care continuum to transform how care is delivered.

PLNU

Point Loma Nazarene University

POLST

Physician Orders for Life-Sustaining Treatment

Project HELP

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

Project SOAR

Senior Options, Advocacy and Referrals

PTSD

Post-traumatic stress disorder

PWI
Partnerships with Industry

R

RCU
Recuperative Care Unit

RD
Registered Dietitian

RN
Registered Nurse

S

SAFE
Student and Family Enrichment

SAMHSA
Substance Abuse and Mental Health
Services Administration

SANDAG
San Diego Association of Governments

SanDi-CAN
San Diego Community Action Network

SanGIS
San Diego Geographic Information
Source

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

SCHHC
Sharp Coronado Hospital and
Healthcare Center

SCI
Spinal Cord Injury

SCMG
Sharp Community Medical Group

SCVMC
Sharp Chula Vista Medical Center

SDC
San Diego County

SDCCC
San Diego Coalition for Compassionate
Care

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

SDCCOA
San Diego County Council on Aging

SDG&E
San Diego Gas & Electric

SDMFC
San Diego Military Family Collaborative

SDOH
Social Determinants of Health

SDRHCC
San Diego Regional Home Care Council

SDRM
San Diego Rescue Mission

SDSU
San Diego State University

SDWP
San Diego Workforce Partnership

SGH
Sharp Grossmont Hospital

Sharp
Sharp HealthCare

Sharp Rehab
Sharp Rehabilitation Services

SHP
Sharp Health Plan

SIOP
Senior Intensive Outpatient Program at
Sharp Mesa Vista Hospital

SLAH
Sharp Lends a Hand — Sharp's
systemwide community service program

SMBHWN
Sharp Mary Birch Hospital for Women &
Newborns

SMC
Sharp McDonald Center

SMH
Sharp Memorial Hospital

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

SMV
Sharp Mesa Vista Hospital

SNAP
Supplemental Nutrition Assistance
Program

SNF
Skilled Nursing Facility

SoCAN
South County Action Network

SRSMC
Sharp Rees-Stealy Medical Centers

SRSMG
Sharp Rees-Stealy Medical Group

SSI
Supplemental Security Income

STEMI
ST-Elevation Myocardial Infarction —
acute heart attack

SWC
Southwestern College

T

TAY
Transitional Age Youth

TBI
Traumatic Brain Injury

ThinkFirst/Sharp on Survival
ThinkFirst/Sharp on Survival Institute for
Injury and Violence Prevention

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

U

UC
University of California

UCLA
University of California, Los Angeles

UCSF
University of California, San Francisco

UPAC
Union of Pan Asian Communities

U.S.
United States of America

USD
University of San Diego

V

VA
U.S. Department of Veterans Affairs

VASDHS
VA San Diego Healthcare System

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

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

VLBW
Very Low Birth Weight

VOICe
Vascular Outcomes Improvement Collaborative

W

WHV
We Honor Veterans

WIC
Women, Infants and Children

WME
World's Most Ethical

WOW
Women on Wheels

Y

YESS
Young Enthusiastic Stroke Survivors



Care Beyond Our Walls

At Sharp HealthCare, our mission is to improve the health of the San Diego community with a commitment to excellence in all that we do. As the City of San Diego's first-ever Health and Wellness Partner, Sharp extends this mission through a three-year partnership that brings free health education and resources directly to San Diegans in the communities in which they live.

The partnership drew on findings from Sharp's community health needs assessments, which helped identify high-need neighborhoods within San Diego's nine City Council districts. Sharp and the City then developed educational classes to address the unique needs of district residents, as well as health and wellness workshops specifically for San Diego City employees.

Classes are held at libraries, recreation centers and City worksites throughout the community, and focus on top health issues including cardiovascular disease, diabetes, senior health, mental health, substance use, high-risk pregnancy, cancer and obesity.

Through this powerful partnership, Sharp and the City look forward to improving the health and well-being of San Diegans for years to come.

Section

1 An Overview of Sharp HealthCare

For more than 60 years, Sharp HealthCare has made a difference in the lives of San Diegans. As a not-for-profit organization, Sharp places great value on the health and wellness of our expanding community. In everything we do, we are committed to making health care better for those we serve. — Michael Murphy, 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; 29 medical centers; six urgent care centers; three skilled nursing facilities; two inpatient rehabilitation centers; home health, hospice, and home infusion programs; numerous outpatient facilities and programs; and a variety of other community health education programs and related services. Sharp also offers individual and group Health Maintenance Organization coverage through Sharp Health Plan (SHP). Serving a population of approximately 3.3 million in San Diego County (SDC), as of September 30, 2018, Sharp is licensed to operate 2,084 beds and has more than 2,700 Sharp-affiliated physicians and 18,000 employees.

FOUR ACUTE CARE HOSPITALS:

Sharp Chula Vista Medical Center (343 licensed beds)

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

Sharp Coronado Hospital and Healthcare Center (181 licensed beds)

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

Sharp Grossmont Hospital (524 licensed beds)

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

Sharp Memorial Hospital (656 licensed beds)

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

THREE SPECIALTY CARE HOSPITALS:

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

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

Sharp Mesa Vista Hospital (158 licensed beds)

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

Sharp McDonald Center (16 licensed beds)¹

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

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

Mission Statement

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

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

Vision

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

Values

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



Culture: The Sharp Experience

For more than 19 years, Sharp has been on a journey to transform the health care experience for patients and their families, physicians and staff. Through a sweeping organization-wide performance-and-experience-improvement initiative called The Sharp Experience, the entire Sharp team has recommitted to purposeful, worthwhile work and creating the kind of health care people want and deserve. This work has added discipline and focus to every part of the organization, helping to make Sharp one of the nation's top-ranked health care systems. Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation: the people.

Supported by its extraordinary culture, Sharp is transforming the health care experience in San Diego by striving to be:

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

Through this transformation, Sharp continues to live its mission to care for all people, with special concern for the underserved and San Diego’s diverse population. This is something Sharp has been doing for more than 60 years.

Pillars of Excellence

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

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

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

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

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

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



Demonstrate and improve clinical excellence and exceed customer expectations.



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



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



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



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



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



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

Awards

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



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

Forbes

Sharp was ranked No. 45 out of 500 large employers on *Forbes’* 2017 America’s Best Employers listing. In 2016, Sharp ranked No. 16 and received the No. 2 spot on the newcomer’s list. In 2018, *Forbes* ranked Sharp No. 25 on its first-ever list of Best Employers for Women and No. 52 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.



From 2013 to 2018, Sharp ranked in the top 10 of the large employers category as one of the “Best Places to Work” for information technology professionals by the International Data Group’s *Computerworld* survey. The list is compiled by evaluating a company’s benefits, training, retention, career development, average salary increases, employee surveys, workplace morale and more.



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



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



SGH, SMH and SMBHWN received MAGNET[®] recognition by the American Nurses Credentialing Center (ANCC). The MAGNET Recognition Program[®] is the highest level of honor bestowed by the ANCC and is recognized nationally as the gold standard in nursing excellence. SGH first received the designation in 2006, and was most recently re-designated in 2017. SMBHWN received its current designation in 2015. SMH was first designated in 2008, and received its most recent re-designation in 2018.



Sharp was named one of the nation's "Most Wired" health care systems from 2012 to 2018 by *Hospitals & Health Networks* magazine's annual Most Wired Survey and Benchmark Study. "Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff.



Planetree is a coalition of more than 80 hospitals worldwide that are committed to improving medical care from the patient's perspective. SCHHC became a Designated Planetree Person-Centered Hospital in 2007, and was re-designated in 2017 for the fourth consecutive time. Additionally, in 2014, SCHHC achieved Planetree Designation with Distinction for its leadership and innovation in patient-centered care. SMH became a Planetree Person-Centered Hospital in 2012 and achieved Planetree Designation with Distinction in 2014. In 2015, SMH was re-designated as a Planetree Person-Centered Hospital. SCVMC joined SCHHC and SMH as a Designated Planetree Person-Centered Hospital in 2014, and was re-designated in 2018. In addition, Planetree awarded SGH the Gold Certification for Excellence in Person-Centered Care in 2018.



SCHHC and SCVMC received Energy Star (ES) designation from the U.S. Environmental Protection Agency (EPA) for outstanding energy efficiency. Buildings that receive ES certification use an average of 40 percent less energy than other buildings

and release 35 percent less carbon dioxide into the atmosphere. SCHHC first earned ES certification in 2007, and SCVMC was first certified in 2009. Both entities were most recently re-certified in 2018.



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



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



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



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



In 2016, Sharp ranked third on *San Diego Business Journal's* list of Healthiest Companies. The Healthiest Companies list honors those organizations that have created a supportive environment for their employees and fostered a work/life balance for their families.



In 2016, Sharp Best Health received the American Heart Association® (AHA) Fit-Friendly Worksites Honor Roll award (Gold Category) for the fourth consecutive year, which recognizes employers that promote a culture of health and physical activity in the workplace or community.

2017 HYPERTENSION CONTROL CHAMPIONS



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



PRESS GANEY® From 2013 to 2018, the Press Ganey organization recognized multiple Sharp entities with Guardian of Excellence Awards®. Based on one year of data, this designation recognizes recipients that reach the 95th percentile for patient satisfaction, employee engagement, physician engagement surveys or clinical quality. Awarded Sharp entities in the employee engagement category included SCVMC, SCHHC, SGH, SMBHWN, SMH, SMH Outpatient Pavilion (OPP), SMV, Sharp HospiceCare, SRSMG, SCMG and Sharp Home Health, while SMH, SMH OPP and SMBHWN have been awarded for Patient Experience and SCHHC, SMBHWN and SMV have received awards for Physician Engagement.



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



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



Covered California is California’s official health insurance marketplace, offering individuals and small businesses the ability to purchase health coverage at federally subsidized rates. SHP earned a five-star rating — the highest possible — in Covered California’s 2018 Coverage Year Quality Ratings in the categories of “Summary Quality Rating,” “Getting the Right Care” and “Plan Services for Members.”



America’s Physician Groups (APG) is a professional association, representing over 300 medical groups, independent practice associations, and integrated health care systems across the nation. APG has awarded its highest level of distinction — “Elite Status” — to SCMG and SRSMG each year from 2010 to 2018.



The Women’s Choice Award[®] is a symbol of excellence in customer experience awarded by the collective voice of women. In 2018, SGH received the Women’s Choice Award[®] as one of America’s Best Breast Centers, Best Stroke Centers and Best Hospitals for Heart Care. The Women’s Choice Award[®] also recognized SMH and SMBHWN in 2018 among America’s Best Hospitals for Bariatric Surgery, Cancer Care, Obstetrics and Patient Experience, as well as among America’s Best Breast and Stroke Centers. SCVMC was also recognized as one of America’s Best Breast Centers in 2018. In addition, SCHHC has maintained its ranking as one of America’s Best 100 Hospitals for Patient Experience from 2012 to 2018.



Powered by the San Diego Association of Governments (SANDAG) in cooperation with the 511 transportation information service, iCommute is the Transportation Demand Management program for the San Diego region and encourages use of transportation alternatives to help reduce traffic congestion and greenhouse gas emissions. Sharp received iCommute Diamond Awards — which recognize employers in the San Diego region who have made strides to promote alternative commute choices — in the platinum tier in 2016 and the gold tier in 2017 and 2018.



For the fourth year in a row, and the fifth time in six years, Sharp won the top spot in the Mega Employer category in SANDAG's 2016 iCommute Rideshare Corporate Challenge. The annual monthlong challenge encourages the replacement of solo drivers with sustainable carpool, vanpool, bike, walk or transit commutes.



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

Patient Access to Care Programs

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

Sharp provides services to help every uninsured patient receiving care in the ED find opportunities for health coverage through PointCare — a quick, web-based screening, enrollment and reporting technology designed by a team of health coverage experts to provide community members with health coverage and financial assistance options. At Sharp, patients use PointCare's simple online questionnaire to generate personalized coverage options that are filed in their account for future reference and accessibility. The results of the questionnaire enable Sharp staff to have an informed and supportive discussion with the patient about health care coverage, and empower them with options. From October 2015 to July 2018, Sharp helped nearly 37,300 self-pay patients through PointCare, while maintaining each patient's dignity throughout the process.

In 2014, Sharp hospitals implemented an on-site process for real-time Medi-Cal eligibility determinations (Presumptive Eligibility), making Sharp the first hospital system in SDC to provide this service. In fiscal year (FY) 2018, Sharp secured this benefit for more than 5,125 unfunded patients in the ED.

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

In collaboration with San Diego-based CSI Financial Services, Sharp assists patients who struggle to resolve their hospital bills through ClearBalance — a specialized loan program for patients with high medical bills. Through the program, both insured and uninsured patients can secure small bank loans to help pay off their medical bills in low monthly installments, and prevent unpaid accounts from going to collections. In FY 2018, nearly 2,700 Sharp patients received assistance through ClearBalance.

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

The Patient Assistance Program at Sharp helps those in need of assistance gain access to free or low-cost medications. Patients are referred for medication assistance through population health teams, physicians, pharmacists, case managers, social workers, nurses or even other patients, as well as identified through usage reports. Eligible patients receive assistance that may help reduce readmissions and the need for frequent medical services resulting from the lack of access to medication. Team members research all available options, including programs offered by drug manufacturers, grant-based programs offered by foundations, co-pay assistance and other low-cost alternatives. In FY 2018, the Patient Assistance Program helped uninsured and underinsured patients access prescriptions worth a total of more than \$4 million.

Also in FY 2018, Sharp assisted uninsured, underinsured and high-risk individuals who were unable to meet their financial responsibility after health insurance. Through the Maximum Out of Pocket Program, team members met with patients at all Sharp hospitals to help them better understand their health insurance benefits and how to access care during their hospital stay, as well as provided payment options. In FY 2018, the Maximum Out of Pocket Program made a total of more than \$101,000 in adjustments to patient bills.

In addition, Public Resource Specialists from Sharp's Patient Financial Services (PFS) team offered support to uninsured and underinsured patients at all Sharp hospitals in need of extra guidance on available funding options. These team members performed field calls (home visits) to patients who required assistance with completing the coverage application process after leaving the hospital.

SGH's PFS team worked closely with the hospital's Care Transitions Intervention program to evaluate patients for CalFresh — California's Supplemental Nutrition Assistance Program — prior to hospital discharge, which dramatically increased the likelihood that patients will complete CalFresh applications and receive benefits. In February 2017, Sharp's PFS team expanded CalFresh consults to the remainder of Sharp's acute care hospitals. Since 2016, more than 600 Sharp patients have been granted CalFresh benefits.

In summer 2015, a pilot program was launched to evaluate eligibility for financial assistance among both insured and unfunded families with babies in the Neonatal Intensive Care Unit (NICU) at SMBHWN. This process included helping families whose newborn had been diagnosed with a devastating medical condition or extremely low birth weight apply for Supplemental Security Income (SSI) to help with the cost of care for their baby both within and outside of the hospital. The program was expanded to SCVMC and SGH in 2017, and since its inception, Public Resource Specialists have assisted more than 260 families through the SSI application process.

In addition, Sharp provides post-acute care facilitation for high-risk patients, including the homeless and patients who lack a safe home environment. Patients may receive services such as assistance with transportation and placement; connections to community resources; and financial support for medical equipment and medications. Sharp social workers provide referrals for permanent housing and collaborate with St. Vincent de Paul Village to assist with the SSI application process through HOPE (Homeless Outreach Programs for Entitlement) San Diego — an effort to increase access to SSI for people who are homeless or at risk of homelessness. In addition, Sharp provides support to SSI claims by providing medical records as needed.

SCHHC, SCVMC, SGH and SMH continued to collaborate with the San Diego Rescue Mission (SDRM) to provide services to chronically homeless patients. Through the partnership, Sharp discharges homeless patients to the SDRM's Recuperative Care Unit (RCU), a temporary shelter program that addresses the needs of homeless men and women who are newly released from the hospital but require further supervision. Through the RCU, patients receive case management, social work and counseling services as well as referrals for community-based medical and psychiatric services, long-term housing, and other community support programs. This collaboration between Sharp and SDRM provides a safe discharge plan for homeless individuals who require a stable living environment for their continued recovery.

Sharp also continued to collaborate with Father Joe's Villages in support of the County of San Diego Aging and Independence Services' Project SOAR (Senior Options, Advocacy and Referrals). This program provides care management services to frail and disabled adults ages 60 years and older who are at risk for nursing home placement, and do not have access to nor qualify for supportive services through other programs. Sharp determines Project SOAR eligibility during its standard eligibility review process for all patients and refers qualified individuals directly to the program.

Health Professions Training

Internships

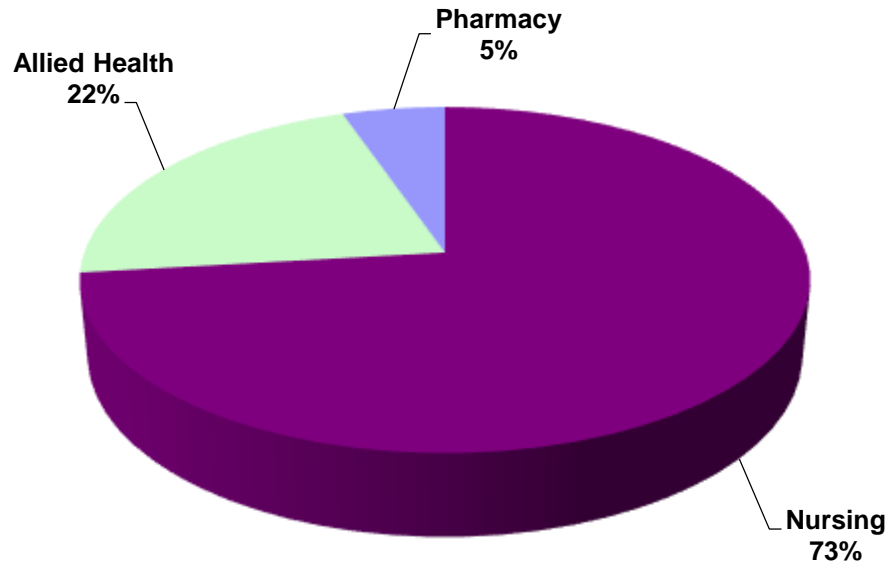
Students and recent health care graduates are a valuable asset to the community. Sharp demonstrates a deep investment in these potential and newest members of the health care workforce through internships and career pipeline programs. In FY 2018, more than 3,700 student interns dedicated over 585,700 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) and allied health professions such as rehabilitation therapies (speech, physical and occupational therapy), lactation care, pharmacy, respiratory therapy, imaging, cardiovascular, dietetics, laboratory, surgical technology, paramedic, social work, psychology, business, health information management and public health. Students came from local community colleges, such as Grossmont College, San Diego City College, San Diego Mesa College and Southwestern College (SWC); local and national universities such as California State University San Marcos (CSUSM), Point Loma Nazarene University (PLNU), San Diego State University (SDSU), University of California (UC), San Diego, and University of San Diego (USD); and vocational schools such as Concorde Career College. **Table 1** presents the total number of students and student hours at each Sharp entity in FY 2018. **Figure 1** presents the distribution of students at Sharp by internship type in FY 2018.

Table 1: Sharp HealthCare Internships — FY 2018

Sharp HealthCare Entity	Nursing			Ancillary		Total	
	Students	Group Hours	Precepted Hours	Students	Hours	Students	Hours
Sharp Chula Vista Medical Center	616	56,710	19,100	128	41,317	744	117,127
Sharp Coronado Hospital and Healthcare Center	256	23,243	4,562	34	9,754	290	37,559
Sharp Grossmont Hospital	580	40,503	15,482	263	65,377	843	121,362
Sharp Mary Birch Hospital for Women & Newborns	172	13,108	4,720	7	1,716	179	19,544
Sharp Memorial Hospital	395	25,820	17,391	275	72,891	670	116,102
Sharp Mesa Vista Hospital	317	24,605	1,766	60	46,554	377	72,925
Sharp HospiceCare	3	-	285	1	240	4	525
Sharp HealthCare ¹	398	-	56,187	237	44,382	635	100,569
Total	2,737	183,988	119,493	1,005	282,231	3,742	585,712

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

Figure 1: Sharp HealthCare Interns by Student Type — FY 2018



In addition, Sharp offers a graduate level Clinical Pastoral Education program, which teaches students clinical theories and skills to provide spiritual care to patients and their families. In FY 2018, the program supervised six chaplain residents and nine chaplain interns on the campuses of SGH, SMBHWN, SMH, SMV and Sharp Home Health services.

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

Health Sciences High and Middle College

Health Sciences High and Middle College (HSHMC) — a partnership between Sharp, a group of SDSU professors and the Grossmont-Cuyamaca Community College District — is a tuition-free, public charter high school that provides students with broad exposure to health care careers. Through this partnership, HSHMC students connect with Sharp team members through job shadowing to explore real-world applications of their school-based knowledge and skills. This collaboration prepares students to enter health, science and medical technology careers in the following five pathways: biotechnology research and development, diagnostic services, health informatics, support services and therapeutic services.

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

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

In FY 2018, 342 HSHMC students — including 100 Level I students and 242 Level II students — were supervised for more than 61,500 hours on Sharp campuses. Students rotated through instructional pods in specialty areas, including but not limited to: nursing; emergency services; obstetrics and gynecology; occupational therapy; physical therapy; behavioral health; pediatrics; medical/surgical; rehabilitation; laboratory services; pharmacy; pathology; radiation oncology; radiology; respiratory care; cardiovascular care; spiritual care; wound care; long-term care; endoscopy; engineering; nutrition; infection control; pulmonary services; maternal infant services; NICU; and operations. Students not only had the opportunity to observe patient care, but also received guidance from Sharp staff on career ladder development as well as job and education requirements. In May 2018, the HSHMC program graduated 151 students in its eighth full class.

Each year, Sharp reviews and evaluates its collaboration with HSHMC, including the outcomes of students and graduates, to promote long-term sustainability. Sixty-seven percent of HSHMC students are economically disadvantaged, and the school's free and reduced-price meal eligibility rate is higher than the average for both SDC and California. Despite these challenges, HSHMC maintains a 95 percent attendance rate and excels in preparing students for high school graduation, college entrance and a future career. In 2018, 91 percent of the HSHMC graduating class went on to attend two- or four-year colleges, while 83 percent of students said they wanted to pursue a career in health care. In addition, HSHMC has a 98.7 percent graduation rate, which is higher than the state of California's average of 82.7 percent.

HSHMC has received numerous awards for its innovation, vision and impact. In 2017, HSHMC received the Schools of Opportunity Gold Recognition — the highest level that can be awarded — by Schools of Opportunity, a project of the National Education Policy Center at the University of Colorado Boulder. This project recognizes public high schools around the nation that engage in research-based practices focused on closing opportunity gaps for student learning.

Previously, HSHMC received the 2016 Impact Award from the Classroom for the Future Foundation as the most innovative education program in SDC. HSHMC was also recognized as a *U.S. News & World Report* Best High Schools bronze award winner in 2014, 2016 and 2017. In addition, the California Department of Education recognized HSHMC as a 2015 California Gold Ribbon School for its outstanding education programs and practices, and as a Title I Academic Achieving school for demonstrating success in significantly reducing the gap between high- and low-performing students. Further, HSHMC was recognized with a 2015 Model Professional Learning Community at Work™ Award by Solution Tree for its sustained success in raising student achievement. In addition, HSHMC was a 2014 National School Safety Advocacy Council award winner. Sharp HealthCare is honored to have partnered with HSHMC for more than a decade, and looks forward to continuing this partnership, supporting HSHMC students and providing them with opportunities to flourish in health care.

Lectures and Continuing Education

Sharp contributes to the academic development of students at colleges and universities throughout San Diego. In FY 2018, Sharp staff provided hundreds of hours in guest lectures and presentations on numerous health care topics. Lecture topics included the use of health information technology in areas such as psychiatric and behavioral health, substance use, dependency record-keeping and Health Insurance Portability and Accountability Act privacy laws; diabetes; careers in dietetics; spiritual care in the health care setting; end-of-life care (including advance care planning), Physician Orders for Life-Sustaining Treatment, hospice, palliative care, bereavement, bioethics and goals of care; injury prevention (including spinal cord injury (SCI)), traumatic brain injury and disability awareness; psychological adjustment to SCI; and various health administration topics. Lectures were delivered to students from a variety of graduate and undergraduate programs at San Diego Mesa College, SDSU, USD, Azusa Pacific University (APU), CSUSM and the University of St. Augustine for Health Sciences.

Sharp's Continuing Medical Education (CME) Department is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians, as well as by the Accreditation Council for Pharmacy Education to provide continuing pharmacy education. Sharp's CME Department provides evidence-based and clinically relevant professional development opportunities to help practicing physicians and pharmacists improve patient safety and enhance clinical outcomes. In FY 2018, Sharp's CME Department invested more than 1,200 hours in live and online CME activities for San Diego health care providers. This included conferences on innovations in advanced heart care, oncology, diabetes, goals

of care conversations, urgent care and patient safety as well as presentations on HROs, food insecurity, physician leadership, dermatology, sepsis, infection prevention and opioid usage.

New in FY 2018, Sharp's CME Department collaborated with Sharp's Community Benefit team to conduct a systemwide educational campaign focused on the impact of food insecurity on health. The initiative also engaged Sharp physicians, pharmacists and employees to assess patients for food insecurity and refer them to community resources. Through this collaboration, seven CME lectures and two exhibits reached over 400 physicians and providers and led to countless additional non-CME educational meetings, strategy meetings and conversations regarding the implementation of food insecurity screening and referral processes for Sharp patients. In addition, the initiative provided education to health care students and professionals in the community.

Results from post-evaluation surveys collected from these CME-accredited events showed markedly improved confidence and increased the likelihood that providers would engage with patients around food insecurity. Participants also stated an intent to change their professional behavior around recognizing and referring food insecure patients. Additionally, a longitudinal survey of providers who participated in a CME activity showed that 60 percent were interested in learning more about food insecurity and, since the education, 56 percent have followed through to employ food insecurity screening questions for their patients. Providers using food insecurity screening questions are most likely to refer to case management (43 percent) or directly to food resources in the community such as 2-1-1 San Diego, the San Diego Food Bank (Food Bank) or Feeding San Diego (FSD) (33 percent). Further, 38 percent of survey respondents believed this education has positively impacted their patients.

Inspired by the CME/Community Benefit initiative, two Sharp medical groups, SCMG and SRSMG, have embarked on a group-wide approach to address food insecurity. SCMG integrated the two validated food insecurity screening questions as part of their electronic health record, and is currently exploring community partnerships to help patients address food insecurity and other social determinants of health (SDOH). In March 2018, SRSMG implemented a text push notification, including validated food insecurity screening questions, and provided case management and community resources to patients identified as food insecure. The CME/Community Benefit food insecurity initiative has both helped change how Sharp cares for its community, as well as delivered positive patient outcomes.

Research

Sharp Center for Research

Innovation is critical to the future of health care. The Sharp Center for Research supports innovation through its commitment to protecting research participants and promoting high quality research initiatives that provide valuable knowledge to the San Diego health care community and positively impact patients and community members.

The Sharp Center for Research includes the Human Research Protection Program (HRPP), which includes the Institutional Review Board (IRB) and the Outcomes Research Institute (ORI).

Human Research Protection Program and Institutional Review Board

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

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

In FY 2018, a dedicated IRB committee of 18 — including physicians, nurses, pharmacists and non-scientists — devoted hundreds of hours to the review and analysis of both new and ongoing research studies. Research at Sharp is conducted on all clinical phases of drug and device development, and the populations studied span the life cycle — from 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 covering many therapeutic areas, including behavioral health, emergency care, infectious disease, neonatal, heart and vascular, kidney, liver, neurology, orthopedics and oncology — the latter of which comprises the largest share of Sharp's clinical trials.

The HRPP educates and supports researchers across Sharp as well as the broader San Diego health and research communities regarding the protection of human research participants. As part of its mission, the Center for Research hosts quarterly meetings on relevant educational topics for community physicians, psychologists, research nurses, study coordinators and students throughout San Diego. The FY 2018 quarterly meetings included the following presentations: Research Community Outreach; Completing Subject Enrollment Logs and Attestation Reports; Reporting Deviations in Research Protocol; Clinical Trials Coverage Analysis; Compliance and Education Requirements; Creating Research Study Budgets; Who is a Sub-Investigator; and Utilizing IRB Software. Education was also provided on the Stark Law, Medicare Secondary Payer Rule, Common Rule, and AAHRPP guidelines for reaccreditation.

Outcomes Research Institute

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

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

The ORI seeks guidance and expertise from the local and national academic community on how to effectively conduct outcomes research to improve patient and community health. This networking has resulted in collaborative research partnerships with investigators at SDSU and National University. In FY 2018, the ORI presented research studies to community health and research professionals. This included a study titled *Routine Cardiac Implantable Device Interrogation at the Point of Care: Implications for Stroke Prevention and Management*, delivered at the AHA Scientific Sessions in Anaheim, as well as a study titled *Can Behavioral Health Data Improve Risk Prediction for Conditions Subject to Penalties Under the Hospital Readmissions Reduction Program?*, provided at the American Psychiatric Association Annual Meeting in New York City.

Since September 2016, the ORI has expanded its contributions to research, education and clinical service through SMH's Integrated Behavioral Health/Cardiac program — a pilot initiative that integrates psychological services for patients of SMH's Heart Transplant and Mechanical Circulatory Support units, including pre-surgical psychological candidacy assessments as well as psychological testing, consultation, and ongoing treatment. The program provides opportunities for ongoing outcomes research, including the contribution of publications and presentations to support the broader health and research communities in the psychosocial management of heart failure patients. These research opportunities are extended to advanced graduate students in clinical psychology through yearlong practicum training experiences. In FY 2018, this innovative program fostered the design and implementation of three ongoing heart failure studies.

Evidence-Based Practice Institute

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

Healthcare System, Kaiser Permanente, Elizabeth Hospice, PLNU, SDSU, APU and USD.

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

In FY 2018, the nine-month program culminated with a community conference and graduation ceremony in November, during which the EBPI fellows and mentors shared project results. Twenty-seven project teams, comprised of mentors and fellows, graduated from the program. Projects addressed issues in clinical practice and patient care including: bladder management in laboring patients, patient handover between caregivers, exclusive breastfeeding, healing touch in the NICU relaxation room for caregivers, prevention of pressure injuries, skin-to-skin care in the NICU, reduction of post-operative delirium, and decrease in discharge time.

Volunteer Service



Sharp Lends a Hand

In FY 2018, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH). Sharp team members suggested project ideas that would improve the health and well-being of San Diego in a broad, positive way; rely solely on Sharp for volunteer labor; and support existing nonprofit initiatives, community activities or other programs that serve SDC.

SLAH selected 23 volunteer projects for FY 2018: Food Bank; FSD; Mama's Kitchen; San Diego Wreaths Across America; USS Midway Foreign Object Damage (FOD) Walk-down; American Diabetes Association (ADA) Tour de Cure; Promises2Kids; Partnerships with Industry; Ssubi is Hope Greening for Good Project; Special Olympics Regional Fall Games, Bowling Tournament and Annual Spring Games; Habitat for Humanity ReStore; Stand Down for Homeless Veterans; Life Rolls On — They Will Surf Again; I Love a Clean San Diego's Beautify Chula Vista Day, Creek to Bay Cleanup, Clean Cities Initiative Cleanup and Coastal Cleanup Day; the San Diego River Park Foundation's Point Loma Native Plant Garden, San Diego River Garden, and Coastal Habitat Restoration; and River Kids Discovery Days — a joint effort between I Love a Clean San Diego and the San Diego River Park Foundation. More than 3,000 Sharp employees, family members and friends volunteered over 6,700 hours in support of

these projects.¹

The Food Bank feeds San Diegans in need, advocates for the hungry, and educates the public about hunger-related issues. Each month, the Food Bank serves 370,000 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. The Food Bank distributed a total of 28 million pounds of food — the equivalent of 23.3 million meals — during its most recent FY. Over 120 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 at more than 15 events between December 2017 and September 2018.

FSD, part of the Feeding America network, provides food and resources to a network of neighborhood partners in SDC serving healthy food to more than 63,000 local children, families and seniors every week. FSD relies on the generous support of individuals, corporations, foundations and community groups to sustain critical hunger-relief and nutrition programs throughout the region. Ninety SLAH volunteers helped sort food, prepare bags for distribution, and clean produce for FSD at more than 10 events during FY 2018.

Established in 1990, Mama's Kitchen is a community-driven organization that enlists volunteers to help prepare and deliver nutritious meals to community members affected by acquired immunodeficiency syndrome (AIDS) or cancer who are unable to shop or cook for themselves. Mama's Kitchen strives to help its clients stay healthy, preserve their dignity, and keep their families together by providing free culturally appropriate home-delivered meals, pantry services and nutrition education. In December and February, 25 SLAH volunteers helped Mama's Kitchen serve meals to the community by preparing and packaging snack and vegetable items for delivery.

In December 2017, SLAH participated in Wreaths Across America, a national event dedicated to honoring veterans, remembering fallen heroes, and teaching children about the sacrifices made by veterans and their families. At three local cemeteries — Fort Rosecrans National Cemetery, Miramar National Cemetery and Greenwood Memorial Park — 205 SLAH volunteers honored veterans by placing donated wreaths on their gravesites.

The USS Midway is a retired aircraft carrier that serves as a museum and memorial to the 225,000 Navy sailors who served on board between 1943 and 1992. To help keep the deck of the Midway museum clean, SLAH volunteers participated in an FOD walk-down, a routine activity on active aircraft carriers that helps prevent debris from damaging aircraft engines. At four events in March, July, August and September, 55 SLAH volunteers mimicked a real FOD walk-down, using hand tools and vacuums to clear the decks of debris.

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

SLAH volunteers participated in the ADA Tour de Cure 2018 to support the one million (or one in three) San Diegans with diabetes or prediabetes and raise critical funds for the ADA's diabetes research, education and advocacy. In April, approximately 20 SLAH volunteers assisted with pre-event packet pick-up, day-of event registration, T-shirt distribution, rest stop support and first aid.

Promises2Kids provides current and former foster youth in SDC with the tools, opportunities and guidance they need to grow into healthy, happy and successful adults. In December, five SLAH volunteers supported the organization's annual Holiday Gift Drive by assisting with inventory, as well as sorting and preparing gifts for distribution to foster youth.

Partnerships with Industry (PWI) is a San Diego-based nonprofit that brings together employers and persons with a wide range of developmental, intellectual and other disabilities. The organization works with more than 230 local businesses to provide the highest quality employment opportunities as well as job training and support to those it serves, enabling its clients to find meaningful and lasting employment and move toward maximum independence. In January, four SLAH volunteers worked side-by-side with PWI's clients to assist with product assembly in their Work and Training Center.

The Ssubi is Hope Greening for Good project collects discarded but safe and usable supplies from U.S. hospitals and distributes them to clinics around the world that have little or no medical resources. In addition to providing life-changing and life-saving services to people in underserved countries, the project has protected the environment by keeping more than one million pounds of medical surplus out of local landfills. At six events in November and January, 35 SLAH volunteers joined the Greening for Good project to evaluate, sort, label and prepare medical materials for shipment.

The Special Olympics Southern California – San Diego County program offers free, year-round sports training and competition for children and adults with intellectual disabilities. In October 2017, 18 SLAH volunteers supported the program's Regional Fall Games at the Rancho Bernardo Recreation Center. Volunteers offered encouragement to participants by serving as "high-fivers" and assisted with the awards ceremony. Also in October, 17 SLAH volunteers assisted by scorekeeping, announcing awards and placing medals on the athletes at the Special Olympics 2017 Regional Bowling Tournament held at Parkway Bowl in El Cajon. In May, five SLAH volunteers supported the 2018 Annual Spring Games at Carlsbad High School. Volunteers served as timers and scorekeepers during the bocce competition, cheered on the athletes and participated in the awards ceremonies.

In addition to building homes in partnership with local people in need, San Diego Habitat for Humanity operates three ReStore retail centers with a wide variety of new or gently used building materials and home furnishings for public purchase. The ReStore centers provide affordable merchandise to customers while helping fund the construction of Habitat for Humanity homes throughout SDC. On five days in November, February,

April, August and September, 40 volunteers organized donated items and took inventory of stock for the Kearny Mesa and National City ReStore retail centers.

SLAH participated in Stand Down for Homeless Veterans, an event sponsored by the Veterans Village of San Diego, to provide community-based social services to veterans without a permanent residence. Over 10 days in May, June and July, approximately 90 volunteers sorted and organized clothing donations as well as set up and worked in the event's clothing tent. In addition, approximately 30 clinical volunteers — including Sharp-affiliated physicians and Sharp nurses, podiatry technicians, pharmacists and licensed pharmacy technicians — provided medical and pharmaceutical services. More than 700 veterans were served through the 2018 Stand Down for Homeless Veterans events.

The Life Rolls On Foundation is dedicated to improving the quality of life for young people affected by SCI. Through the organization's award-winning program, They Will Surf Again, paraplegic and quadriplegic community members can experience mobility through surfing with support from adaptive equipment and volunteers. In September, 80 SLAH volunteers assisted They Will Surf Again with event set-up and breakdown, registration, equipment distribution, lunch service and helping surfers on land and in shallow water.

In October 2017, 10 SLAH volunteers joined I Love a Clean San Diego and the City of Chula Vista for the 15th annual Beautify Chula Vista Day. Volunteers met at Rice Canyon in Discovery Park and assisted with watering and care of recent plantings, litter removal and additional projects to make the canyon shine. SLAH also partnered with I Love a Clean San Diego for the 16th annual Creek to Bay Cleanup in April, in celebration of Earth Day. Approximately 20 SLAH volunteers participated in this countywide effort to beautify San Diego's beaches, bays, trails, canyons and parks. In August, seven volunteers participated in I Love a Clean San Diego's Clean Cities Initiative Cleanup by sweeping streets along sidewalks in an Imperial Beach neighborhood. In September, 12 volunteers supported I Love a Clean San Diego's California Coastal Cleanup Day to ensure a clean, safe and healthy community by removing litter from open spaces throughout SDC, including Ocean Beach Dog Beach, Chula Vista Marina View Park, Mission Trails Regional Park, Mission Bay, Lake Miramar, Cardiff Seaside Beach, Coronado City Beach and Scripps Pier in La Jolla.

Founded in 2001, the San Diego River Park Foundation is a grassroots nonprofit organization that works to protect the greenbelt from the mountains to the ocean along the 52-mile San Diego River. Approximately 30 SLAH volunteers joined the San Diego River Park Foundation to care for California native plants and trees at the Point Loma Native Plant Garden in October, November, June and August, as well as at the San Diego River Garden in Mission Valley in December, July and September. Activities included trail maintenance, watering, pruning and other light gardening projects. In May, eight SLAH volunteers joined the San Diego River Park Foundation's Coastal Habitat Restoration event in Ocean Beach. The team worked to save and restore one of the last remaining coastal dune and wetland habitats in San Diego by removing invasive plants

and litter, watering and caring for recent plantings and native plants, and providing trail maintenance.

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

In addition to these projects, Sharp expanded the SLAH program to include the coordination and promotion of a year-round blood donation effort to provide needed blood to local organizations serving the community. In FY 2018, Sharp committed to collecting at least 1,000 units of blood from Sharp employees, family and friends. Throughout the year, Sharp hosted 42 blood drives at 11 locations systemwide to benefit the San Diego Blood Bank. In addition, SLAH encouraged Sharp employees to donate blood at local Red Cross locations. Through these efforts, SLAH helped Sharp collect 1,288 units of blood, surpassing its goal by nearly 300 units.

Sharp Humanitarian Service Program

The Sharp Humanitarian Service Program provides paid leave time for Sharp employees to volunteer for programs that provide health care or other supportive services to underserved or adversely affected populations. In FY 2018, the program funded nearly 50 employees on humanitarian trips to Mexico, Fiji, the Philippines, Tanzania, Kenya and other locations throughout the world.

Poured Out is a nonprofit organization that connects people and resources to those in need following a natural disaster through its U.S. Disaster Response team. World Hope International works with vulnerable and exploited communities to alleviate poverty, suffering, and injustice. In October, two Sharp team members joined these organizations to help respond to more than 100 people devastated by Hurricane Harvey in Port Arthur, Texas. Working as quickly as possible, the team helped restore damaged homes by mucking out wreckage, knocking down mold-damaged drywall, tearing out countertops, scraping tile and flooring, cleaning up debris, disposing of garbage, repairing roofs and distributing basic goods.

Mercy Outreach Surgical Team is a San Diego Rotary program that works with local Mexican Rotary clubs to bring opportunities for a normal life to impoverished children and adults in Mexico through the gift of plastic, general and ophthalmologic surgery. For one week in October, a Sharp employee was among 50 Mercy Outreach Surgical Team volunteers — including physicians, nurses, technicians, a pharmacist and numerous others — who provided 350 free surgeries to patients, including but not limited to the correction of cleft lips and palates, scars and burns, strabismus (crossed eyes), hernias, and the removal of extra toes or fingers.

Since 1934, Liga International – The Flying Doctors of Mercy has provided free health care and education to the people of the Mexican state of Sinaloa. In November and April, a Sharp nurse traveled to the city of El Fuerte, Sinaloa, to assist with admitting, sedating, operating, and medical service recovery in the areas of surgery, dentistry, ophthalmology, pediatrics and more for approximately 35 patient surgeries.

InterFACE is a volunteer group of plastic and other reconstructive surgeons, anesthesiologists, nurses, pediatricians, psychosocial workers and other volunteers who devote their time and expertise to offer reconstructive surgery to underprivileged children in Mexico. In February, May and October, a Sharp team member joined the InterFACE team in Mexicali where they provided 144 surgical procedures, including cleft lip and palate repair, burn reconstruction, and correction of the hand, ear, and other congenital or acquired deformities.

Since 2009, Experience Camps has provided one-week camps for youth throughout the U.S. who have experienced the death of a parent, sibling or primary caregiver. The program helps build confidence, encourages laughter, provides emotional support and allows youth to navigate their grief through friendship, teamwork, athletics and the common bond of loss. In FY 2018, a Sharp team member served Experience Camps as a nurse along with other nurses, volunteers and licensed social workers. The team worked to inspire hope, and provide support and mentorship to youth in order to strengthen their resiliency.

The Jacinto-Gaudiosa Alegado Foundation, Inc. (Alegado Foundation) is a San Diego-based medical mission organization determined to help children, the sick and the aged through the provision of medical services, as well as donations of medical supplies, children's books, toys and sports equipment. In April, two Sharp team members joined the Alegado Foundation on a medical mission to the remote area of Sapa-Sapa in Tawi-Tawi, Philippines. Over a couple of days and alongside sixteen local agencies, including Philippine military personnel, the team provided 715 medical consultations, 209 dental treatments, 14 cataract surgeries, 75 Operation Tuli (circumcision) procedures, 518 ophthalmology and eye consultations, several cleft lip surgeries, and medications to those in need at no cost. The team also provided games, music, dancing, activities, school bags, sandals and food for the school children.

For 10 days in May and June, a Sharp employee traveled to Fiji through MED 4 OUR WORLD, an organization committed to leaving a lasting impact on the communities it serves through health care, renovation and education. The 2018 MED 4 OUR WORLD team consisted of 17 volunteers, including a trauma surgeon, an anesthesiologist, Fijian anesthesiology residents, obstetrician-gynecologists (OB-GYN), a Fijian OB-GYN attending physician, medical students, registered nurses, and other health professionals. Together, the team evaluated over 100 patients and provided more than 30 procedures, including surgery for cervical, uterine and bladder cancer as well as hysterectomies and other gynecological procedures. In addition, the team assisted with the resuscitation and stabilization of premature twins post-delivery.

Our One Community/Olмотi Clinic is a nonprofit organization dedicated to providing comprehensive medical care and education to the indigenous Maasai community located in a remote region of northern Tanzania. For three weeks in June, two Sharp team members and a physician treated approximately 300 men, women and children for infected bug bites, broken bones, fire-related falls, and other injuries or illnesses. The team also supported teachers at the organization's primary school, which serves 240 Maasai tribal children. In addition, Sharp and Ssubi is Hope donated more than \$150,000 worth of equipment and supplies to support the work of the Olмотi Clinic.

For three weeks in July and August, a Sharp team member helped lead a team of six PLNU students on a mission trip to Azores, Portugal, with LoveWorks, a short-term mission program committed to sending well-trained, culturally sensitive and flexible teams of student missionaries to serve in challenging and remote areas of the world. The team provided numerous services to the Azorean community, including renovating a local church's thrift store that provides free clothing and supplies to those in need; assisting at health fairs; performing blood pressure checks; answering health-related questions; and referring individuals to local health clinics.

Living Room Ministries International is a nonprofit organization dedicated to offering hope and help to rural villages in Kenya through physical, psychological and spiritual care. The organization provides hospice and community-based palliative care services to people with terminal illness, supports families with dying loved ones, and cares for those who lack love and support at the end of life. In September, a Sharp physical therapist traveled with Living Room Ministries International to provide patient care, physical therapy services, staff training and student supervision to approximately 100 Kenyans.

Community Walks

Heart disease is the leading cause of death in the U.S. Sharp proudly supports the AHA's annual San Diego Heart & Stroke Walk, which promotes physical activity to build healthier lives, free of cardiovascular diseases and stroke. In FY 2018, more than 120 teams from entities across the Sharp system raised funds for the walk through activities such as auctions, prize drawings and a karaoke competition. In September, nearly 1,000 employees, family members and friends represented Sharp during the walk at Balboa Park. For the past 22 years, Sharp has maintained its position as the No. 1 team in San Diego. In 2018, Sharp was the No. 3 team in the AHA Western States Affiliate, raising more than \$200,000. To date, Sharp's fundraising efforts have raised more than \$3 million in support of the San Diego Heart & Stroke Walk.

Sharp Volunteers

Volunteers are a critical component of Sharp's dedication to the San Diego community and help make a difference in the lives of others. Sharp provides many volunteer opportunities for individuals of all ages and skill levels to assist with a wide variety of programs, events and initiatives across the Sharp system. This includes devoting time

and compassion to patients within Sharp’s hospitals; assisting with community events for the general public; and support for annual golf tournaments, galas and other events to benefit Sharp’s various foundations, including the Sharp HealthCare Foundation, Grossmont Hospital Foundation and Coronado Hospital Foundation.

On average, more than 1,700 individuals actively volunteered at Sharp each month in FY 2018.¹ This included more than 1,800 auxiliary members, thousands of individual volunteers from the San Diego community, and volunteers for Sharp’s foundations. Throughout the year, volunteers contributed more than 253,700 hours of service to Sharp and its initiatives.⁵ More than 16,500 of these hours were dedicated to activities such as delivering meals to homebound seniors and assisting with health fairs and events.

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

Table 2: Sharp HealthCare Volunteers and Volunteer Hours — FY 2018

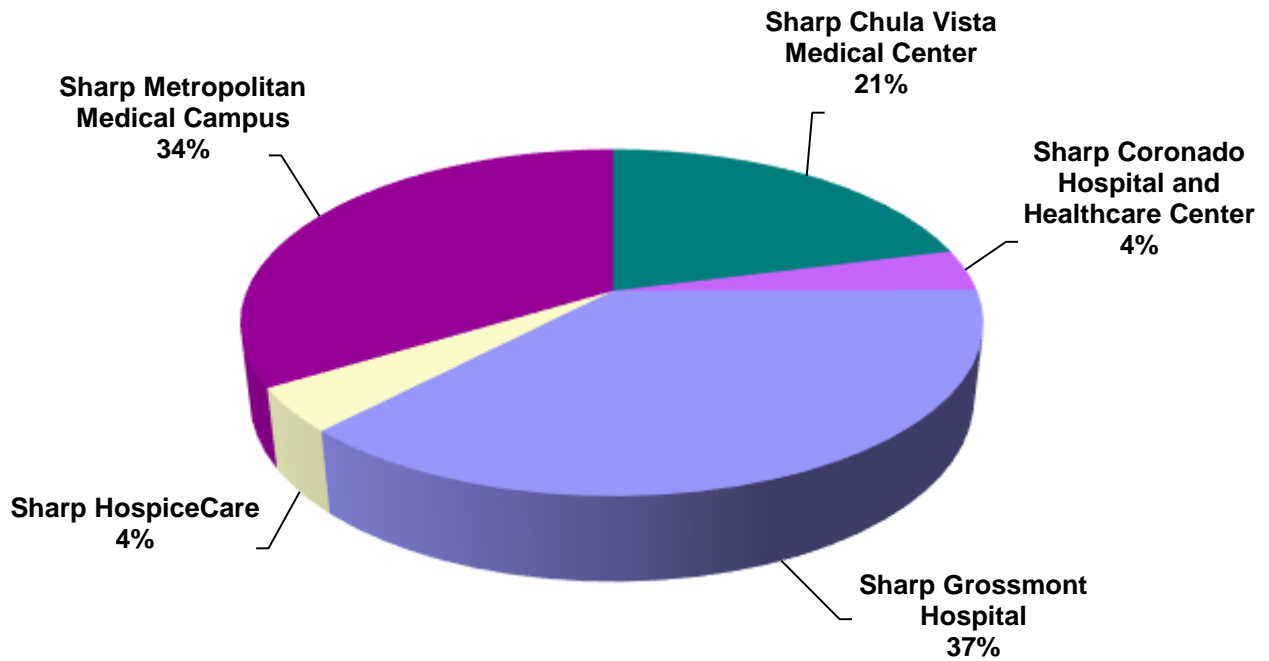
Sharp HealthCare Entity	Average Active Volunteers per Month	Total Volunteer Hours
Sharp Chula Vista Medical Center	357	49,840
Sharp Coronado Hospital and Healthcare Center	65	10,263
Sharp Grossmont Hospital	631	100,173
Sharp HospiceCare	70	9,477
Sharp Metropolitan Medical Campus	573	79,307
TOTAL	1,696	249,060

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

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

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

Figure 2: Sharp HealthCare Volunteers by Entity — FY 2018



Sharp offers a systemwide Junior Volunteer Program for high school students interested in giving back to their communities and exploring future health care careers. The Program requires a high grade point average and a long-term commitment of at least 100 hours. The Junior Volunteer Program supports workforce development by introducing students to careers in health care, including clinical and ancillary support services. The junior volunteers enhance patient-centered care through hospitality, such as greeting and escorting patients and families, answering questions, and creating a welcoming and relaxing environment for guests. Through volunteering in the gift shops and thrift store, they learn about merchandising, fundraising and retail sales. On the inpatient units, they are exposed to clinical experiences that provide a glimpse into future careers. Junior volunteers also have the opportunity to help raise funds for hospital programs and provide clerical support to hospital departments. In FY 2018, nearly 530 high school students contributed more than 54,800 hours to the Junior Volunteer Program. This included 80 junior volunteers who provided more than 5,500 hours of service at SMH and SMBHWN; 152 junior volunteers who dedicated more than 16,550 hours of service at SCVMC; and 297 junior volunteers who contributed more than 32,780 hours of service at SGH.

In addition, Sharp's various entity boards include volunteers who provide program oversight, administration and decision-making regarding the organization's financial resources. In FY 2018, more than 130 volunteers contributed time to Sharp's boards.¹

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.²

Lastly, SGH both sponsored and moderated a presentation on volunteer compliance, human resources and legal issues to more than 70 attendees — including volunteer program managers and leaders, community partners and hospital inter-professional peers — at CHA's California Hospital Volunteer Leadership Conference in February. Held at the Hyatt Regency in Newport Beach, the conference theme was Our Connections, Our Impact, Our Stories, which included education on the principles of volunteer administration in a health care institution, volunteer recruitment, SDOH, volunteer programs and service, the effects of health care service delivery system redesign on the volunteer sector, and retail operations.

The following section describes the achievements of various Sharp volunteer programs in FY 2018.

Sharp HospiceCare Volunteer Programs

Sharp HospiceCare provides a variety of volunteer training opportunities that offer valuable knowledge and experience to volunteers who are often working towards a career in the medical field. Volunteers contribute to Sharp HospiceCare and those it serves by providing companionship to those near the end of life, support for families and caregivers, and assistance with community outreach.

Sharp HospiceCare trained approximately 50 new volunteers in FY 2018. Volunteers completed an extensive 24-hour training program to confirm their understanding of and commitment to hospice care prior to beginning their volunteer activities. In addition, five teenagers participated in Sharp HospiceCare's Teen Volunteer program. Through this program, teens completed special projects in Sharp HospiceCare administration, as well as assisted with patients at Sharp HospiceCare's LakeView, ParkView and BonitaView hospice homes. Tasks included grooming and hygiene activities, and simple acts of kindness such as sitting with patients, listening to their stories and holding their hand. Further, nine premedical students from SDSU, UC San Diego and CSUSM volunteered their time by supporting family caregivers in private homes. In September, Sharp Hospice shared information with 20 premedical students at SDSU regarding its volunteer opportunities to enhance the educational experience and ensure ongoing support for hospice patients and their loved ones.

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

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

Sharp HospiceCare continued to provide the 11th Hour program to ensure that no patient died alone. Through the program, volunteers accompanied patients who were in their final moments of life but did not have family members present. This included holding the patient's hand, reading softly to them and simply remaining by their side. Families who were present with their dying loved one could also receive comfort from a volunteer while their loved one passed away. Twelve volunteers were trained through the 11th Hour program in FY 2018.

In FY 2018, Sharp HospiceCare trained six volunteers in integrative therapies to promote relaxation and restful sleep and enhance the quality of life for Sharp HospiceCare patients and their caregivers. Integrative therapies included Healing Touch, a gentle energy therapy that uses the hands to help manage physical, emotional or spiritual pain; Reiki, a Japanese energy healing therapy in which practitioners use their hands on or above the patient's body to facilitate the healing process; aromatherapy; and hand massage.

Volunteers also support Sharp HospiceCare's partnership with We Honor Veterans (WHV). WHV is a national program developed by the National Hospice and Palliative Care Organization in collaboration with the VA to empower hospice professionals to meet the unique end-of-life needs of veterans and their families. As a WHV partner, Sharp HospiceCare is equipped to provide education and training that qualifies their volunteers to identify and support veteran patients and their caregivers. This includes the Vet-to-Vet Volunteer program, which pairs volunteers who have military experience with veteran patients. The program also honors veteran patients through special pinning ceremonies during which volunteers present them with a WHV pin and a certificate of appreciation for their service. In FY 2018, Sharp HospiceCare held pinning ceremonies for more than 90 Sharp HospiceCare veteran patients as well as pinned nearly 80 veteran community members during community events.

Sharp HospiceCare continued to offer the Memory Bear program to support community members who have lost a loved one. Volunteers created teddy bears out of the garments of those who have passed on, which served as special keepsakes and permanent reminders of the grieving individual's loved one. In FY 2018, volunteers dedicated approximately 3,400 hours to sewing more than 850 bears for over 240 families.

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

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

Through the Community Care Partner (CCP) program at SMH, hospital volunteers are hand-selected and trained to serve and comfort patients without family or friends present during their hospital stay. Activities may include reading, writing letters, taking walks, playing games, or simply comforting patients through conversation. In addition, CCP volunteers help keep patients safe by notifying medical staff when needs arise — a task that is usually performed by a family member or friend but often overlooked for patients who lack a companion. In FY 2018, 14 CCP volunteers devoted nearly 430 hours to approximately 440 patient visits.

The Cushman Wellness Center Community Health Library and SMH Volunteer Department continued to offer the Health Information Ambassador program in FY 2018. Serving SMH, the SMH Rehabilitation Center and SMBHWN's perinatal special care unit, the program brings the library's services directly to patients and family members and empowers them to become involved in their own health care. Through the program, hospital volunteers receive specialized training to become Health Information Ambassadors, who offer to bring patients and family members additional resources on their diagnosis during their hospital stay. Information requests are brought to the consumer health librarian who then prints consumer-oriented information from high-quality websites, and returns the information back to the patients and families through the Health Information Ambassadors. Patients and family members are also given access to an online database of reliable health information as well as the opportunity to keep in touch with the library to ensure they continue to receive quality health information at home. Throughout the year, the Health Information Ambassadors visited more than 2,300 patient rooms and filled over 580 information requests. In response to the vast number of Americans demonstrating basic or below health literacy, in FY 2018 the consumer health librarian created a pamphlet titled Health Literacy 101 to support the Health Information Ambassadors as they communicate with patients about their diagnosis. The pamphlet emphasizes the importance of verbally explaining a patient's diagnosis to them and describes a protocol to help patients better understand medical information.

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

At SMH, Arts for Healing typically serves patients who are receiving cancer treatment, recovering from surgery or stroke, awaiting organ transplantation, receiving palliative care, or facing life with newly acquired disabilities following catastrophic events. At SMBHWN, Arts for Healing supports mothers with high-risk pregnancies who are

susceptible to stress and loneliness during extended hospital stays prior to childbirth. Music therapy is also provided in the NICU to promote development in premature babies. At SMV and SMC, Arts for Healing offers several art and music therapy groups, including groups for patients recovering from drug addiction; adolescents and adults receiving treatment for mood and anxiety disorders; and older adults receiving treatment for dementia or depression. In collaboration with SMMC's social workers and palliative care nurses, in FY 2018 Arts for Healing facilitated the donation of more than 350 handcrafted blankets and quilts for patients receiving end-of-life care at SMH and patients of the Sharp Senior Health Center Downtown.

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

Arts for Healing celebrated its 10th anniversary in FY 2018. Throughout the year, more than 50 volunteers and four staff members facilitated art and music activities for approximately 35,000 patients, guests and staff. Since its inception, more than 140,000 patients and their families have benefited from the time and talent provided by the program's dedicated volunteers, licensed therapists and staff.

Other Sharp Community Efforts

In FY 2018, Sharp engaged in a variety of community service projects to improve the well-being of community members throughout San Diego. Below are just a few examples of these efforts.

According to the January 2018 *WeAllCount Annual Report*, there are nearly 8,600 individuals experiencing homelessness in SDC, nearly 5,000 of whom are unsheltered. This represents a decrease of six percent region-wide from 2017. Since 2011, Sharp has sponsored the Downtown San Diego Partnership's Family Reunification Program, which serves to reduce the number of homeless individuals on the streets of downtown San Diego. Through the program, homeless outreach coordinators from the Downtown San Diego Partnership's Clean & Safe Program identify homeless individuals who will be best served by traveling back home to loved ones. Family and friends are contacted to ensure that the individuals have a place to stay and the support they need to get back on their feet. Once confirmed, the outreach team provides the transportation needed to reconnect with their support system. With Sharp's help, the Family Reunification Program has reunited nearly 2,200 homeless individuals in Downtown San Diego with friends and family across the nation.

The University of California, Los Angeles Center for Health Policy and Research's Elder Index states that two in five (41 percent) San Diego seniors will have to choose between buying food and paying rent. Through the Giving Tree program at the Downtown Sharp

Senior Health Center, community members and staff donate gift cards to make the holidays brighter for seniors in need. In December 2017, each patient who visited the Downtown Sharp Senior Health Center left with a gift bag and a gift card to a local drug store, grocery store or restaurant.

The SGH Engineering Department led a variety of volunteer initiatives in FY 2018. The team continued This Bud's for You, a special program that delivers hand-picked flowers from the campus' abundant gardens to unsuspecting visitors, patients and staff. Through the program, the SGH landscape team grows, cuts, bundles and delivers colorful bouquets to patient rooms as well as offers single-stem roses in a small bud vase to passers-by. In FY 2018, the team delivered two to four vases of flowers with an inspirational quote each week, with as many as six vases or more during peak flower season and upon additional requests. In addition, nearly 40 vases of flowers were delivered to new mothers staying in the hospital on Mother's Day. This Bud's for You also supports the SGH Senior Resource Center and Meals on Wheels partnership by providing floral centerpieces for fundraising events benefitting East County seniors, as well as offers roses for SGH's annual patient remembrance service. Now in its eighth year, the program has become a natural part of the landscape team's day — an act that is simply part of what they do to enhance the experience of hospital visitors and community members.

The SGH Engineering Department further extends the spirit of caring through the creation of Cheers Bouquets for patients or visitors who appear to need encouragement, cheer or get well wishes, as well as to recognize patient birthdays, anniversaries and other special moments. The engineers quickly assemble a bouquet of balloons, ribbon, a Sodexo care bear or football, and a chocolate pastry created by SGH and Sodexo chefs, and deliver it to the individual. In FY 2018, the team assembled up to eight Cheers Bouquets per month, including bouquets for more than 40 new fathers on Father's Day weekend.

For the past eight years, the SGH Engineering Department, landscape team and Auxiliary have collaborated with local businesses to bring The Shirt Off Our Backs Program to community members in need during the holidays. Through the program, volunteers collect and donate a variety of items to help meet the basic needs of homeless or low-income children and adults. In FY 2018, volunteers filled two trucks with donated food and other essential items, including 50 hygiene kits (shampoo, soap, wipes, toothbrushes, etc.), 250 handmade sandwiches and 100 water bottles as well as clothing, socks, shoes, toys, towels, blankets, pet food and other household items.

The SGH landscape team created the award-winning Heart 2 Heart project through which the team places heart-shaped stones etched with reflections around the hospital campus for patients, visitors and staff to search for and reflect upon. The team also installed other various heart shapes made out of flagstone or cobble on planters and stone areas of the campus to encourage walking and engage campus walkers in the scenery. The Heart 2 Heart project earned the team the 2016 Spirit of Sodexo Award for North America after competing against 1,100 nominations from across all Sodexo

business units in the U.S. and Canada. As a Gold Level finalist — the company's highest honor — the SGH landscape team demonstrates Sodexo's commitment to clients and customers as the heart of their business.

Since 2014, SGH nurses have organized an annual backpack drive in collaboration with Christie's Place — a nonprofit organization that supports women, children and families affected by human immunodeficiency virus or AIDS — to prepare children and teens for academic success. Team members from a variety of departments help provide a backpack with school supplies and personal notes wishing the students all the best for the coming school year. Each year, the team distributes more than 260 backpacks to youth during a back-to-school party in Balboa Park.

For more than 30 years, SGH has held its annual Santa's Korner giving event to provide for those in need during the holidays. Through this effort, various hospital departments adopt a family that has been vetted and referred by local service agencies, and dedicate personal time to making the holidays the best they can be for them. Special holiday gifts, including grocery gift cards, clothing, toiletries, household items, movie tickets, bicycles, children's toys and a holiday meal, are purchased for the families by hospital staff using primarily their personal resources and through occasional fundraisers. During the 2017 holiday season, Santa's Korner served more than 120 individuals from 36 families.

For the past four years, SCVMC has supported Operation Gobble, an event started by Assemblywoman Lorena Gonzalez Fletcher that provides a turkey and fresh produce to those in need during the Thanksgiving holiday. In 2017, Operation Gobble served 40 patients from the Barnhart Cancer Center's Medical and Radiation Oncology departments.

In addition, in December, SCVMC partnered with a Chula Vista chapter of Optimist International for a holiday bike giveaway. Optimist International is a worldwide volunteer organization that helps children develop to their fullest potential. In FY 2018, the holiday bike giveaway provided bicycles as holiday gifts to ten children of SCVMC cancer patients.

Lastly, for the past two years, Sharp employees have supported students in need from elementary schools within the San Diego Unified School District. During their school supply drive in August, employees donated approximately 170 pounds' worth of new backpacks, binders, pens, pencils, crayons and other school supplies — more than doubling last year's efforts — to students from low-income households.



All Ways Green Initiative

Sharp is dedicated to minimizing adverse environmental impacts by creating healthy green practices for employees, physicians and patients. Sharp promotes a culture of environmental responsibility through education, outreach, and collaboration with San Diego’s earth-friendly businesses to help identify best practices, reduce the costs of green practices, and facilitate the implementation of sustainable initiatives. Sharp’s Environmental Policy serves to guide the organization in identifying and implementing green practices within the health care system. Through the All Ways Green™ initiative, Sharp maintains an environmentally conscious footprint and communicates sustainability throughout the organization and the San Diego community.



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

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

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

To monitor progress and measure tangible results, All Ways Green™ utilizes a Sharp-developed report card, which trends each domain’s annual performance against a baseline. The report card shows where the desired results have been achieved as well as identifies opportunities for improvement. These opportunities for improvement are used to strategically plan initiatives that engage Sharp’s workforce in reducing the organization’s carbon footprint.

Sharp continues to invest in technology and programs that reduce carbon emissions and minimize waste. Through these efforts, in FY 2018, Sharp hospitals prevented

nearly 210,000 pounds of cardboard and plastic from entering landfills, and reduced carbon dioxide emissions by more than 115,000 pounds. Sharp's goals and accomplishments within each All Ways Green™ committee/subcommittee and domain are described below.

Natural Resource Conservation

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

A World Health Organization report published in 2017 encouraged hospitals to proactively address the environmental footprint of the health care sector by reducing power consumption, utilizing alternative energy generation, recycling and conserving resources. Sharp's Natural Resource Subcommittee is addressing this call by implementing numerous energy and water conservation initiatives, including infrastructure changes and adopting best practices to ensure its facilities are optimally operated while monitoring and measuring energy and water consumption. The Natural Resource Subcommittee is responsible for communications to employees about the energy-conscious behaviors that can be practiced in the workplace and at home to promote continuous energy and water savings.

Sharp was one of the first health care organizations in the county to commit to environmental best practices in information technology. In 2013, Sharp became the first health care system in San Diego to implement a computer management program that places computers and monitors into a low-power sleep mode after a one-hour period of inactivity. Since its implementation, the program has been installed on all computers at the organization and has resulted in annual energy savings in excess of 1.6 million kilowatt-hours (kWh). The initiative earned Sharp a Certificate of Recognition from the EPA, which recognizes organizations' achievements in energy conservation and efficiency.

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

In 2017, new software was installed on ten data center air conditioner units, resulting in more efficient cooling of the data center and a 16 percent decrease in power usage for

these devices. New virtual environments replaced more than 150 devices in the data center, further reducing power and cooling needs for the building. In addition, after implementing TSO Logic software in 2015, Sharp can conservatively reduce hardware electrical consumption by more than five percent each year through identification of the inefficient, energy-consuming or underutilized hardware.

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

In May 2018, Sharp opened the new Copley building, which houses administrative space for SRSMG along with the high-complexity, consolidated Sharp HealthCare Laboratory that services the entire Sharp system. Sharp is in the process of implementing a fuel-cell energy project at Copley, the first in the Sharp system. A fuel cell uses the chemical energy of hydrogen or another fuel to produce electricity cleanly and efficiently. Using these fuel cells could lead to a reduction of more than 90 percent in the plants' carbon dioxide emissions, while also producing large amounts of useful hydrogen. The Copley building will also be the first in the Sharp system to implement the Aircuity® system, which continuously monitors environmental parameters and adjusts air supply and exhaust delivery based upon indoor contaminant levels and thermal load. This automated system samples and analyzes packets of air remotely, which are routed to a centralized suite of sensors. The system provides input to the building ventilation systems to optimize indoor environmental quality and energy efficiency.

All Sharp hospitals engage in the EPA's ES database and monitor their ES scores on a monthly basis, thus following an international standard for energy efficiency created by the EPA. Buildings that are certified by ES must earn a 75 or higher on the EPA's energy performance scale, indicating that the building performs better than at least 75 percent of similar buildings nationwide without sacrifices in comfort or quality. According to the EPA, buildings that qualify for the ES typically use 35 percent or less energy than buildings of similar size and function. As a result of Sharp's commitment to superior energy performance and responsible use of natural resources, SCHHC and SCVMC received the ES certification in 2018 (SCHHC first earned the ES certification in 2007, and then again each year from 2010 through 2013, and again in 2017, while SCVMC received ES certification from 2009 to 2011, 2013, 2015, and 2017).

Sharp partners with the Center for Sustainable Energy (CSE) to promote and strengthen its work with the ES. From July to August 2017, a CSE benchmarking coach

worked with Sharp facility managers to identify and correct data quality issues in the measurement of Sharp's energy and water consumption. As the result of this endeavor, in December 2017, the CSE featured Sharp in a case study highlighting the organization's dedication to improving the welfare of the environment and the communities it serves.

In addition, Sharp's SRSMG Downtown medical office building meets Leadership in Energy and Environmental Design (LEED) silver certification specifications, one of the first medical office buildings of its kind in San Diego.

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

Table 4 outlines Sharp's numerous natural resource conservation initiatives.

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	✓	✓	✓	✓	✓	✓	✓	✓
Energy Star Participation	✓	✓	✓			✓	✓	
Air Handler Projects	✓					✓		
Cogeneration Plant			✓					
Drip Irrigation/Landscape Water Reduction Systems	✓	✓	✓	✓	✓	✓	✓	✓
Drought-Tolerant Landscaping	✓	✓	✓	✓	✓	✓	✓	✓
Electric Vehicle Charging Stations		✓		✓		✓		✓
Electronic/Low-flow Faucets	✓	✓	✓	✓	✓	✓	✓	✓
Energy-efficient Kitchen/Café Appliances	✓	✓	✓			✓		
Energy-efficient Chillers/Motors	✓	✓	✓			✓		
Faucets and Toilet Retrofits	✓	✓	✓	✓	✓	✓	✓	✓
HVAC projects	✓	✓	✓	✓	✓	✓	✓	✓
Lighting Retrofits to LEDs	✓	✓	✓	✓	✓	✓	✓	✓
Occupancy Sensors	✓	✓	✓	✓	✓	✓	✓	✓
Mist Eliminators	✓	✓	✓	✓	✓	✓	✓	✓
Moisture-sensitive Sprinkler Controls	✓		✓			✓		
Plumbing Projects to Address Water Leaks	✓	✓	✓	✓	✓	✓	✓	✓

Natural Resource Initiatives	Entity							
	SCHHC	SCVMC	SGH	System Offices	SHP	SMH/ SMBHWN	SMV/ SMC	SRSMG
Thermostat Control Software & Temperature Setback Projects	✓	✓	✓	✓	✓	✓	✓	✓
Filtered Water Dispensers to Replace Water Bottles	✓	✓	✓	✓	✓	✓	✓	✓
Water-efficient Dishwashing/ Equipment Washing/ Chemical Dispensing System	✓	✓	✓			✓		

Waste Minimization

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

Sharp’s Waste Minimization Committee provides oversight of systemwide waste minimization initiatives, including proper waste segregation and enhanced recycling efforts.

Sharp made the following achievements in waste minimization in FY 2018:

- Sharp proactively recycled more than 1,700 tons of construction debris from its major building project at SCVMC.
- Sharp’s single-waste stream recycling program diverted more than 2.5 million pounds of trash from the landfill, including nonconfidential paper, cardboard, exam table paper, plastic, aluminum cans and glass containers.
- Sharp collected, reprocessed and sterilized 136,000 pounds of surgical instruments for further use.
- Sharp donated over 64,000 pounds of computer equipment in place of utilizing e-waste disposal.
- Sharp diverted nearly 120,000 pounds of plastic and cardboard from the landfill through the use of reusable sharps containers.

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

Sharp was an early adopter in its commitment to waste diversion and consistently diverts over 37 percent of waste through recycling, donating, composting, reprocessing and reusing programs. Sharp’s waste minimization efforts have resulted in more than 4,500 tons of waste diverted from the landfill. See **Table 5** for waste diversion rates and **Table 6** for specific waste minimization efforts at Sharp in FY 2018.

Table 5: Sharp HealthCare Waste Diversion — FY 2018

Sharp HealthCare Entity	Recycled Waste Per Year (pounds)	Total Waste Per Year (pounds)	Percent Recycled
Sharp Chula Vista Medical Center	4,264,722	7,174,063	59%
Sharp Coronado Hospital and Healthcare Center	551,442	2,062,355	27%
Sharp Grossmont Hospital	1,558,396	4,940,651	32%
Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women & Newborns	1,592,405	6,408,972	25%
Sharp Mesa Vista Hospital	196,420	494,786	40%
Sharp Rees-Stealy Medical Group	400,598	2,070,810	19%
System Offices	594,826	1,481,007	40%
Total Sharp HealthCare	9,158,808	24,632,644	37%

Table 6: Waste Minimization Efforts by Sharp HealthCare Entity

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

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

Sustainable Food Practices

Sharp offers healthy, nutritious and delicious food options to support the health of patients, employees and the community. Sharp’s commitment to healthy food and nutrition sustainability practices began over seven years ago with a strategy to increase the selection of organic and sustainable food options to improve engagement. In collaboration with its food service partner Sodexo, Sharp continues to be an innovator and early adopter of a variety of sustainable, healthy practices to help educate and motivate consumers and reduce its carbon footprint.

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

Up to 40 percent of food in the U.S. is never eaten and instead goes to waste. In FY 2018, Sodexo teams at SCVMC and SMH were invited by the San Diego Food System Alliance and Smart Kitchens San Diego to participate in LeanPath — a pilot program funded by a City of San Diego grant to combat food waste and facilitate compliance with

new composting and recycling laws. LeanPath provides an advanced food waste tracking software system to help kitchen teams measure food prior to discarding or donating in order to prevent pre-consumer food waste (waste generated in the kitchen) as well as post-consumer food waste (food the consumer throws away) from entering the landfill.

Since August 2016, SMH, SMV, and SGH have collaborated with the SDRM and the Food Bank in an innovative food recovery program that donates food items that can no longer be used in Sharp's kitchens but are perfectly healthy and nutritious to more than 45 hunger-relief organizations in SDC. In addition, SCVMC's partnership with FSD and SCHHC's partnership with the Food Bank makes Sharp the first health care system in the county to donate food to San Diego's needy at such a wide-scale level. Food recovery efforts benefit the local community by ensuring access to nutritious meals for the food insecure, while also enabling Sharp to save on waste disposal costs and keep food out of landfills. In 2018, Sharp donated almost nine tons of food to these safety-net organizations. Also in 2018, Sharp's imperfect produce program purchased more than 6,500 pounds of less-than-perfect fruits and vegetables per month that are nutrient-rich and full of flavor but would have been thrown away by Sharp's food vendors.

Four Sharp hospitals are now participating in composting efforts. SMMC was the first hospital in SDC to participate in the City of San Diego's food scraps composting program in 2012. In 2017, the program expanded to SCVMC in partnership with the City of Chula Vista. Also in 2017, SGH collaborated with Resource Management Group recycling center to begin a composting program, which was expanded to SCHHC in September 2018. Through these programs, food waste at these Sharp sites is processed into a rich compost product and is provided to residents at no charge for volumes of up to two cubic yards. The compost offers several benefits including improving the health and fertility of soil, reducing the need to purchase commercial fertilizers, increasing the soil's ability to retain water and helping the environment by recycling valuable organic materials. In FY 2018, Sharp's composting programs diverted approximately 480,000 pounds of waste from landfills. Sharp's waste-mindful operations, including self-audit checklists, continue to help kitchen teams reduce their carbon footprint between food preparation and cleanup.

Sharp is also in the process of eliminating oil fryers in its kitchens. SCHHC and SMMC have already switched to healthier methods of food preparation. SGH and SCVMC are participating in the cooking oil recycling program, which, in 2018, collected more than 8,000 pounds of oil, which is converted into safe biodiesel oil. Further, SCHHC, SMH and SMV continued to operate the first county-approved hospital-based organic gardens. Produce from the gardens is used in meals served at the hospital cafés.

Sharp is an active member of San Diego's Nutrition in Healthcare Leadership Team, a subcommittee of the San Diego County Childhood Obesity Initiative's health care domain. Sharp is also a participant in Practice Greenhealth's Healthier Food Challenge. As a participant, Sharp commits to reducing its purchase of meats, increasing its purchase of locally-grown food, and increasing its percentage of sustainable animal

proteins. In FY 2018, Sharp reduced animal protein purchases by more than 550,000 pounds. This represents a 31 percent reduction in animal protein purchases since FY 2014. In FY 2018, approximately 329,000 pounds of locally sourced produce were used in Sharp’s kitchens, representing an increase of 57,000 pounds (more than 20 percent) of locally sourced produce since FY 2014. This is an area of great focus at Sharp and is expected to significantly increase in the next five years as more farmers are identified and certified to provide this safe, reliable source of naturally healthy produce. In FY 2018, Sharp purchased more than 13,000 pounds of sustainable animal protein, representing a 50 percent increase from FY 2014. Sustainable animal protein includes beef and cage-free chicken that is grass-fed and antibiotic- and hormone-free.

Sharp was a recipient of the 2018 EMIES UnWasted Food award from the San Diego Food System Alliance for its collaboration as an innovator and early adopter with upstream "unusual but usable" procurement, soup stock program, organic gardens, animal feed and composting. Named after the Federal Bill Emerson Good Samaritan Food Donation Act, which provides protection to good-faith donors, this award was created to encourage food donation to nonprofit organizations. Sharp previously earned this award in 2016.

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

Table 7: Sustainable Food Projects by Sharp HealthCare Entity

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

Commuter Solutions

Sharp supports ride sharing, public transit programs and other transportation efforts to reduce carbon emissions generated by its facilities and employees. Sharp's Commuter Solutions Subcommittee works to develop innovative and accessible programs and marketing campaigns to educate employees about the benefits of ride sharing and other alternative modes of transportation. Sharp's ongoing efforts to promote alternative commuter choices in the workplace have led to recognition as a SANDAG iCommute Diamond Award recipient consistently between 2001 and 2010, and again from 2013 through 2018.

Sharp replaced higher fuel-consuming cargo vans with economy Ford transit vehicles, which save approximately five miles per gallon. In addition, Sharp's employee parking lots offer carpool and motorcycle parking spaces. Sharp was the first health care system in San Diego to offer electric vehicle chargers (EVCs), supporting the creation of a national infrastructure required for the promotion of EVCs to reduce carbon emissions and dependence on petroleum. As part of the nationwide Electric Vehicle Project, Sharp installed EVCs at its corporate office location, SCVMC, SMMC and some SRSMG sites. Twenty-five EVCs were added at the new Copley building in 2018. Sharp will continue efforts to expand EVCs at its other entities.

Sharp offers bike racks as well as a Bicycle Commuter Benefit, which gives employees who bike to work up to \$20 per month to use toward qualified costs associated with bicycle purchase, improvement, repair and storage. Furthermore, Sharp participates in SANDAG's annual Bike to Work Day event each May. In 2018, Sharp employees were once again among almost 10,000 San Diegans who opted to ride their bike to work. Sharp hosted several pit stops, providing food and beverages, at various sites throughout SDC.

Sharp also encourages employees to participate in alternate commuting, including SANDAG's iCommute program that can match commuters in an area based on their work schedule, departure location and destination. Employees can monitor their cost and carbon savings resulting from their alternate commuting methods — such as using public transit, carpooling, vanpooling, biking, walking, or telecommuting — and log their miles in an internal tracking tool on Sharp's intranet site, which has replaced SANDAG's discontinued TripTracker. In addition, Sharp is enrolled in SANDAG's Guaranteed Ride Home program which provides commuters who carpool, vanpool, take an express bus, ride the Coaster, or bike to work three or more times a week with a taxi or a rental car in case of an emergency or being stranded at work. Further, Sharp employees can also purchase discounted monthly bus passes.

In recognition of Rideshare Month every October, Sharp participates in SANDAG's iCommute Rideshare Corporate Challenge, where employees earn points for replacing their solo drive with a greener commute choice, such as biking, walking, carpooling, vanpooling, and public transit. The annual challenge is instrumental in helping reduce traffic congestion and greenhouse gas emissions throughout the region.

Furthering the commitment to better commuting solutions for its employees, Sharp supplies and supports the hardware and software for almost 700 employees who are able to efficiently and effectively telecommute to work. These employees work in areas that do not require an on-site presence, such as information technology support, transcription and human resources.

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

Community Education and Outreach

Sharp actively educates the community about its sustainability programs. In FY 2018, Sharp participated in the following outreach activities:

- Sharp published e-newsletters for employees highlighting its recycling efforts and accomplishments, as well as reminders for proper workplace recycling, carpooling and energy and water conservation.
- Sharp held its sixth annual systemwide All Ways Green™ Earth Week celebration, including Earth Fairs at each Sharp hospital and system office. During the fairs, employees learned how to decrease water, energy and resource consumption, divert waste through recycling, and reduce their carbon footprint by using alternative transportation at work and home. Many of Sharp's key vendors participated in these fairs to help raise awareness of green initiatives and how Sharp is involved in those programs.
- Sharp held a community recycling event that included free e-waste recycling and confidential document destruction. The event also included the U.S. Drug Enforcement Agency's Drug Take Back Program, which provides a safe, convenient, and responsible method of drug disposal and educates the general public about the potential for prescription medication abuse.
- Sharp participates in San Diego County's Hazmat Stakeholder meetings to discuss best practices for medical waste management with other hospital leaders in SDC.

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

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

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

Emergency and Disaster Preparedness

Sharp contributes to the health and safety of the San Diego community through essential emergency and disaster planning activities and services. In FY 2018, Sharp provided disaster preparedness education to staff, community members and community health professionals, as well as collaborated with numerous state and local organizations to prepare the community for a potential emergency or disaster.

Sharp's disaster preparedness team offered several education courses to first responders and community health care providers throughout SDC. This included a standardized, on-scene federal emergency management training for hospital management titled National Incident Management System/Incident Command System/Hospital Incident Command System (HICS) as well as a training focused specifically on HICS, an incident management system that can be used by hospitals to manage threats, planned events or emergencies. In addition, a course was offered to train participants to use the WebEOC crisis information management system, which provides real-time information sharing between health care systems and outside agencies during a disaster.

In September, Sharp hosted its seventh annual Disaster Preparedness Expo to educate San Diego community members about effective disaster preparedness and response in the event of an earthquake, fire, power outage or other emergency. Held at Balboa Park, the free event provided more than 800 community members with a variety of disaster exhibitors, demonstrations and displays, as well as education on personal and family disaster planning. In addition, in FY 2018, the team provided education on personal disaster preparedness to the Rotary Club of Chula Vista as well as during the County of San Diego's Aging Summit 2018: Age Well in Action.

In FY 2018, Sharp's disaster leadership donated their time to state and local organizations and committees, including County of San Diego Emergency Medical Care Committee, California Hospital Association Emergency Management Advisory Committee, California Department of Public Health Joint Advisory Committee, Ronald McDonald House Operations Committee and San Diego County Civilian/Military Liaison Work Group. In addition, Sharp's disaster leadership participates in the County of San Diego Healthcare Disaster Coalition. Healthcare disaster coalitions are multi-agency groups of representatives who play a critical role in public safety during emergencies and disasters by assisting counties in improving mitigation, preparedness, response and recovery activities. As part of this coalition, in FY 2018, Sharp's disaster leadership led a subcommittee to review hospital evacuation planning and identify tools and best practices for dissemination to community health care professionals. Sharp's disaster leadership also continued to participate in the Statewide Medical Health Exercise Program. This work group of representatives from local, regional and State agencies — including health departments, emergency medical services, environmental health departments, hospitals, law enforcement, fire services and more — is designed to guide local emergency planners in developing, planning and conducting emergency responses.

Through participation in the U.S. Department of Health & Human Services Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership. The partnership includes Sharp and other SDC hospitals, health clinics and other health care services providers. The partnership seeks to continually identify and develop relationships with health care entities, nonprofit organizations, law enforcement, military installations and other organizations that serve SDC and are located near partner health care facilities. Through networking, planning and sharing resources, trainings and information, the partners will be better prepared for a collaborative response to an emergency or disaster affecting SDC. In FY 2018, the partnership assisted with training and education of non-hospital health care entities to better prepare them to develop emergency operations plans and responses.

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

In recent years, global endemic events potentially impacted public health in the San Diego community. Sharp continues to collaborate with community agencies, County of San Diego Public Health Services and first responders to develop protocols, provide joint trainings, and establish safe treatment methods and locations. This allows for the delivery of uninterrupted care to the community in the face of public health threats.

Employee Wellness: Sharp Best Health¹

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

Since 2013, Sharp Best Health has offered annual employee health screenings to raise individual awareness of important biometric health measures, educate team members on reducing the risk of related health issues, and encourage employees to track changes in their metrics over time. In FY 2018, nearly 10,000 employees received health screenings for blood pressure, cholesterol, body mass index, blood sugar and

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

tobacco use. Post-screening resources and tools are available for Sharp employees and their family members, including free access to a health coach as well as classes on a variety of health topics, including smoking cessation, healthy food choices, physical activity, stress management and managing the challenges of living with a chronic condition, such as diabetes, high blood pressure, asthma or arthritis.

The AHA recommends walking 10,000 steps a day to promote overall health. To align with this goal, Sharp Best Health encourages team members to use Fitbit wireless activity monitors to track their steps, distance, calories burned, sleep patterns and more. By syncing statistics to computers or smartphones, these devices inspire team members to achieve their personal fitness goals one step at a time. Throughout the year, Sharp Best Health held both entity-specific and systemwide Fitbit Step Challenges to encourage team members to set personal goals and compete for prizes. During FY 2018, more than 1,500 participants across the Sharp system walked an average of 8,700 steps per day. Since the Fitbit program's inception in 2014, participating employees have increased their average total steps by 24 percent. In addition, Sharp's acceptable footwear policy permits employees to wear walking shoes each day of the week at Sharp corporate offices to promote safety along with increased physical activity.

Sharp Best Health hosted a variety of wellness programs and events for employees and their family and friends. This included systemwide walking and hiking clubs through which more than 90 participants completed six hikes during FY 2018.

Sharp Best Health participated in community health events throughout the year, including the American Cancer Society Great American Smoke Out, American Heart Month, National Nutrition Month, National Health and Fitness Month, National Fresh Fruits & Vegetables Month, Stress Management Month and National Walking Month. Sharp Best Health also supported the San Diego Heart & Stroke Walk by hosting donation-based indoor cycling classes at Toby Wells YMCA. In addition, Sharp Best Health partnered with the AHA to promote walking meetings as a heart-healthy alternative to standard meetings. At Sharp System Offices, Sharp Best Health partnered with the Humane Society to provide free "Animal-Based Stress Relief" events where employees were given the opportunity to relieve stress and get some exercise while providing highly valuable human interaction for sheltered dogs and puppies.

Sharp Best Health provided on-site health and fitness classes and workshops for employees throughout FY 2018. This included workshops led by registered dietitians (RDs) on topics such as engaging in and sustaining healthy eating habits, strategies for managing cravings, intuitive eating, the truth about counting calories, and the impact of sleep, stress and aging on health. Classes were also offered on stress management techniques and the importance of taking micro-breaks. Fitness offerings included yoga, Zumba, weight training and aquatics classes. Sharp Best Health also offered recipe demonstrations to encourage healthy meal preparation at home.

Sharp Best Health offered employees a new wellness initiative in FY 2018 called the Better Balance Project, which is intended to help attendees achieve a better sense of

balance and well-being. Instead of making radical, time-consuming changes, participants were encouraged to make small but powerful health adjustments that are frequently overlooked. Each week throughout the four-week program, participants were provided tools and tasks to address a specific self-care subject, such as mindfulness, prioritizing sleep, organization and gratitude. Sharp Best Health also debuted a new podcast called “Coffee Break with Sharp Best Health,” which features group discussions and interviews with health and wellness experts on a variety of topics to help listeners live in good health.

In FY 2018, Sharp Best Health continued to go 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. Whil’s program is designed to help employees manage stress and improve their well-being by offering more than 1,200 mindfulness and yoga sessions. Whil’s sessions are of various lengths and skill levels, providing employees the flexibility to move at their own pace and set their own goals. Whil has also been used throughout the system as a tool during staff meetings, department huddles and shift changes. Since Whil’s launch, more than 2,400 employees have become active users. Another mindfulness initiative involved a collaboration between Sharp Best Health and certified mindfulness facilitators to provide on-site mindfulness programming at six Sharp locations, including both series and drop-in classes.

Throughout FY 2018, Sharp Best Health continued to provide Wellness on Wheels, a monthly educational event offered to Sharp employees to address the challenge of accessing health resources and programs during work hours. Wellness on Wheels involves “rounding” in staff lounges, hospital units, and nursing stations to promote a new and relevant subject each month. Each session includes an educational component, an interactive activity and a call to action. Wellness on Wheels brings wellness education to employees where they work, accommodating their unique schedules and dedication to patient care. Keeping the experience relevant and quick improves access to wellness resources for busy staff with complex schedules. During FY 2018, Wellness on Wheels topics included holiday food myths, essential oils, mindful eating, yoga poses for relaxation, heart health and common safety hazards.

Since 2015, Sharp has provided a systemwide Mindful healthy food initiative in partnership with Sodexo. As part of the Mindful program, Sharp’s cafeteria menus were redesigned to include sustainable, nutritious and enticing food options that foster a healthy lifestyle among patients, visitors and staff. In 2018, Sharp continued its partnership with Farm Fresh to You to make customizable boxes of organic, locally-grown produce available for purchase by employees. This CSA service offers a convenient method for employees and their families to incorporate more fruits and vegetables into their diet while supporting local farmers.

Weight Watchers[®] offers weight-loss services and products founded on a scientifically-based approach to weight management that encourages healthy eating, increased physical activity and other healthy lifestyle behaviors. Sharp Best Health continued its

partnership with Weight Watchers® to offer employees a subsidized membership rate to any Weight Watchers® program. With program availability at work, in the community and online, this partnership has offered Sharp team members a variety of healthy eating and physical activity options that can be tailored to different lifestyles and schedules. At any given time during FY 2018, approximately 530 Sharp employees were actively using Weight Watchers®. Since the program's inception in 2016, participating employees have lost an estimated 4,000 pounds.

In addition to providing Weight Watchers® at work, during FY 2018, Sharp Best Health partnered with the Sharp Rees-Stealy Center for Health Management to offer free in-person and online nutrition classes to Sharp employees through the New Weigh program. New Weigh is an eight-week weight loss program that emphasizes nutrition education and healthy lifestyle development. Program participants create a semi-structured food plan, and have access to a skilled health coach or RD to ensure continued support and accountability. During FY 2018, 240 Sharp employees completed the New Weigh program.

Nearly one in six community members face the threat of hunger every day in SDC. Each month, the Food Bank distributes food to approximately 370,000 children and families, active-duty military, and fixed-income seniors living in poverty. For more than a decade, Sharp has supported the Food Bank's tremendous efforts through a holiday food drive. During the 2017 holiday season, Sharp Best Health and Sharp Community Benefit continued to partner with SuperFood Drive — a San Diego-based organization committed to educating the community about the health benefits of eating nutrient-dense superfoods and ensuring the accessibility of healthy food to all — to provide a “superfood drive,” encouraging nonperishable food donations that are also nutritious, sustaining and essential for a healthy life. Through the six-week holiday superfood drive, locations throughout the Sharp system collected more than 2,300 pounds of nutritious food. In addition, Sharp team members donated nearly \$1,000 through a Sharp Virtual Food Drive specifically benefiting the Food Bank. Combined, these donations and funds provided nearly 7,000 healthy meals for San Diegans in need of assistance with putting food on the table during the holidays.



Addressing the Community's Needs

In fiscal year 2018, 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 2018*, addresses the following community needs: access to care and social support for vulnerable populations; education, screening and support programs for community members, including programs focused on special populations and health conditions; community flu vaccination clinics; support services for hospice patients, families and the community; support of community nonprofit organizations; education and training of health care professionals; student and intern supervision and support; and collaboration with local schools to promote interest in health care careers.

Section

2 Executive Summary

In addition to providing outstanding patient care, our Sharp community extends all across San Diego County. We are involved in helping others by offering free blood pressure screenings and interactive presentations on a wide range of wellness topics and many other efforts. We are proud to support the community. — Stacey Hrountas, Chief Executive Officer, Sharp Rees-Stealy Medical Centers

This Executive Summary provides an overview of community benefit planning at Sharp HealthCare (Sharp), a listing of community needs addressed in this Community Benefit Plan and Report, and a summary of community benefit programs and services provided by Sharp in fiscal year (FY) 2018 (October 1, 2017, through September 30, 2018). 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 2018*

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

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

Highlights of Community Benefit Provided by Sharp in FY 2018

The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2018.

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

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

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

Economic Value of Community Benefit Provided in FY 2018

In FY 2018, Sharp provided a total of **\$437,406,616** in community benefit programs and services that were unreimbursed. **Table 9** displays a summary of unreimbursed costs based on the categories specifically identified in SB 697. **Figure 3** presents the percentage distribution by each category. **Figure 4** presents the percentage distribution within the Medical Care Services category, and **Figure 5** presents the community benefit value by IRS Form 990 Schedule H Categories. These financial figures represent unreimbursed community benefit costs after the impact of the Medi-Cal Hospital Fee Program.

Table 9: Sharp HealthCare Total Community Benefit — FY 2018¹

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2018 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ²	\$129,308,822
	Shortfall in Medicare ²	248,662,360
	Shortfall in San Diego County Indigent Medical Services (CMS) ²	9,201,550
	Shortfall in CHAMPVA/TRICARE ²	7,612,667
	Shortfall in Workers' Compensation	29,656
	Charity Care ³	24,969,673
	Bad Debt ³	6,511,004
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy ⁴	3,685,141
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ⁴	1,869,835
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ⁴	5,555,908
TOTAL		\$437,406,616

¹ Economic value is based on unreimbursed costs.

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

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

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

Figure 3: Sharp HealthCare Community Benefit by SB 697 Category — FY 2018

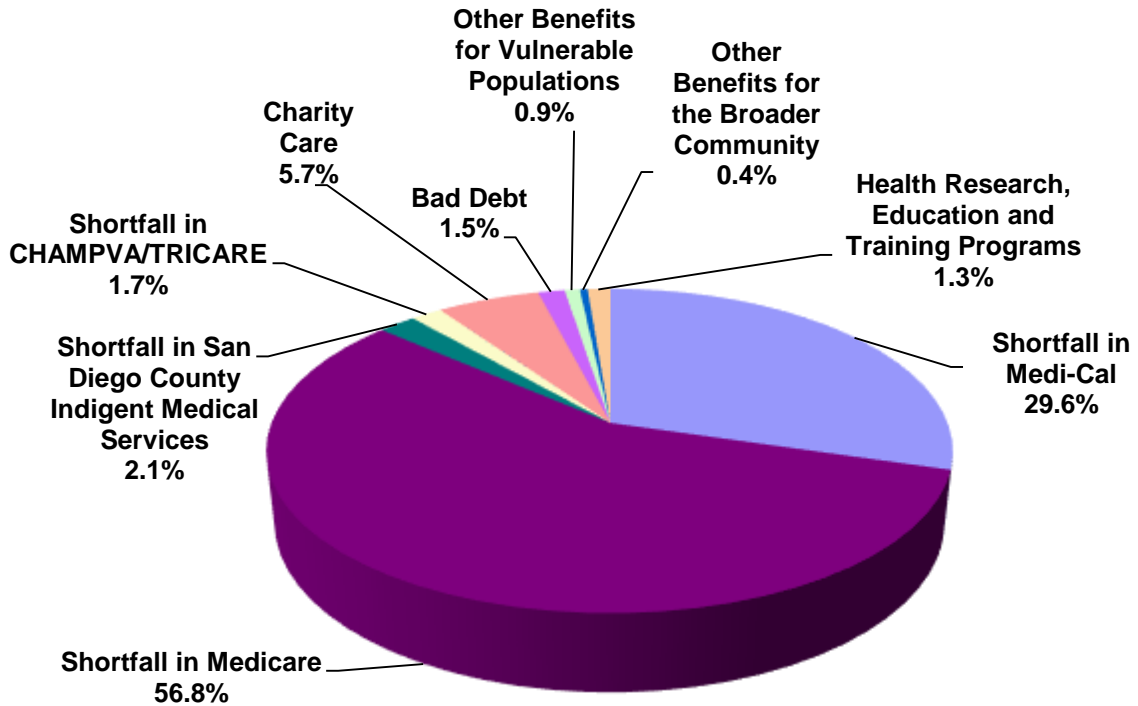


Figure 4: Sharp HealthCare Medical Care Services — FY 2018

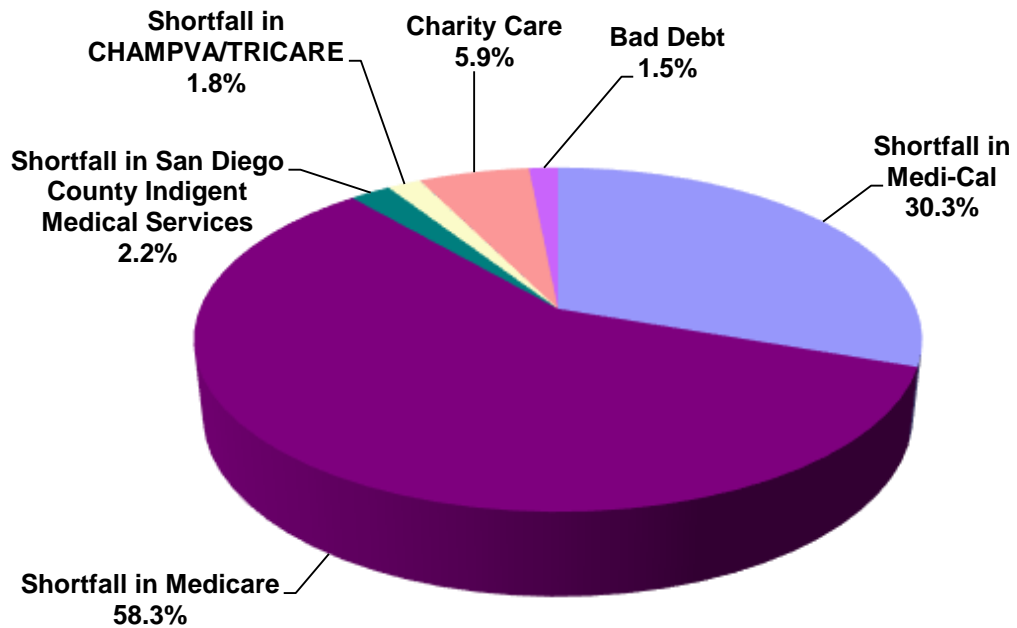
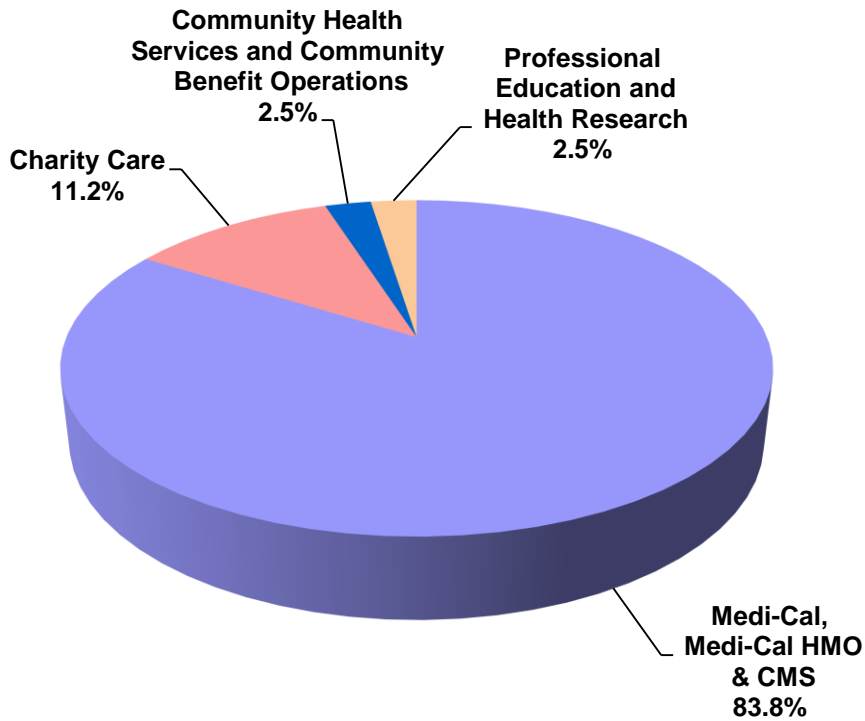


Figure 5: Sharp HealthCare Community Benefit by IRS Form 990 Schedule H Category — FY 2018



In FY 2018, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2017, through June 30, 2019. This resulted in recognition of supplemental revenues totaling \$248.5 million and quality assurance fees and pledges totaling \$161.1 million in FY 2018. The net FY 2018 impact of the program totaling \$87.4 million reduced the amount of unreimbursed medical care service for the Medi-Cal population. This reimbursement helped offset prior years' unreimbursed medical care services, however, the additional funds recorded in FY 2018 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 2018.

**Table 10: Sharp HealthCare Unreimbursed Medical Care Services:
Medi-Cal Hospital Fee Program Impact — FY 2018**

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	\$125,364,745	\$123,297,615	\$187,303,059	\$7,642,323	\$6,511,004	\$24,969,673	\$475,088,419
Provider Fee			\$(48,792,687)				\$(48,792,687)
Net Unreimbursed Medical Care Services After Provider Fee	\$125,364,745	\$123,297,615	\$138,510,372	\$7,642,323	\$6,511,004	\$24,969,673	\$426,295,732

Figure 6: Sharp HealthCare Unreimbursed Medical Care Services Before Medi-Cal Hospital Fee — FY 2018

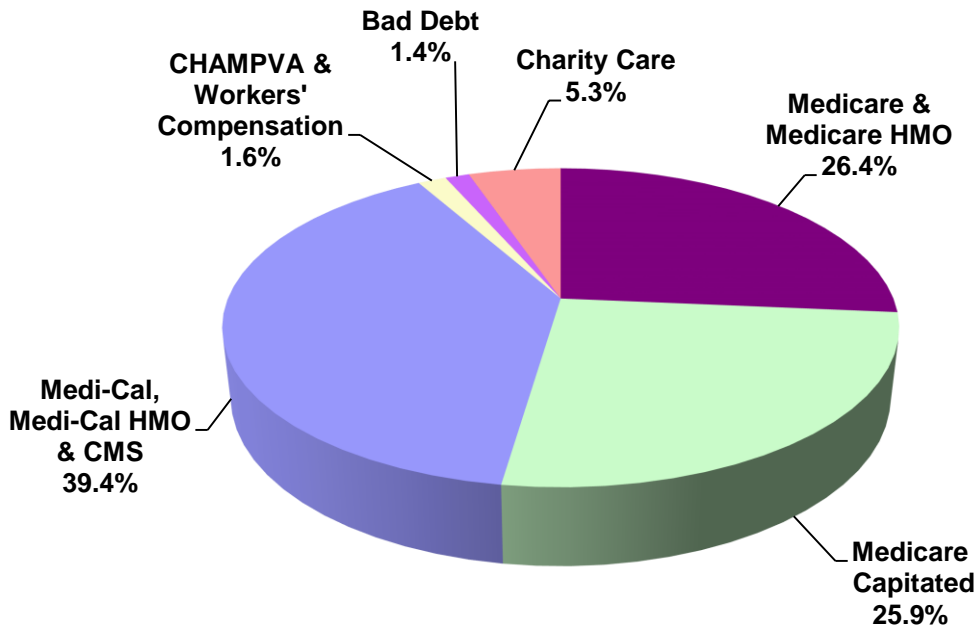


Table 11 lists community benefit costs provided by each Sharp entity and Figure 7 shows the percentage distribution by Sharp hospital entity.

**Table 11: Total Economic Value of Community Benefit Provided¹
By Sharp HealthCare Entities — FY 2018**

Sharp HealthCare Entity	Estimated FY 2018 Unreimbursed Costs
Sharp Chula Vista Medical Center	\$90,298,683
Sharp Coronado Hospital and Healthcare Center	21,258,431
Sharp Grossmont Hospital	128,924,916
Sharp Mary Birch Hospital for Women & Newborns	9,761,499
Sharp Memorial Hospital	167,314,062
Sharp Mesa Vista Hospital and Sharp McDonald Center	19,779,122
Sharp Health Plan	69,903
TOTAL FOR ALL ENTITIES	\$437,406,616

**Figure 7: Percentage of Community Benefit Provided by
Sharp HealthCare Hospital Entities — FY 2018**

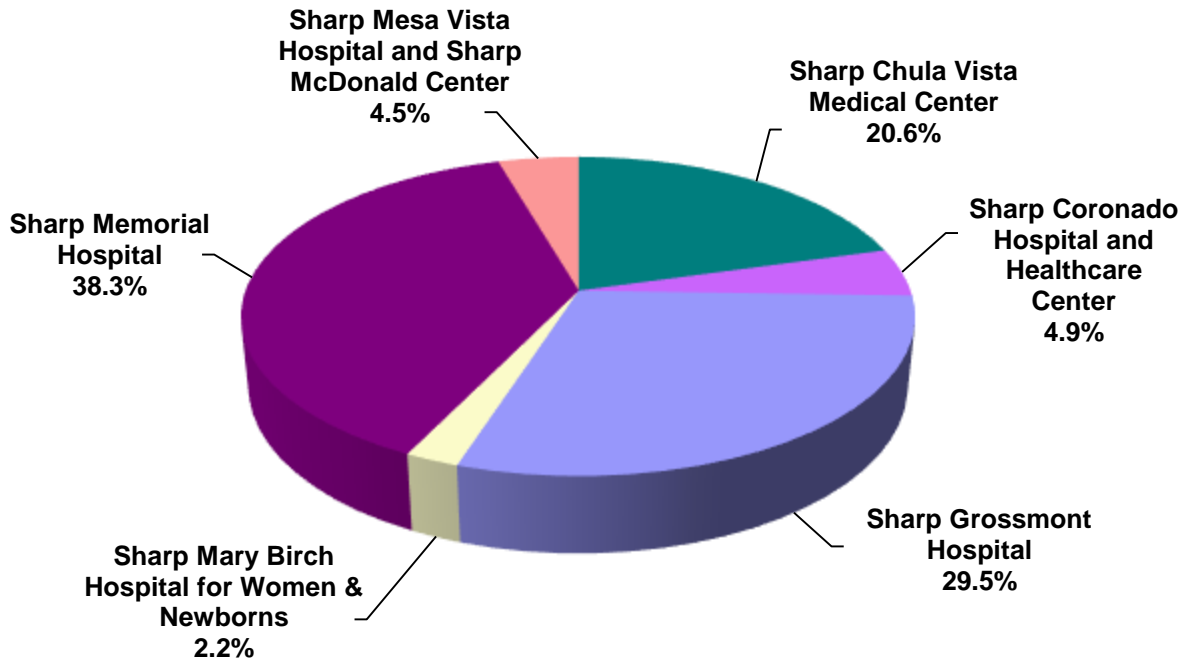


Table 12 includes a summary of unreimbursed costs for each Sharp hospital entity based on the categories specifically identified in SB 697. For a detailed summary of unreimbursed costs of community benefit provided by each Sharp entity in FY 2018, see tables presented in **Sections 4** through **11**.

¹ Economic value is based on unreimbursed costs.

Table 12: Detailed Economic Value of SB 697 Categories¹ — FY 2018

Sharp HealthCare Entity	SB 697 CATEGORY				Estimated FY 2018 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	\$87,878,861	\$571,854	\$364,393	\$1,483,575	\$90,298,683
Sharp Coronado Hospital and Healthcare Center	20,564,090	84,351	89,574	520,416	21,258,431
Sharp Grossmont Hospital	125,643,033	1,157,648	559,470	1,564,765	128,924,916
Sharp Mary Birch Hospital for Women & Newborns	9,316,725	87,059	119,237	238,478	9,761,499
Sharp Memorial Hospital	163,867,752	1,323,591	561,771	1,560,948	167,314,062
Sharp Mesa Vista Hospital and Sharp McDonald Center	19,025,271	448,871	127,420	177,560	19,779,122
Sharp Health Plan	-	11,767	47,970	10,166	69,903
ALL ENTITIES	\$426,295,732	\$3,685,141	\$1,869,835	\$5,555,908	\$437,406,616

¹ Economic value is based on unreimbursed costs.



Designing the Community Benefit Strategy

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

For the *Sharp HealthCare Community Benefit Plan and Report*, Fiscal Year 2018, each Sharp hospital used the results of its individual 2016 CHNAs to help identify the needs of its communities; update its community benefit objectives in response to those identified needs; report and categorize the economic value of community benefit provided according to Senate Bill 697; and create a community benefit plan for the upcoming fiscal year.

Section

3 Community Benefit Planning Process

Navigating the maze of health care can be daunting to say the least; and Sharp is committed to assisting community members in this process. Because it involves a loved one, the appreciation expressed is extremely meaningful. — Sara Steinhoffer, Vice President of Government Relations, Sharp HealthCare

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

Methodology to Conduct the 2016 Sharp HealthCare Community Health Needs Assessments

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

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

To develop its individual hospital CHNAs, Sharp analyzed hospital-specific data and contracted separately with IPH to conduct community engagement activities expressly for the patients and community members it serves. In accordance with federal regulations, the Sharp Memorial Hospital (SMH) 2016 CHNA also includes needs

identified for communities served by Sharp Mary Birch Hospital for Women & Newborns, as the two hospitals share a license, and report all utilization and financial data as a single entity to California's Office of Statewide Health Planning and Development (OSHPD). As such, the SMH 2016 CHNA summarizes the processes and findings for communities served by both hospital entities.

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

CHNA Committee

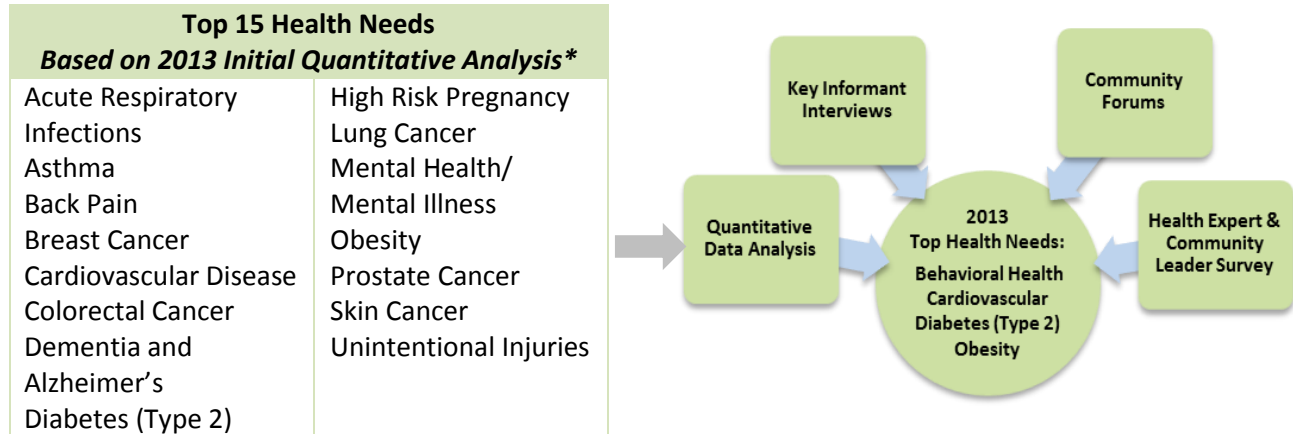
The HASD&IC Board of Directors convened a CHNA Committee to plan and implement the collaborative 2016 CHNA process. The CHNA Committee includes representatives from all seven participating hospitals and health care systems:

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

CHNA Objectives

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

Figure 8: 2013 CHNA Methodology and Findings



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

Specific objectives of Sharp’s 2016 CHNA process included:

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

Study Area Defined

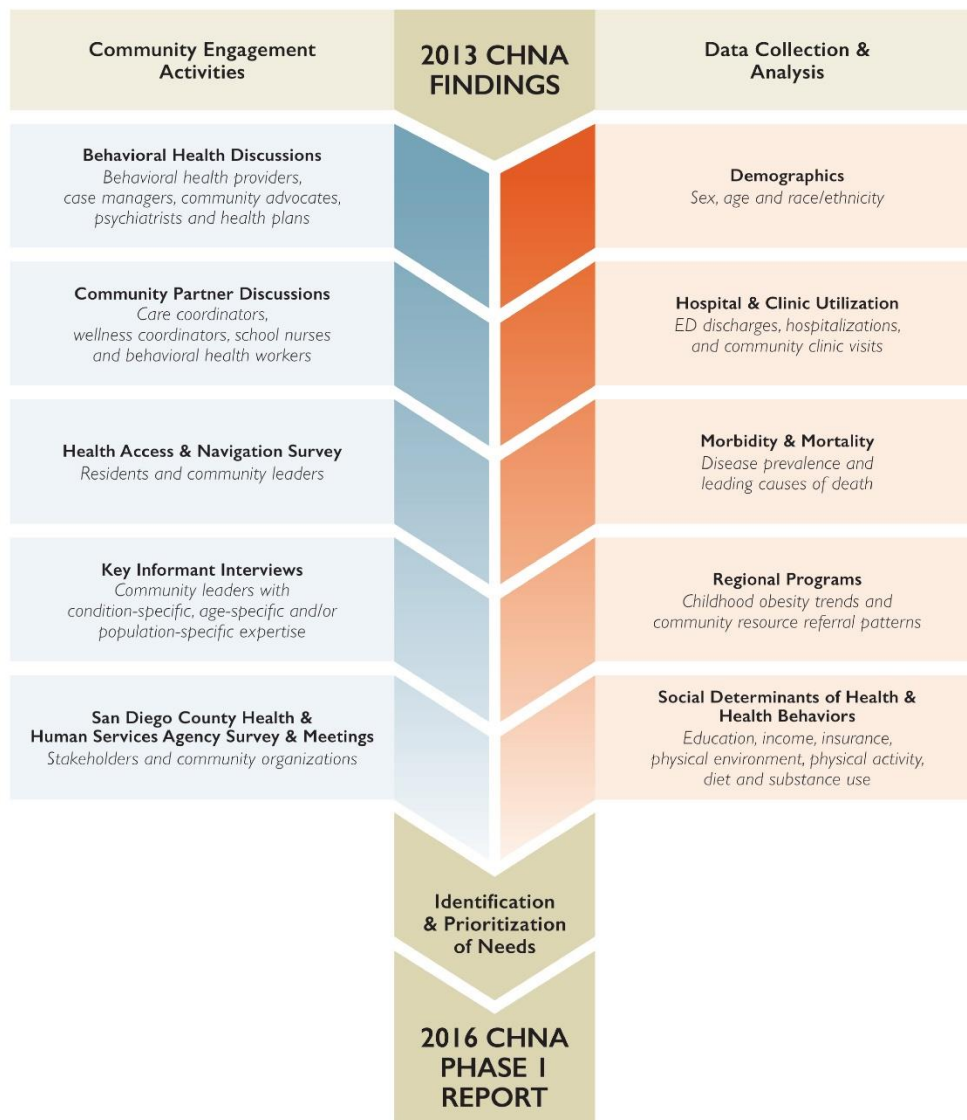
For the purposes of the collaborative HASD&IC 2016 CHNA, the study area is the entire County of San Diego due to a broad representation of hospitals in the area. With more than three million residents, SDC is socially and ethnically diverse. Information on key demographics, socioeconomic factors, access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

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

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

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

Figure 9: HASD&IC 2016 CHNA Process Map



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

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

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

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

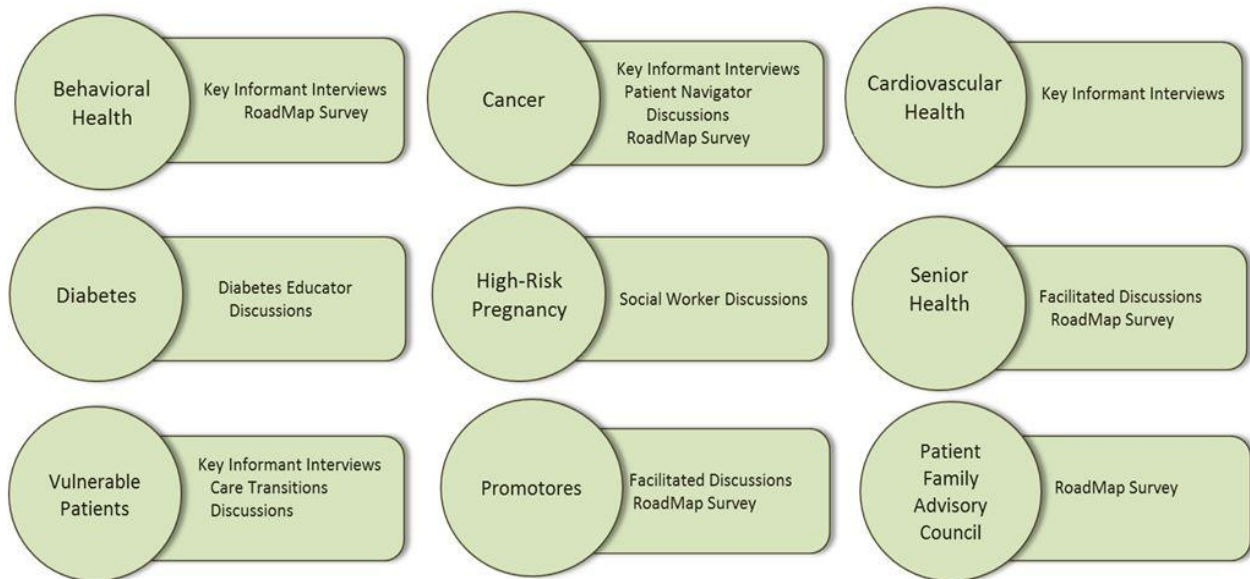
Figure 10: HASD&IC 2016 CHNA Community Engagement Activities



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

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

Figure 11: Sharp 2016 CHNA Community Engagement Activities



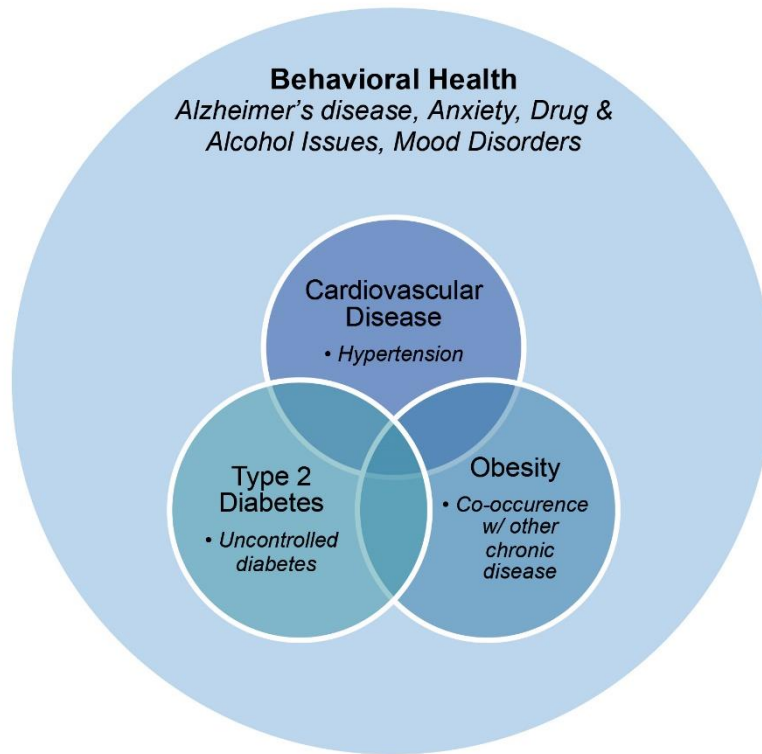
Findings

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

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

Using these criteria, IPH created a summary matrix for review by the CHNA Committee. As a result, the CHNA Committee identified behavioral health as the number one health need in SDC. In addition, cardiovascular disease, Type 2 diabetes and obesity were identified as having equal importance due to their interrelatedness. Health needs were further broken down into priority areas due to the overwhelming agreement among all data sources and in recognition of the complexities within each health need. Please see **Figure 12**.

Figure 12: HASD&IC 2016 CHNA Top Health Needs



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

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

Figure 13: 2016 CHNA Social Determinants of Health



The health needs and SDOH identified in the 2016 CHNA process will not be resolved with a quick fix. Rather, they will require time, persistence, collaboration and innovation. The entire Sharp system is committed to this journey, and remains steadfastly dedicated to the care and improvement of health and well-being for all San Diegans. Programs designed to address the needs identified in Sharp’s 2016 CHNA are detailed in Sharp’s fiscal year (FY) 2019–FY 2022 implementation strategies, which are publicly available online at <http://www.sharp.com/about/community/health-needs->

[assessments.cfm](#). Sharp's 2019 CHNAs and FY 2020–FY2023 implementation strategies will be completed and publicly available by September 30, 2019.

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

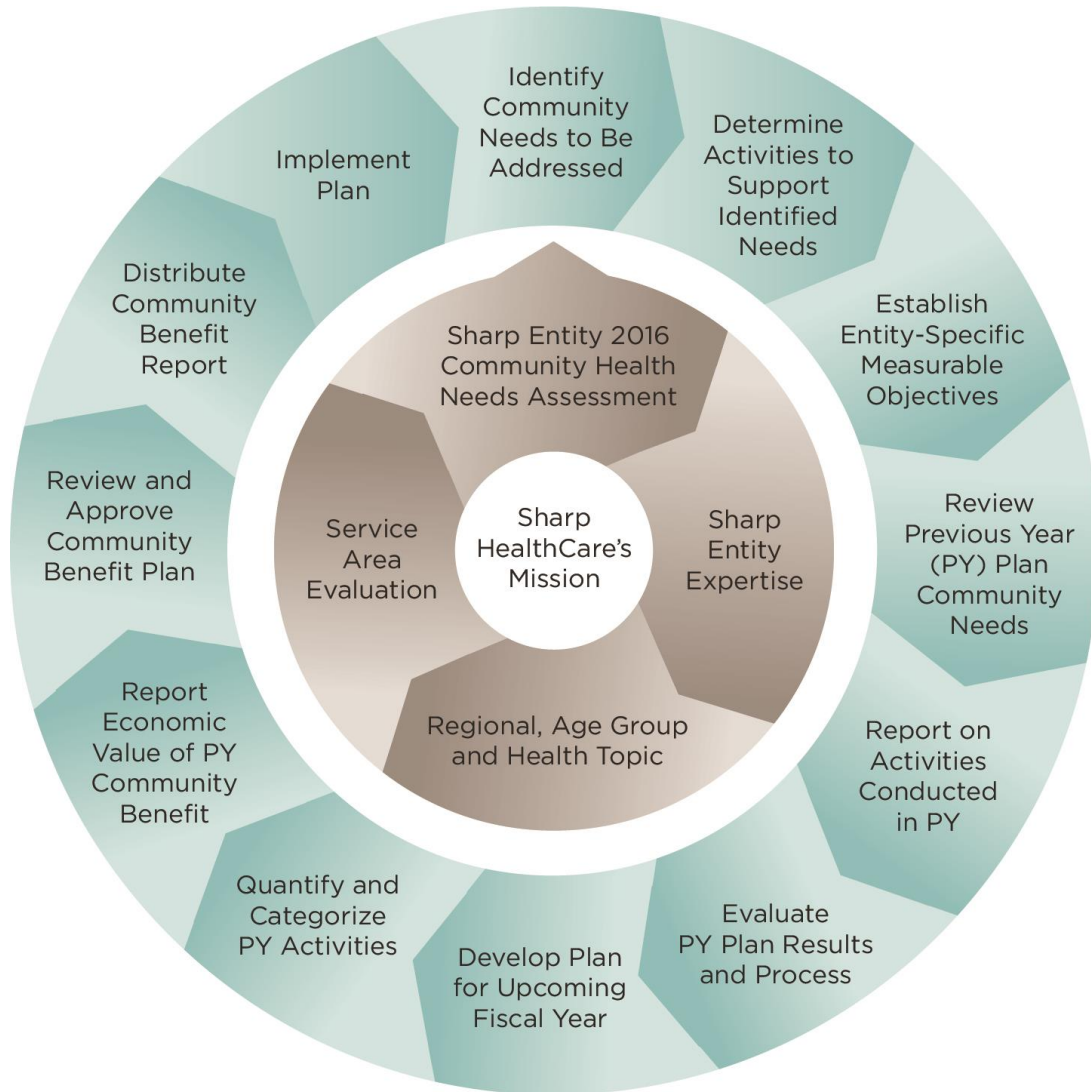
Steps Completed to Prepare Sharp's Community Benefit Report

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

- Establishes and/or reviews hospital-specific **objectives** taking into account results of the entity CHNA and evaluation of the entity's service area and expertise/services provided to the community
- Verifies the necessity for an ongoing focus on identified community needs and/or adds newly identified community needs
- Reports on activities conducted in the prior fiscal year — **FY 2018 Report of Activities**
- Develops a plan for the upcoming fiscal year, including specific steps to be undertaken — **FY 2019 Plan**
- Reports and categorizes the **economic value of community benefit provided in FY 2018**, according to the framework specifically identified in Senate Bill 697
- Reviews and approves a Community Benefit Plan
- Distributes the *Community Benefit Plan and Report* to members of the Sharp Board of Directors and each of the Sharp hospital boards of directors, highlighting activities provided in the prior fiscal year as well as specific action steps to be undertaken in the upcoming fiscal year
- Implement community benefit activities identified for the upcoming fiscal year

Figure 14 outlines Sharp's community benefit process.

Figure 14: Sharp HealthCare Community Benefit Plan and Process



Ongoing Commitment to Collaboration

Underscoring Sharp’s ongoing commitment to collaboration in order to address community health priorities and improve the health of San Diegans, Sharp executive leadership, operational experts and other staff are actively engaged in the national American Hospital Association, Association for Community Health Improvement, statewide California Hospital Association, HASD&IC, and a variety of local collaboratives including but not limited to the San Diego Hunger Coalition, the San Diego Regional Chamber of Commerce and 2-1-1 San Diego.



Healthy, Safe Aging for South Bay Seniors

Sharp Chula Vista Medical Center

As the baby boom generation ages, San Diego's senior population is growing faster than the county as a whole. And in the South Bay, older adults are the fastest-growing age group. Sharp Chula Vista Medical Center helps local seniors and their family members plan for a healthy and safe future.

In collaboration with Sharp HospiceCare, Sharp Chula Vista hosted the Healthy and Safe Aging conference at Fredericka Manor Retirement Community. The free event included presentations from Sharp and community professionals on advance care planning, elder abuse and mindfulness. Attendees also received screenings for depression, as well as resources from community health agencies. The event provided approximately 100 South Bay seniors and their families with education and tools to promote well-being as they age.

Section

4 Sharp Chula Vista Medical Center

Changing your community begins with getting involved. It could start with a simple personal commitment to role-model positivity, opening your mind, considering an alternative point of view, giving someone a chance, or trying something new. However you want to give back to your community, it's just a decision to be different than you were yesterday. — Dan Dredla, Vice President of Patient Support Services and Development, Sharp Chula Vista Medical Center

FY 2018 Community Benefit Program Highlights

Sharp Chula Vista Medical Center (SCVMC) provided a total of **\$90,298,683** in community benefit in fiscal year (FY) 2018. See **Table 14** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697) and **Figure 15** for the distribution of SCVMC's community benefit among those categories.

**Table 14: Economic Value of Community Benefit Provided
Sharp Chula Vista Medical Center — FY 2018**

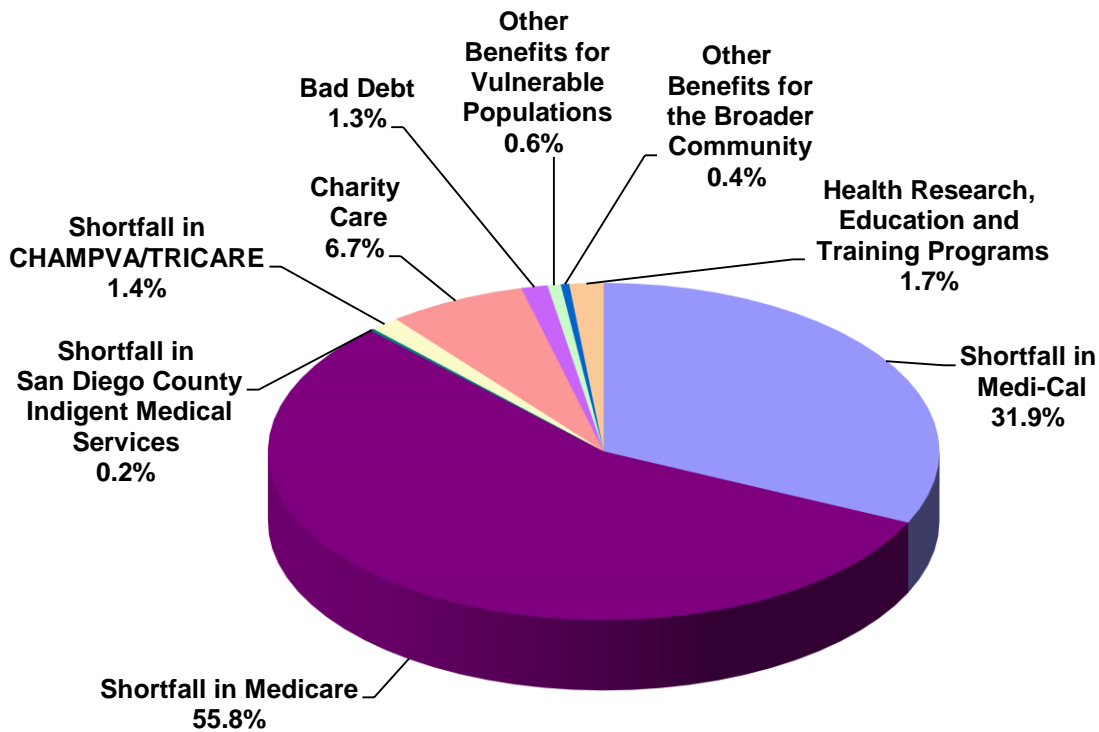
SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2018 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	28,840,559
	Shortfall in Medicare ¹	50,394,700
	Shortfall in San Diego County Indigent Medical Services ¹	186,243
	Shortfall in CHAMPVA/TRICARE ¹	1,272,985
	Charity Care ²	6,033,960
	Bad Debt ²	1,150,414
Other Benefits for Vulnerable Populations	Project HELP, patient transportation, and other assistance for the needy ³	571,854
Other Benefits for the Broader Community	Health education and information, health screenings, flu vaccinations, support groups, meeting room space and donations of time to community organizations ³	364,393
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	1,483,575
TOTAL		\$90,298,683

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

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

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

**Figure 15: Percentage of Community Benefit by SB 697 Category
Sharp Chula Vista Medical Center — FY 2018**



Key highlights:

- **Medical Care Services** included uncompensated care for patients who were unable to pay for services and unreimbursed costs of public programs, such as Medi-Cal, Medicare, San Diego County Indigent Medical Services and CHAMPVA/TRICARE. In FY 2018, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2017 through June 30, 2019. This resulted in recognition of net supplemental revenues for SCVMC totaling \$12.9 million in FY 2018. These supplemental revenues were funded through SCVMC’s traditional Medi-Cal program, which was only in a shortfall position of \$9.7 million prior to the fee. As such, the net impact of the program was to reduce SCVMC’s shortfall in traditional Medi-Cal to \$0.00 (zero). This reimbursement helped offset prior years’ unreimbursed medical care services; however, the additional funds recorded in FY 2018 understate the true unreimbursed medical care services performed for the past fiscal year.
- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; Project HELP, which provides funding for specific needs (e.g., medications, etc.) to assist lower-income patients; programming to help

establish medical homes for low-income, medically uninsured and underserved patients in the South Bay; contribution of time to Stand Down for Homeless Veterans, Ssubi is Hope, Feeding San Diego, Mama's Kitchen and the San Diego Food Bank; the Sharp Humanitarian Service Program; support services for discharged homeless patients in partnership with San Diego Rescue Mission (SDRM); and other assistance for vulnerable and high-risk community members.

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

Definition of Community

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

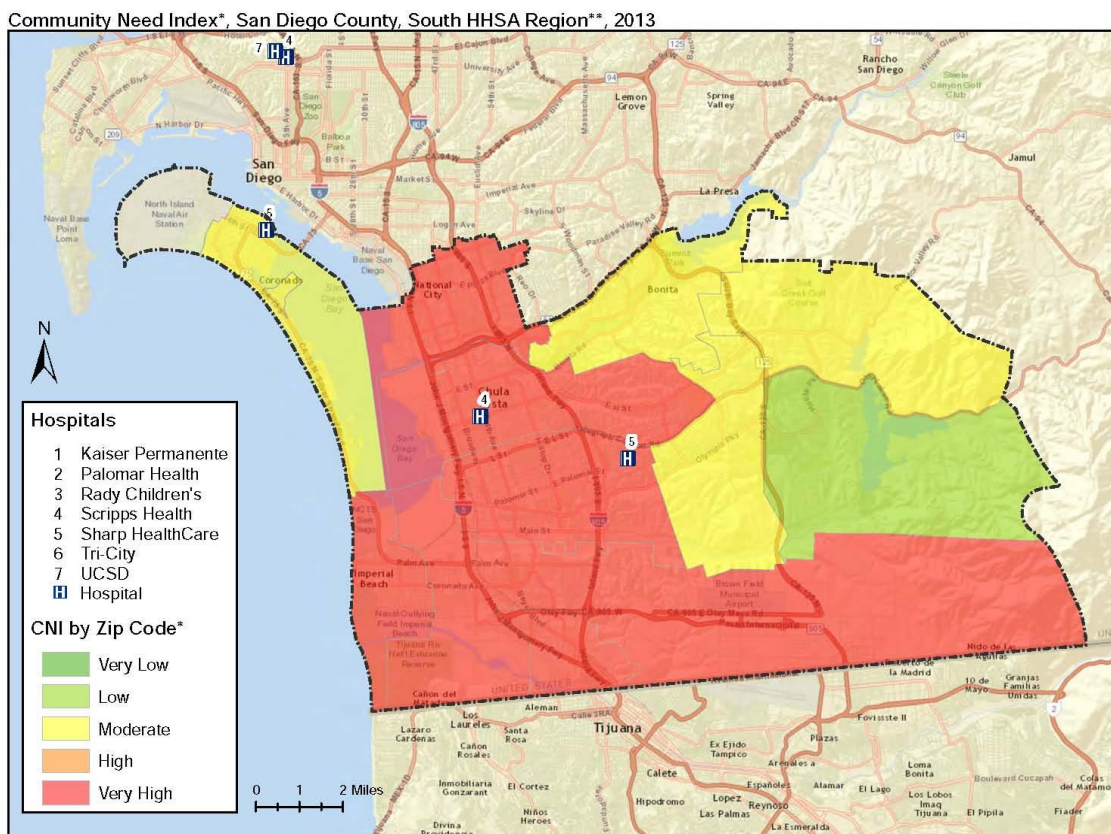
The community served by SCVMC encompasses the south region of San Diego County (SDC), including the subregional areas of Chula Vista, Imperial Beach, Otay Mesa, Bonita, Sweetwater, National City and Coronado. See **Appendix B** for a map of community and regional boundaries in SDC. Notably, most residents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

For SCVMC's 2016 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county. The CNI

identifies the severity of health disparity for every ZIP code in the United States of America (U.S.) based on specific barriers to health care access, including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care and preventable hospitalizations.

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

Figure 16: CNI Map — SDC’s South Region



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



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

Description of Community Health

SDC's south region population is largely Hispanic (60.5 percent),¹ and, in 2018, there were 73,552 residents ages 65 and older in the region, representing 13.3 percent of the population. Between 2018 and 2023, it is anticipated that the senior population in SDC's south region will grow by 28.8 percent.²

In 2016, 15.1 percent of the south region population reported living below 100 percent of the federal poverty level (FPL). The unemployment rate in SDC's south region was 10 percent, which was higher than the rate for SDC overall (7.5 percent). In addition, 6.9 percent of households received Supplemental Security Income, also higher than the rate for SDC overall (5 percent).¹

According to data from the San Diego Hunger Coalition, one in seven, or 15.0 percent of the SDC population, experienced food insecurity. An additional one in five San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget. Latinos had a disproportionately higher incidence of food insecurity; 42 percent of low-income Latinos (household income below 200 percent of the FPL) experienced food insecurity and 53 percent of all food insecure adults were Latino.³

In 2016, 11 percent of households in the south region participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 23.3 percent of those below 138 percent of the FPL were eligible for such benefits. These rates were higher than SDC overall (7 percent of households participated in SNAP benefits while 21 percent of those below 138 percent of the FPL were eligible).¹ Please refer to **Table 15** for SNAP participation and eligibility in the south region.

Table 15: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC's South Region, 2016

Food Stamps/SNAP Benefits	Percent of Population
Households	11.0%
Families with Children	10.0%
Eligibility by Federal Poverty Level	
Population ≤130% FPL	21.5%
Population ≤138% FPL	23.3%
Population 139% - 350% FPL	38.9%

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

¹ County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

² SpeedTrack Inc.; U.S. Census Bureau

³ San Diego Hunger Coalition. Hunger Free San Diego Issue Brief: 2016 San Diego County Food Insecurity. San Diego, CA; August 2018.

In SDC’s south region in 2016, 91.7 percent of children ages zero to 17, 76.1 percent of young adults ages 18 to 24, 79.4 percent of adults ages 25 to 44, 83.8 percent of adults ages 45 to 64, and 97.6 percent of seniors ages 65 and older had health insurance.¹ Health insurance coverage for each age group was lower than the Healthy People 2020 (HP2020) national target of 100 percent health insurance coverage for all individuals under age 65.² See **Table 16** for health insurance coverage in SDC’s south region in 2016.

Table 16: Health Insurance Coverage in SDC’s South Region, 2016

Description	Rate	HP2020 Target
Current Health Insurance Coverage		
Children 0 to 17 years	91.7%	100%
Young adults 18 to 24 years	76.1%	100%
Adults 25 to 44 years	79.4%	100%
Adults 45 to 64 years	83.8%	100%
Seniors 65+ years	97.6%	100%

Source: County of San Diego HHS, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

According to the California Health Interview Survey (CHIS), 32.1 percent of the south region population was covered by Medi-Cal.³ See **Table 17** for details.

Table 17: Medi-Cal (Medicaid) Coverage in SDC’s South Region, 2016-2017

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

Source: 2016-2017 CHIS

CHIS data also revealed that 11.4 percent of individuals in the south region did not have a usual place to go when sick or in need of health advice (see **Table 18**).¹

¹ County of San Diego HHS, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

² The U.S. Department of Health and Human Services’ HP2020 initiative represents the nation’s prevention agenda for the second decade of the 21st century. HP2020 has four overarching goals: to attain high quality, longer lives free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and improve the health of all groups; to create social and physical environments that promote good health for all, and to promote quality of life, healthy development, and healthy behaviors across all life stages.

³ 2016-2017 CHIS

Table 18: Regular Source of Medical Care in SDC's South Region, 2016-2017

Regular Source of Medical Care	Rate	HP2020 Target
Has a usual source of care	88.6%	100%
Has no usual source of care	11.4%	100%

Source: 2016-2017 CHIS

Cancer and diseases of the heart were the top two leading causes of death in SDC's south region in 2016.¹ See **Table 19** for a summary of leading causes of death in the south region. For additional demographic and health data for communities served by SCVMC, please refer to the SCVMC 2016 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

Table 19: Leading Causes of Death in SDC's South Region, 2016

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	746	24.5%
Diseases of the Heart	686	22.5%
Cerebrovascular Diseases	212	7.0%
Alzheimer's Disease	173	5.7%
Diabetes Mellitus	147	4.8%
Chronic Lower Respiratory Diseases	134	4.4%
Accidents/Unintentional Injuries	123	4.0%
Essential Hypertension and Hypertensive Renal Disease	85	2.8%
Chronic Liver Disease and Cirrhosis	71	2.3%
Influenza and Pneumonia	58	1.9%
All Other Causes	608	20.1%
Total Deaths	3,043	100.0%

Source: County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018

¹ County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018

Community Benefit Planning Process

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

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

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

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

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

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

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

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

Through its social services staff, SCVMC provides comprehensive behavioral health services to safety net patients. Individuals who present in the emergency department

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

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

SCVMC provides general nutrition and exercise education for obesity, as well as programs that address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other issues influenced by healthy weight and exercise. In addition, Sharp Rees-Stealy Medical Group clinics throughout SDC — including the South Bay — provide structured weight management and health education programs to community members, such as smoking cessation and stress management; long-term support for weight management and fat loss; and personalized weight-loss programs. For additional details on SCVMC programs that specifically address the needs identified in the 2016 CHNA, please refer to SCVMC's implementation strategy available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

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

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

For each priority community need identified above, subsequent pages include a summary of the rationale for and importance of the need, objective(s), FY 2018 Report of Activities conducted in support of the objective(s), and FY 2019 Plan.

Identified Community Need: Cancer Education and Patient Navigator Services

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

Rationale

- The SCVMC 2016 CHNA continued to identify cancer as one of six top priority health issues for community members served by SCVMC.
- The HASD&IC 2016 CHNA continued to identify various types of cancer among the top priority health conditions seen in SDC hospitals.
- Sharp cancer navigator discussions conducted as part of the SCVMC 2016 CHNA process identified the following chief concerns for cancer patients in SDC (including patients in the south region): cultural differences and language barriers between patient and provider; health literacy; financial issues; knowing where to go for care; availability of reliable transportation; difficulty with end-of-life conversations; and lack of advance care directives.
- The cancer key informant interview conducted as part of the SCVMC 2016 CHNA process identified access to insurance, access to appropriate care and language barriers for non-English speakers as major difficulties facing oncology patients. Additional challenges include financial, legal and survivorship issues; emotional, sexual and body image issues; lack of a social network leading to increased need for transportation, in-home support and other treatment-related resources; and end-of-life or palliative care issues.
- The cancer key informant interview recommended the following strategies to address barriers of care for those with cancer: the provision of lay navigators, including integration of navigators into the care process; community coordinators with knowledge of hospital needs and community resources; greater hospital and community partnerships; resources to educate providers on end-of-life and palliative care issues; personnel within the health care system to identify resources and answer questions; financial assistance for co-pays, prescriptions, child care and other bills; and survivorship clinics.
- As part of the SCVMC 2016 CHNA process, cancer support group patients participating in the Health Access and Navigation Survey suggested the following areas for improvement in cancer care: more time with doctors; more comprehensive educational groups; a navigator staff member or case manager for all oncology patients, not just newly diagnosed; help navigating health insurance options to identify the best coverage for individual needs; and tours specifically for patients who have a serious illness requiring multiple treatments.
- According to 2017 Sharp oncology data, 17 percent of the 473 SCVMC cancer patients who received the cancer psychosocial distress screening scored at a range of moderate to severe distress and were referred to internal or external resources, such as social workers or community cancer resources.
- The most frequently observed cancers at SCVMC in 2017 were (in rank order): breast, colorectal, lung, prostate and gynecological cancers. In total, there were 904 new cases of cancer at SCVMC in 2017.

- In 2016, cancer was the leading cause of death in SDC's south region and was responsible for 24.5 percent of all deaths.
- There were 746 deaths due to cancer (all types) in SDC's south region in 2016¹. The region's age-adjusted death rate due to cancer was 154.6 deaths per 100,000 population, which is higher than the overall SDC age-adjusted rate of 146.6 per 100,000 population and the HP2020 target of 161.4 deaths per 100,000 population.
- In 2016, the south region's age-adjusted death rates were higher than the rates for SDC overall for these cancers: colorectal, female breast and reproductive, kidney, leukemia, liver, lung, non-Hodgkin's lymphoma and thyroid cancers.
- In 2016, 18.4 percent of all cancer deaths in SDC's south region were due to lung cancer, 10 percent to colorectal cancer, 8 percent to liver cancer, 7.2 percent to female breast cancer, 6.7 percent to pancreatic cancer, 6 percent to prostate cancer and 5.8 percent to female reproductive cancers.
- In 2016, the age-adjusted mortality rate of female breast cancer in the south region was 20.4 per 100,000 women, which was lower than the HP2020 target of 20.7 breast cancer deaths per 100,000 women, but higher than the rate for SDC overall (20 per 100,000 women).
- According to the ACS Cancer Statistics Center, in 2018, there will be an estimated 29,360 new cases of breast cancer and 4,500 breast cancer deaths for females in California.
- According to the *2015 Susan G. Komen for the Cure® San Diego Affiliate Community Profile*, in SDC there were 46.1 late-stage cases of breast cancer per 100,000 women, which exceeds the HP2020 target of 42.4 cases per 100,000 women. The report projects that SDC will meet the HP2020 target within five years.
- The *2015 Susan G. Komen for the Cure® San Diego Affiliate Community Profile* also reported that, in 2013, breast cancer mortality rates in SDC were highest among African American women, at 27.7 deaths per 100,000. This exceeded the mortality rate for Caucasian (23.9), Latina (17.3) and Asian/Pacific Islander (13.2).
- According to the ACS 2017 *California Cancer Facts & Figures* report, 72.4 percent of breast cancer cases among non-Hispanic white women in SDC were diagnosed at an early stage, compared to 69.3 percent of African American cases, 68.1 percent of Hispanic cases and 70.4 percent of Asian/Pacific Islander cases. Data suggests that early breast cancer detection resources are needed in minority communities.
- According to 2015-2016 CHIS data, 82.7 percent of women in SDC's south region ages 50 to 74 reported having a mammogram in the past two years. This exceeds the HP2020 target of 81.1 percent for breast cancer screenings. Approximately 3.6 percent of SDC south region women in this age range reported that they have never had a mammogram.
- According to findings from the ACS 2018 *Cancer Facts & Figures* report, screening offers the ability for secondary prevention by detecting cancer early. For example,

¹ 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 2016. 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*." (Peña, M., County of San Diego HHSA Public Health Services, Community Health Statistics Unit, 2018; Heron, M., Deaths: Leading causes for 2016. National Vital Statistics Reports; vol 67 no 6. Hyattsville, Maryland: National Center for Health Statistics. 2018.)

the 39 percent decrease in the female breast cancer death rate between 1989 and 2015 is attributed to improvements in early detection, namely screening and increased awareness. In addition, over the past three decades, five-year relative survival rates for all cancers combined increased by 20 percent among whites and 24 percent among blacks, reflecting earlier diagnosis for some cancers as well as improvements in treatment (ACS, 2018).

- Study findings from the 2015 Susan G. Komen for the Cure® *San Diego Affiliate Community Profile* indicate a critical need for culturally competent outreach, especially for Hispanic, Middle Eastern and African American women (Susan G. Komen, 2015).
- A recent study by the ACS found that 42 percent of newly diagnosed cancer cases in the U.S. are potentially avoidable. Many of the known causes of cancer — and other noncommunicable diseases — are attributable to behavioral factors including tobacco use as well as excess body weight due to poor dietary habits and lack of physical activity (ACS, 2018).
- The American Society of Clinical Oncology (ASCO) emphasizes the importance of patient navigators as part of a multidisciplinary oncology team with the goal of reducing mortality among underserved patients. A patient navigator may assist with various tasks, including: psychosocial support; assistance with treatment decisions; assistance with insurance issues; arrangement of transportation; coordination of additional services (i.e., fertility preservation); and tracking of interventions and outcomes. The navigator works with the patient across the care continuum, ensuring coordination and efficiency of care, and removal of barriers to care (ASCO, 2016).
- According to the National Institutes of Health (NIH), clinical trials, a part of clinical research, are at the heart of all medical advances. Clinical trials look at new ways to prevent, detect or treat disease by determining the safety and efficacy of a new test or treatment. Greater clinical trial enrollment benefits medical research and increases the health of future generations as well as improves disease outcomes, quality of life and health of trial participants.

Objectives

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

FY 2018 Report of Activities

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

Program, demonstrating its commitment to meeting rigorous standards and improving the quality of care for patients with cancer.

In FY 2018, the Douglas & Nancy Barnhart Cancer Center hosted more than 30 free cancer-related seminars and classes, where nearly 100 community members received education and resources for awareness and prevention of various cancers, including colorectal, lung, cervical and breast, as well as education on smoking cessation. Education included nutrition management; stress management; understanding the basics of hormone therapy; advance care planning (ACP) and advance directives; lung cancer risk factors and screening; talking to the doctor about cancer; talking to children about cancer; the impact of cancer on intimacy and sexuality; and cancer-related anxiety and depression. A demonstration was also provided during the seminars using a breast model to educate community members on how to perform self-examinations to help detect changes in the breasts. In addition, monthly classes were offered on nutrition and healthy eating both during and after treatment for breast cancer as well as understanding cancer-related lymphedema. Upon request, the Douglas & Nancy Barnhart Cancer Center also provided education to patients, their caregivers and community members on hormonal replacement therapy and advance directives.

In addition, the hospital collaborated with Las Damas de San Diego Foundation, San Diego Imaging – Chula Vista and La Maestra Community Health Centers to provide quarterly breast and cervical cancer screening events. Attendees were primarily low-income Hispanic women residing in the South Bay who were registered in Every Woman Counts, a state program that pays for cancer screenings and care for uninsured and underinsured women. The events offered a variety of free services, including: genetic testing; blood pressure, glucose, and bone density screenings; weight and body fat measurements; preventive health lectures on nutrition, oral health and the importance of breast self-examinations; cancer education and resources; and mammograms and clinical breast exams. In FY 2018, these screening events provided more than 150 cervical cancer screenings or mammograms. SCVMC continues to strengthen its partnership with Las Damas de San Diego Foundation by offering patients and community members access to medical care, resources, education, financial assistance and prevention and screening programs.

Throughout the year, the Douglas & Nancy Barnhart Cancer Center served more than 1,500 individuals at community events, providing breast self-examination demonstrations and education on the importance of clinical breast exams and annual mammograms, as well as checking for breast lumps on a monthly basis. Additional cancer-specific education and resources were provided at these events, including genetic testing, nutrition information and patient navigator services. Events included the Sharp Women's Health Conference, the Love Your Heart event at Otay Ranch Farmers' Market, the Healthy and Safe Aging conference at Fredericka Manor Retirement Community, and the Chula Vista Chamber of Commerce Mixer and Trade Show events. SCVMC also supported the Making Strides Against Breast Cancer Walk – San Diego, sponsored by the ACS and the Susan G. Komen San Diego Race for the Cure[®], where Sharp nurses provided first aid for walkers and runners. The Douglas & Nancy Barnhart

Cancer Center also provided anxiety and depression resources for those with cancer to more than 50 attendees at the Changing Minds, Minds Matter South County Mental Health Fair at Chula Vista High School.

In FY 2018, the Douglas & Nancy Barnhart Cancer Center reached more than 300 individuals through a variety of cancer support groups provided in response to community needs. This included a monthly women's cancer survivor support group offered in English and Spanish; a twice-monthly men's cancer support group; a monthly support group for children with an adult loved one facing any type of cancer; a monthly support group for individuals living with advanced cancer; and a support group for women newly diagnosed with cancer, offered twice monthly in English and monthly in Spanish.

SCVMC also provided free meeting space for community cancer groups throughout the year. This included the Young Survival Coalition, an organization dedicated to assisting young women diagnosed with breast cancer, as well as Look Good Feel Better workshops for women undergoing cancer treatment. Led by the ACS, this free program is offered in both English and Spanish to teach women beauty techniques to help manage side effects related to their treatment (e.g., hair loss). Six Look Good Feel Better classes were held in FY 2018, serving more than 30 community members. Further, in collaboration with Las Damas de San Diego Foundation, a Las Damas support group met twice a month at the Douglas & Nancy Barnhart Cancer Center to provide psychosocial support for women undergoing cancer diagnosis and treatment for breast or cervical cancer.

In FY 2018, the Douglas & Nancy Barnhart Cancer Center provided support for families and community youth who have either been personally impacted by cancer or are learning about it. Team members continued to provide opportunities for 11 cancer patients and their children to attend The Seany Foundation's Seany's Camp Reach for the Sky Family Camp program. The free summer camp focuses on fun outdoor activities (rock climbing, zip lining, archery, etc.), as well as the opportunity to share concerns and experiences with therapists and other families affected by cancer. In FY 2018, an SCVMC patient navigator provided social work services and counseling at the campsite. In addition, in January, a patient navigator provided education on the social and emotional aspects of a serious illness to a group of 60 students in grade 11 at High Tech High in Chula Vista. This education helped to support and inform the students as they prepared to interview an individual recently diagnosed with cancer as part of a biology project.

The Douglas & Nancy Barnhart Cancer Center also continued to offer a wig and prosthesis bank. In FY 2018, two trained wig fitters provided nearly 100 cancer patients with approximately 120 donated wigs, prosthetic devices, bras, scarves, hats and other items at no cost. The wigs were provided through the hospital's partnership with ACS as well as through donations from community members and associations. In addition, the Douglas & Nancy Barnhart Cancer Center provided 70 "necessity bags" and "chemo bags" to help comfort patients going into surgery or who recently completed surgery.

The bags included a variety of toiletries as well as comfort items such as books and blankets. Funds for the bags were provided by necessitybag.com and Las Primeras, an all-volunteer group of women dedicated to compassionate giving.

The Douglas & Nancy Barnhart Cancer Center offers a cancer patient navigator program through which trained and certified navigators provide personalized education, support and guidance to patients and their loved ones from early detection through diagnosis and treatment. In FY 2018, cancer patient navigators assisted more than 650 patients. The Douglas & Nancy Barnhart Cancer Center team also includes a licensed clinical social worker, two genetics counselors, a speech pathologist, a lymphedema therapist, and a palliative care specialist, as well as a certified dietitian who identifies patients at risk of nutritional problems and provides group education classes and referrals to meal delivery services. Further support was provided to the Douglas & Nancy Barnhart Cancer Center by 20 volunteers, including one cancer survivor who assisted patients with wigs and prosthetics; offered Healing Touch, Reiki and pet therapy; brought patients freshly baked cookies and coffee; and provided other assistance as needed. Volunteers also assembled bouquets from flowers donated by Traders Joe's Chula Vista for cancer patients who completed a course of treatment. Lastly, nursing students who enrolled in the Integrative Therapies Collaborative, an innovative externship program developed between Sharp and Southwestern College (SWC), offered cancer patients a variety of integrative healing therapies, including music for healing, hand massage and aromatherapy.

In FY 2018, the Douglas & Nancy Barnhart Cancer Center helped raise community awareness of cancer through a variety of special events. In honor of National Mammography Day in October, the Douglas & Nancy Barnhart Cancer Center held the Sharp Chula Vista Goes Pink event to increase awareness of the lifesaving importance of mammograms. The event featured a cancer survivor and employees of her salon who dyed the hair of Sharp-affiliated physicians and staff as well as Chula Vista police officers. In June, the Douglas & Nancy Barnhart Cancer Center held a Cancer Survivors Celebration, designed to celebrate cancer survivorship and promote early detection of the disease, for more than 100 patients, their friends, family and caregivers at Veterans Park in Chula Vista. These efforts were featured by numerous media outlets, including FOX 5 San Diego, NBC 7 San Diego, CBS News 8 – San Diego, Televisa Tijuana Oficial, Telemundo, *El Latino Newspaper* and Diego 99.3 FM. Throughout FY 2018, Sharp cancer specialists appeared in local English and Spanish television, print and radio news to educate community members about cancer. Topics included a discussion with 10News – ABC San Diego KGTV about supporting children with loved ones diagnosed with cancer and a discussion with FOX 5 San Diego regarding cancer diagnosis, support group options, and advice to family and friends regarding what to say to someone diagnosed.

The Sharp Cancer Centers (SCVMC, SGH and SMH) conduct oncology clinical trials to support the discovery of new and improved treatments to help individuals overcome cancer and to enhance scientific knowledge for the larger health and research communities. In FY 2018, the Sharp Cancer Centers approached and evaluated 3,680

patients for participation in oncology clinical trials. As a result, 207 patients were enrolled in cancer research studies. In FY 2018, clinical trials focused on multiple types of cancer, including but not limited to brain, breast, colon, head and neck, lung, lymphoma, melanoma, ovarian and prostate.

FY 2019 Plan

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

- Continue to work with Las Damas de San Diego Foundation to provide Hispanic women in the community with health education and access to breast and cervical cancer screenings
- Offer cancer support groups for patients, caregivers and loved ones as well as members of the community, including groups in English and Spanish
- Continue to offer complementary integrative therapies including Healing Touch, Reiki and music for healing as well as aroma, hand and pet therapies
- Continue to offer wigs, prosthetics, bras, hats and scarves for cancer patients
- Offer monthly educational classes on nutrition for cancer prevention and nutrition during cancer treatment in both English and Spanish
- Continue to provide meeting space for four Look Good Feel Better classes in partnership with the Look Good Feel Better Foundation
- Offer monthly lymphedema education classes
- Offer monthly ACP classes
- Provide a free seminar to educate community members about lifestyle choices for reducing breast cancer risk

Identified Community Need: Diabetes Education, Prevention and Support

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

Rationale

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

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

- The Sharp diabetes educator discussions also identified the following barriers to adopting healthy behaviors among diabetes patients: affordability of glucose testing strips; unmet behavioral health needs; food insecurity; and knowledge of benefits.
- According to data presented in the SCVMC 2016 CHNA, diabetes is a major cause of heart disease and stroke.
- The Centers for Disease Control and Prevention (CDC) identify diabetes as the leading cause of kidney failure, non-traumatic lower-limb amputations and new cases of blindness among adults (CDC, 2017).
- According to SCVMC diabetes discharge data, among SDC patients with a primary diagnosis of a diabetes-related ICD-10 code in 2017, 'Gestational Diabetes Mellitus in Childbirth Unspecified Control' was the top inpatient primary diagnosis related to Type 2 diabetes for individuals ages 15 to 24. Among individuals ages 25 to 44 and 45 and older, the top inpatient primary diagnosis was 'Type 2 Diabetes With Hyperglycemia.'
- In 2016, diabetes was the fifth leading cause of death in SDC's south region.
- According to the CDC, diabetes is the seventh leading cause of death in the U.S. In addition, the number of adults diagnosed with diabetes in the U.S. has more than tripled in the last 20 years (CDC, 2017).
- In 2016, there were 147 deaths due to diabetes in SDC's south region¹. The region's age-adjusted death rate due to diabetes was 29.7 per 100,000 population, nearly 50 percent higher than the overall SDC age-adjusted diabetes death rate (20.7 deaths per 100,000).
- In 2016, there were 842 hospitalizations due to diabetes in SDC's south region. The age-adjusted rate of hospitalization was 167.9 per 100,000 population. This rate was the third highest among all SDC regions and was higher than the age-adjusted rate of hospitalization for SDC overall (120.9 per 100,000 population).
- In 2016, there were 989 diabetes-related ED discharges in SDC's south region, a 14.6 percent increase from 2015. The age-adjusted rate of diabetes-related ED discharges was 199 per 100,000 population. This was the second highest rate among all SDC regions and was higher than the rate for SDC overall (151.9 per 100,000 population).
- According to 2016-2017 CHIS data, 14.3 percent of adults living in SDC's south region indicated that they had ever been diagnosed with diabetes, which was higher than SDC overall (8.6 percent) and the state of California (9.9 percent). Diabetes rates among seniors were particularly high, with 31.8 percent of south region adults over 65 reporting that they had ever been diagnosed with diabetes.

¹The 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 2016. 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*." (Peña, M., County of San Diego HHSA Public Health Services, Community Health Statistics Unit, 2018; Heron, M., Deaths: Leading causes for 2016. National Vital Statistics Reports; vol 67 no 6. Hyattsville, Maryland: National Center for Health Statistics. 2018.)

- According to 2016-2017 CHIS data, 15.7 percent of residents in the south region had been told by their doctor that they had pre- or borderline diabetes, compared to 12.3 percent of residents in SDC overall.
- According to the CDC's 2017 *National Diabetes Statistics Report*, 87.5 percent of adults diagnosed with diabetes were overweight or obese. To prevent or delay the onset of diabetes, the CDC recommends lifestyle changes such as losing weight, eating healthier, and engaging in regular physical activity.
- The CDC estimates that 30.3 million people in the U.S. have diabetes. Of those individuals, 1 in 4 is not aware they have the disease (CDC *National Diabetes Statistics Report*, 2017).
- A study by the University of California, Los Angeles (UCLA) Center for Health Policy Research estimated that 13 million adults in California (46 percent) have prediabetes or undiagnosed diabetes, while another 2.5 million (9 percent) have already been diagnosed with diabetes (UCLA Center for Health Policy Research, 2016).
- The CDC-approved Diabetes Prevention Program (DPP) is an evidence-based, cost-effective intervention to help people decrease their risk of developing diabetes by making healthy lifestyle changes. According to the California Department of Public Health (CDPH), in 2018, California mandated the DPP be covered under Medi-Cal for all beneficiaries who have prediabetes or a high risk of developing Type 2 diabetes. By funding the DPP, California will help create partnerships between community-based organizations, private insurers, health care providers, employers, academia and government agencies with the goal to reduce the incidence of prediabetes and Type 2 diabetes statewide (CDPH, 2018).

Objectives

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

FY 2018 Report of Activities

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

In FY 2018, the Sharp Diabetes Education Program provided diabetes education and support to approximately 1,000 attendees at the Sharp Women's Health Conference.

This included diabetes risk assessments using the ADA's Diabetes Risk Test questionnaire as well as resources on prediabetes; navigating the road to prevention; the signs, symptoms and complications of diabetes; and diabetes self-management. In addition, two diabetes educators presented on controlling blood sugar levels, prediabetes, and diabetes risk factors, symptoms and complications. Attendees were also educated about metabolic syndrome — a group of conditions including increased blood pressure, high blood sugar, abnormal cholesterol levels, and excess body fat around the waist that occur together, increasing an individual's risk of heart disease, stroke and diabetes. In November, the SCVMC Diabetes Education Program provided education on diabetes, including prediabetes, risk factors, signs and symptoms, treatment and goal-setting to five community members at the Community Congregational Church of Chula Vista. In addition, the Sharp Diabetes Education Program provided fundraising and team participation for the ADA's Step Out Walk to Stop Diabetes held at the Embarcadero Marina Park South in October.

The Sharp Diabetes Education Program continued to collaborate with FHCS D to provide education to diabetic patients at multiple FHCS D sites, including those in the South Bay, through the organization's Diabetes Management Care Coordination Project (DMCCP). DMCCP provides FHCS D diabetes patients with weekly group health and nutrition education, healthy cooking demonstrations, physical activity classes, and one-on-one support from a nurse practitioner. In addition, project "graduates" offer peer support and education to current enrollees in both English and Spanish. The project monitors participants' physical activity as well as their A1C and blood glucose levels, which it has proven to successfully maintain and lower. In FY 2018, Sharp diabetes educators provided eight lectures in English and Spanish to more than 50 community members at FHCS D's Chula Vista site. Topics included creating an active lifestyle; nutrition, including the effect of food groups and serving sizes on blood sugar levels; prediabetes; and diabetes risk factors, symptoms, treatment, self-management and goal-setting. In 2018, participants with more severe cases of diabetes (i.e., higher blood glucose levels) experienced a 30 percent decrease in blood glucose levels compared to the group overall.

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 (diabetes developed during pregnancy) how to manage their blood sugar levels. In collaboration with community clinics, in FY 2018, the team provided these patients with a variety of education and resources to support a healthy pregnancy while diabetic. 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 approximately 480 underserved pregnant women with diabetes in FY 2018.

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 blood sugar levels. Additionally, live interpreter services were available in more than 200 languages via the Stratus Video Interpreting iPad application. Further, Sharp team members themselves received education regarding the different cultural needs of diverse communities.

In FY 2018, the Sharp Diabetes Education Program supported the professional health care community through participation in various conferences and meetings. At the Liberty Station Conference Center in May, the Sharp Diabetes Education Program presented to more than 150 health professionals during Sharp's Obesity Crisis Conference titled Practical Approaches to the Care of the Obese Patient. The team's presentation covered insulin use in the obese patient, including the origin and purpose of insulin, the effects of different kinds of insulin, the significance of accurate timing of insulin administration, and treatment options. In June, the Sharp Diabetes Education Program attended the ADA's 78th Scientific Sessions conference in Orlando, Florida. The conference theme was Diabetes Breakthroughs Happen Here, which taught more than 14,000 international attendees about the most significant advances in diabetes care and research. Also in June, the Sharp Diabetes Education Program provided a poster presentation to approximately 75 attendees at Sharp's fourth annual Interprofessional Research & Innovation Conference. The presentation, titled Designing and Implementing a Competency-Based Skills Fair to Improve Home Health Nurses' Knowledge, highlighted a project aimed at improving patient care and diabetes knowledge among nurses. In addition, in August, the Sharp Diabetes Education Program presented on The Diabetes Injectible Pen Laboratory – A Novel Approach to Improve Home Health Nurses' Diabetes Knowledge to approximately 60 health professionals at the American Association of Diabetes Educators' 2018 Annual Conference in Baltimore, Maryland. The presentation described a study that demonstrated statistically significant improvements in knowledge and confidence levels among registered nurses (RNs) and licensed vocational nurses using diabetes medication pens.

In November, the Sharp Diabetes Education Program hosted a diabetes conference for physicians, nurses, pharmacists, laboratorians, clinical and managerial leaders and

other community health professionals interested in optimizing inpatient diabetes care. The conference provided 150 participants with specific tools and strategies for creating a culture that supports and encourages emerging therapeutic trends in glycemic management in a hospital setting. Topics included the advantages and disadvantages of pump therapy; pump therapy as a method of insulin delivery; differences in the treatment of Type 1 and Type 2 diabetes; diabetes risk factors; causes of diabetes patients not taking their medications; and the interventions required to improve patient handover from hospital to primary care. Further, in FY 2018 the Sharp Diabetes Education program provided diabetes education to 20 nurse practitioner students at San Diego State University (SDSU).

FY 2019 Plan

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

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

Identified Community Need: Health Education and Screening Activities

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

Rationale

- The SCVMC 2016 CHNA identified behavioral health, cardiovascular disease, Type 2 diabetes, obesity, cancer and senior health as the priority health issues affecting members of the communities served by SCVMC.
- The HASD&IC 2016 CHNA process continued to identify the following among the top priority health conditions in SDC hospitals: diabetes, obesity, cardiovascular disease and stroke, mental health and mental disorders, unintentional injury, high-risk pregnancy, asthma, cancer, back pain, infectious disease and respiratory diseases.
- The HASD&IC and SCVMC 2016 CHNA community engagement activities emphasized 10 social determinants of health (SDOH) as having serious impact on the four priority health issues in SDC (cardiovascular disease, Type 2 diabetes, behavioral health and obesity). These 10 SDOH are: food insecurity and access to healthy food; access to care or services; homeless/housing issues; physical activity; education/knowledge; cultural competency; transportation; insurance issues; stigma; and poverty.
- As part of the SCVMC 2016 CHNA process, a discussion held with community health workers, or *promotores*, primarily serving SDC's south region identified several strategies to help meet their clients' needs, including but not limited to: health events with resources and education for the community; collaboration with hospitals to conduct health fairs; help/support groups; motivation; therapies (face-to-face and one-on-one); and using translators.
- Key informant interviews conducted as part of the HASD&IC 2016 CHNA suggested several health improvement strategies to address the four priority health issues identified for SDC. These strategies include: behavioral health prevention and stigma reduction; education on disease management and food insecurity; integrating physical and mental health care; better coordination of care; greater cultural competence and diversity; and engagement of patient navigators and case managers in the community.
- Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to cardiovascular disease, Type 2 diabetes and behavioral health in more vulnerable communities within SDC's south region, such as San Ysidro and National City (Dignity Health, San Diego Geographic Information Source (SanGIS), OSHPD & SpeedTrack Inc., 2015).
- According to data presented in the SCVMC 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. According to the CDC, about half of all Americans (47 percent) have at least one of these three risk factors. Additional risk factors include alcohol use, obesity, physical inactivity, poor diet, diabetes and genetic factors (CDC, 2015).

- HHSA’s Live Well San Diego 3-4-50 initiative identified three behaviors (poor diet, physical inactivity and tobacco use) that contribute to four chronic conditions (cancer, heart disease/stroke, Type 2 diabetes and pulmonary diseases), which result in more than 50 percent of deaths in SDC. In 2015, 57 percent of all deaths in the south region were attributed to 3-4-50 conditions, which was higher than SDC overall (54 percent of deaths).
- In 2016, cancer was the leading cause of death and diseases of the heart were the second leading cause of death for SDC’s south region.
- In 2016, SDC’s south region experienced 212 deaths due to stroke¹. In 2016, SDC’s south region experienced 1,019 hospitalizations and 427 ED discharges attributed to stroke.
- According to 2016-2017 CHIS data, 30.1 percent of residents in SDC’s south region had ever been diagnosed with high blood pressure, which was higher than the rate for SDC overall (26.2 percent). In the south region, 67.4 percent of those diagnosed with high blood pressure were taking medication for their condition, which was higher than SDC overall (64.9 percent).
- In 2016, 20.4 percent of adults ages 18 and older in SDC’s south region self-reported eating at fast-food restaurants four or more times each week, which was higher than the rate for SDC overall of 16.3 percent (CHIS, 2016).
- According to 2017 CHIS data, the self-reported obesity rate for adults in SDC’s south region was 30.7 percent, which was higher than the self-reported obesity rate for SDC overall (22.5 percent).
- In 2017, between 25 and 30 percent of adults in California self-reported being obese. Obesity levels decreased as education levels increased, indicating a need for health education as a tool for reducing obesity rates (CDC, 2017).
- Obesity has been linked to environmental factors, such as accessibility and affordability of fresh foods, park availability, social cohesion and neighborhood safety (UCLA Center for Health Policy Research, 2015).
- According to the CDC, some of the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes and certain types of cancer. In 2016, 39.8 percent of Americans were obese (CDC, 2017).
- According to the CDC, Americans have gained an average of 30 additional years in lifespan over the last century. Americans now experience mortality at a much later age and largely due to chronic disease. Planning for end-of-life care increases individual autonomy, ensures individuals feel their voice is heard, and relieves stress for those surrounding elderly individuals. In 2017, only 30 percent of Americans had advance care plans. With the largest generation of Americans now aging, education on end-of-life care is a public health issue (CDC, 2017).

¹ 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 2016. 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*.” (Peña, M., County of San Diego HHSA Public Health Services, Community Health Statistics Unit, 2018; Heron, M., Deaths: Leading causes for 2016. National Vital Statistics Reports; vol 67 no 6. Hyattsville, Maryland: National Center for Health Statistics. 2018.)

- In 2016, seniors in SDC's south region experienced higher rates of hospitalization and ED visits for unintentional injuries, falls, cancer, coronary heart disease, stroke, diabetes, overall hypertensive diseases, influenza, pneumonia, chronic obstructive pulmonary disease/chronic lower respiratory diseases, and asthma when compared to SDC overall. Additionally, seniors in the south region experienced higher rates of hospitalization for Alzheimer's and Parkinson's disease than seniors in SDC overall.
- In 2016, there were 478 low birth weight (LBW) births in SDC's south region, accounting for 6.4 percent of the region's total births. In the same year, there were 98 very low birth weight (VLBW) births in the south region, or 1.3 percent of total births. In SDC overall in 2016, LBW births accounted for 6.7 percent of births while VLBW births accounted for 1.2 percent of all births.
- There were 1,539 hospitalizations due to maternal complications in SDC's south region in 2016. The region's age-adjusted rate was 611 per 100,000 population, which was higher than the age-adjusted rate for SDC overall (494.2 per 100,000 population).
- According to the NIH, more than 53 million people in the U.S. either already have osteoporosis or are at high risk due to low bone mass. Along with the financial costs, osteoporosis can reduce quality of life for many people who suffer from fractures. It can also affect the lives of family members and friends who serve as caregivers. Preventable risk factors for osteoporosis include smoking, alcohol consumption, and medication and vitamin intake (NIH, 2016-2017).

Objectives

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

FY 2018 Report of Activities

In FY 2018, SCVMC participated in numerous community health fairs and events serving more than 500 community members. Events included the Sweetwater Authority employee health fair, San Diego Recovery Ride, AHA Heart & Stroke Walk and the Susan G. Komen San Diego Race for the Cure[®]. SCVMC provided a variety of health services during these events, including first aid booths and blood pressure screenings. During American Heart Month in February, SCVMC provided blood pressure screenings as well as information about stroke and cancer prevention at the Love Your Heart event held at Otay Ranch Farmers' Market. In addition, SCVMC conducted five blood drives where more than 100 SCVMC team members donated blood.

SCVMC provided approximately 250 flu vaccinations to South Bay community members at several events throughout the year. This included a new event held at the Douglas & Nancy Barnhart Cancer Center for homeless youth served by Urban Street Angels — an organization that provides emergency overnight shelter, supportive housing and job

training opportunities to homeless San Diego youth. The event — a collaboration between SCVMC and the HHSA, FHCS and SMV — provided health resources, physical exams as well as flu and Hepatitis A vaccinations to 15 youth.

Also at the event, SCVMC and the Kiwanis Club of Bonita provided clothing, personal supplies and backpacks. Additionally, SCVMC provided flu vaccinations to nearly 50 community members at the Salvation Army's Silvercrest Residence in Chula Vista. At the Chula Vista Chamber of Commerce Mixer in November, approximately 100 community members were offered flu vaccinations; blood pressure, hemoglobin, cholesterol and glucose screenings; and education and resources on cancer, blood pressure, hospice and other health topics. Lastly, SCVMC offered flu vaccinations to nearly 50 staff and community members at the Consulate General of Mexico in San Diego.

In August, SCVMC collaborated with Sharp HospiceCare to host its first aging conference titled Healthy and Safe Aging, which reached nearly 70 seniors and their families at the Fredericka Manor Retirement Community. Topics included staying safe and avoiding elder abuse, achieving emotional wellness as one ages, aging mindfully, understanding the expectations of normal aging, daily habits to encourage healthy aging, and the benefits of ACP. The conference also included a resource fair with a variety of senior services and programs as well as mood screenings to assess attendees' emotional well-being. Also in August, SCVMC provided education, resources and information on senior health issues at the San Diego Community Action Network and South County Action Network's Interactive Technology & Health Fair at the George L. Stevens Senior Center.

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

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

AHA/ASA's Target: Stroke Elite Honor Roll designation focuses on improving the timeliness of intravenous tissue plasminogen activator (IV t-PA) administration to eligible patients.

In April, Sharp's systemwide stroke program participated in Strike Out Stroke Night at the Padres, held at Petco Park. This annual event is organized by the San Diego County Stroke Consortium, the HHSA, the San Diego Padres and other key partners to promote stroke awareness and celebrate stroke survivors. During the baseball game, Sharp offered stroke and blood pressure screenings, education about the warning signs of stroke and how to respond using FAST (Face, Arms, Speech, Time) — an easy way to detect and enhance responsiveness to a stroke. Free giveaways were provided throughout the evening, while stroke education was displayed on the JumboTron to the entire stadium of more than 34,600 community members.

In addition, SCVMC actively participated in the quarterly San Diego County Stroke Consortium, a collaborative effort to improve stroke care and discuss issues impacting stroke care in SDC. SCVMC also continued its 13-year collaboration with the County of San Diego Emergency Medical Services (EMS) to provide data for the SDC stroke registry.

SCVMC also provided education and resources on orthopedics and bone health during FY 2018. At the Sharp Women's Health Conference in April, the Sharp orthopedic service line, including staff from SCVMC, provided osteoporosis heel screenings, orthopedic education and materials on calcium and vitamin D requirements, and exercise tips for osteoporosis treatment and prevention to more than 200 attendees.

To address heart health in the South Bay, in FY 2018, SCVMC provided its annual Heart Health Expos in English and Spanish at St. Paul's Plaza, reaching nearly 150 community members. These half-day events provided education on heart disease prevention, diagnosis and treatment; the best diet for heart health; and the effect of stress on the heart. In addition, the expos included resource booths for nutrition and ACP; screenings for blood pressure, cholesterol and glucose; and presentations from cardiologists on common heart health issues, including congestive heart failure, atrial fibrillation, stroke and heart valve disease.

Throughout the year, SCVMC Women's Health Services hosted and participated in a variety of activities to support mothers in the community. Free breastfeeding support groups led by the hospital's certified perinatal educators provided education, support and guidance to nearly 450 breastfeeding mothers in FY 2018. The groups were offered in both English and Spanish as well as held twice a week to accommodate working mothers. In October, SCVMC Women's Health Services held its 17th annual Newborn Halloween Costume Parade for more than 35 mothers and family members from the hospital's breastfeeding support groups. Mothers had the opportunity to dress their infants and children in costumes and celebrate with one another as their tiny trick-or-treaters paraded around several floors of the hospital. In addition, from October to March, SCVMC Women's Health Services collaborated with Babies "R" Us in Chula

Vista to provide hour-long seminars in English and Spanish twice a month at the store. In FY 2018, these classes provided education on breastfeeding and baby care basics to nearly 100 mothers, fathers and grandparents in the community. Also in FY 2018, SCVMC Women's Health Services was actively involved in the San Diego County Breastfeeding Coalition, Association of Women's Health, Obstetric and Neonatal Nurses and the Regional Perinatal System.

In September, SCVMC hosted its first Baby Safety Fair to educate more than 100 parents and expecting parents on baby and car seat safety. The fair included a variety of informational booths, free car seat installations and checks from CHP, a presentation on lead poisoning, and education on umbilical cord blood banking and car seat safety. In addition, a Sharp-affiliated pediatrician was available to answer community members' questions throughout the event.

SCVMC continued to raise awareness of and foster collaboration around behavioral health needs in SDC's south region. In May, SCVMC hosted its third annual Changing Minds, Minds Matter South County Mental Health Fair at Chula Vista High School, a free event to educate community members about behavioral health challenges and raise awareness of available behavioral health services in the South Bay. In collaboration with SMV and SMC, the event included Check Your Mood screenings — a brief questionnaire aimed at assessing risk for depression — as well as educational workshops on suicide prevention, substance use, dementia, mental health awareness, and child and adolescent behavioral health. The event brought more than 40 community partners together for a day of learning intended to reduce stigma, inspire recovery and empower more than 150 community members. In addition, in October SCVMC provided a lecture on adolescent mental health to more than 70 Olympian High School students.

Throughout FY 2018, SCVMC helped raise community awareness of important health issues through a variety of media outlets in English and Spanish. In November, a Sharp-affiliated cardiologist discussed high blood pressure and methods for lowering the condition with CBS 8 — San Diego. In January, a Sharp-affiliated pediatrician joined NBC 7 San Diego to discuss influenza and the best defenses against the illness, including hand washing and the flu vaccine. In February, an SCVMC clinical social worker spoke to FOX 5 San Diego about supporting loved ones with cancer. In June, a Sharp-affiliated pediatrician also joined Fox 5 San Diego to discuss gaming disorder — a newly identified mental health condition — and what parents need to know.

Throughout the year, SCVMC provided coordination, support and related fundraising activities for various community nonprofit organizations, including Rotary Club of Chula Vista, Chula Vista Chamber of Commerce, Kiwanis Club of Bonita, AHA, American Hospital Association Regional Policy Board, Chula Vista Community Collaborative, ACS San Diego Human Dignity Foundation, FHCS, Las Primeras, American Lung Association, South Bay Community Services, Altrusa International Club of San Diego, San Diego Immunization Coalition, La Maestra Community Health Centers, San Diego Association of Directors of Volunteer Services, California Immunization Coalition, Champions for Health, and South Region – Live Well San Diego leadership, chronic

disease, and communities of excellence committees. SCVMC also collaborated with the City of Chula Vista on the Healthy Chula Vista Advisory Commission to promote community wellness.

FY 2019 Plan

SCVMC will do the following:

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

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

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

Rationale

- According to the 2017 San Diego Workforce Partnership (SDWP) *Health Care Priority Sector* report, the health care industry in SDC experienced a 44 percent

increase in employment growth between 2006 and 2016, higher than the 38 percent growth rate seen by the state of California (SDWP, 2017).

- The same report indicated that the six fastest growing health care occupations in SDC between 2013 and 2016 were physician's assistants (22 percent), medical assistants (18 percent), health care social workers (15 percent), home health aides (13 percent), licensed vocational nurses (12 percent), and medical and clinical lab technicians (11 percent). RNs accounted for 1,366 added jobs during this period, which was the largest increase in total jobs among all health care occupations (SDWP, 2017).
- The *Health Care Priority Sector* report also found that health care employers identified RNs, physicians and surgeons, and health technicians as the most difficult positions to fill. The most frequently cited reason for hiring difficulties were lack of experience, small applicant pools, and insufficient non-technical skills (SDWP, 2017).
- According to SDWP, a major challenge faced by education and training programs in the health care sector is accommodating the number of clinical training hours required for students in California to become certified. In addition, training sites are limited, and those licensed in other states often cannot work in California due to stricter requirements (SDWP, 2017).
- The 2017 SDWP *Nonprofit Sector Employment Trends and Career Opportunities* report recommends that nonprofit sector health care training and education programs in SDC emphasize soft skills such as teamwork, interpersonal and communication skills, problem solving, adaptability, and big-picture thinking with the ability to plan and forecast. It also recommends enhancing curriculum with more training on data management and technology to help graduates to meet the needs of this increasingly data-driven sector.
- In its *Employment Projections – 2016-2026* report, the U.S. Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/ technical occupations will contribute about one-fifth of all new jobs and account for almost half of the 30 fastest growing occupations. Several factors leading to the increased demand for these professions include: projected population growth in the next decade; an aging U.S. population; more people living with chronic conditions, such as diabetes and obesity; improvements in medicine and technology; and federal health insurance reform, which has increased the total number of Americans with health insurance coverage (BLS, 2016).
- Total employment in California is projected to increase by 6.5 percent between 2014 and 2024, adding an additional 9.8 million people. The health care and social assistance sector is expected to be the fastest growing service industry, increasing its employment share from 12 percent in 2014 to 13.6 percent in 2024. Occupations and industries related to health care are projected to add the most new jobs, with an increase of 2.3 million jobs (BLS, 2015).
- Half of the occupations projected to grow fastest in the U.S. from 2016 to 2026 are in the health care sector. Among the top 10 fastest growing occupations in all sectors, BLS projects a 37.3 percent increase in physician assistants, a 36.1 percent increase in nurse practitioners, a 31 percent increase in physical therapist assistants, and a 47.3 percent increase in home health aides. The demand for home

health aides will almost double by 2026, driven by an aging population that will require greater assistance with daily activities (BLS, 2018).

- As of 2015, SDC was one of 26 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (OSHPD *Healthcare Atlas*, 2017).
- The U.S. Department of Health and Human Services Bureau of Health Workforce (BHW) projects that California will face a shortage of 44,500 full-time nurses by 2030 if current levels of health care are maintained – the most severe shortage among all states (BHW, 2017).
- The California Health Care Almanac reported that in 2015, 44 percent of the employed RN workforce was over the age of 50. As this age group approaches retirement, it will be critical to train younger RNs to handle the turnover (California Health Care Foundation (CHCF), 2017).
- The BLS projects employment of more than 400,000 RNs in California in 2026, which would be an increase of 15 percent from 2016. Compared to other health care practitioners and technical health care operators, RNs are projected to have the most opportunity for employment in 2020 (BLS, 2018).
- According to forecasts performed by the Healthforce Center at the University of California, San Francisco (UCSF), the demand for primary care clinicians in California will increase 12 to 17 percent by 2030. These forecasts predict that the southern border region will experience some of the highest levels of clinician shortages in the state. UCSF recommends a comprehensive and holistic targeted strategy to enhance the education pipeline, improve recruitment and retention, maximize the existing workforce, and leverage workforce data (UCSF, 2017-2018).
- An increased demand for a diverse and culturally and linguistically competent workforce is projected for the health care industry. Therefore, it is important for the industry to start creating a workforce pipeline in collaboration with high schools and postsecondary educational sectors, as well as policy makers, educators, health care leaders and the local community. Long-term investment in creating mentorship, on-the-job shadowing, volunteer and internship opportunities for high school students will help prepare them for college and a career, build a strong and diverse health care workforce, and prevent future industry workforce shortages (*Employer-Defined Value: Improving the Connection Between Health Care Employers and Schools to Increase Work-Based Learning Opportunities for High School Students*, California Hospital Association, 2015).

Objective

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

FY 2018 Report of Activities

Throughout FY 2018, SCVMC provided more than 117,000 hours of training and supervision for more than 740 students pursuing health care careers. Students came from colleges and universities throughout the community, including Azusa Pacific

University, California College San Diego, CBD College, California State University San Marcos, Chapman University, Concorde Career College, Grand Canyon University, Grossmont College, Grossmont Health Occupations Center, Kaplan University, Keck Graduate Institute, Midwestern University, National University, Pima Medical Institute, Point Loma Nazarene University, San Diego City College, San Diego Mesa College, SDSU, SWC, Touro University, University of California, San Diego, University of San Diego (USD), and Western University of Health Sciences. This included nearly 620 nursing students who dedicated more than 75,800 hours to clinical rotations and individual preceptor training. Nursing students sought degrees ranging from associate-level to Master of Science in Nursing. In addition, the Douglas & Nancy Barnhart Cancer Center precepted a radiation therapy student from National University and a medical dosimetrist from Radiological Technologies University VT, as well as a Master of Social Work student from San Jose State University who received training in patient relaxation techniques. Further, SCVMC Women's Health Services precepted nursing students from SDSU and National University.

SCVMC provided more than 1,300 hours of supervision, training, lectures and support to pharmacy students and more than 1,000 hours to pharmacy tech students in FY 2018. In addition, the hospital hosted 35 pharmacy students in advanced pharmacy practice experience rotations as well as provided over 1,400 hours of training to eight first-year Doctor of Pharmacy residents. SCVMC also educated hundreds of Doctor of Pharmacy candidates, residents, students and interns about the education and training opportunities provided by the hospital's residency program. Education was provided through participation in showcases, educational sessions, poster presentations and lectures at various schools and state and national conferences. Further, in FY 2018, SCVMC conducted 36 half-day interviews for pharmacy residency candidates after receiving and processing more than 100 applications.

In FY 2018, SCVMC provided a lecture on culturally sensitive palliative care to nearly 10 students in the Doctor of Philosophy in Nursing program at USD. As part of the Conviva y Aprenda (Share and Learn) educational series, Sharp Multicultural Services offered four educational sessions to more than 50 promotores at the San Diego Country Club in Chula Vista. Session topics included bloodless surgery, the top six illnesses that affect San Diego's Latino community, Healing Touch, and the impact of emotional stress and physical illness. Sharp Multicultural Services also offered two open enrollment Medicare presentations and five New to Medicare seminars in Spanish. Locations included the Bonita-Sunnyside Branch Library, Chula Vista Public Library Civic Center Branch, Otay Mesa-Nestor Branch Library and Sharp Rees-Stealy Otay Ranch.

SCVMC continued to partner with SWC to train nursing students enrolled in the Integrative Therapies Collaborative, an innovative externship program developed between the two organizations and offered as an elective by SWC. Through the program, students receive training for relaxing therapies, including Healing Touch, Reiki, hand massage, aromatherapy and music for healing. Students visit patient rooms on each nursing unit as well as hospital waiting areas and the Douglas & Nancy Barnhart Cancer Center, where they nurture and interact with patients, families and

visitors to help create a relaxing environment. SCVMC trained nearly 40 students through the Integrative Therapies Collaborative in FY 2018.

Throughout FY 2018, SCVMC continued its participation in the Health Sciences High and Middle College (HSHMC) program. This partnership provides students with early professional development and promotes interest in health care careers through hospital internships. In FY 2018, nearly 50 students in grades nine through 12 explored a variety of hospital specialties based on their interests, including pharmacy, radiation oncology, pathology, nursing, bloodless medicine, medical/surgical, Sodexo/food and nutrition services, engineering and physical rehabilitation. HSHMC students spent more than 8,400 hours at SCVMC during FY 2018.

SCVMC also continued to foster student interest in health care careers through the provision of hospital tours. In FY 2018, five tours were provided to more than 70 students from San Ysidro Adult School, San Ysidro High School, SWC and UEI College.

FY 2019 Plan

SCVMC will do the following:

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

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

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

Rationale

- As part of the SCVMC 2016 CHNA process, discussions with Sharp's Community-based Care Transitions Program/Care Transitions Intervention staff identified the following strategies for improving the health of SDC's vulnerable, high-risk or medically underserved patients: coaching; educating patients about their disease and the health care system; providing education tailored to specific cultural and linguistic groups; providing transportation, support, hope and love; and providing a personal health record with resources and information about their medications.

- A key informant interview conducted as part of the SCVMC 2016 CHNA process identified the home environment, transportation and medication management as challenges for vulnerable patients. Recommendations included connecting patients to community resources as part of their transition from hospital to home, expediting services for discharged patients with immediate needs, and developing methods to finance hospital/community partnerships for expedited services.
- The HASD&IC 2016 CHNA identified 10 SDOH that impact the four priority health needs in SDC (behavioral health, cardiovascular disease, obesity and Type 2 diabetes). These social determinants are: food insecurity and access to healthy food; access to care or services; homeless/housing issues; physical activity; education/knowledge; cultural competency; transportation; insurance issues; stigma; and poverty.
- Behavioral health key informant interviews conducted as part of the SCVMC 2016 CHNA process indicated a need for psychologists in EDs to provide screening, brief interventions and referrals for ED patients with issues related to substance use.
- Key informant interviews conducted as part of the HASD&IC 2016 CHNA suggested the following strategies for improving health and removing barriers to care: behavioral health prevention and stigma reduction; education on disease management and food insecurity; improving diversity and cultural competency; coordinating services across the continuum; integrating physical and mental health; and engaging case managers and patient navigators in the community and incorporating them as a routine part of the continuum of care.
- Participants in the HASD&IC 2016 CHNA community partner discussions recommended strengths-based case management, greater availability of multicultural providers and translators, and better coordination of discharge procedures as strategies for improving and maintaining health in SDC.
- Community members participating in the Health Access and Navigation Survey as part of the HASD&IC 2016 CHNA identified the following top barriers to care: understanding health insurance; getting health insurance; using health insurance; knowing where to go for care; and follow-up care or appointments.
- From 2016-2017, 21.2 percent of adults visited the emergency room in SDC's south region, while 11.4 percent of south region adults, teens and children claimed to have no usual source of care (CHIS, 2017).
- The Regional Taskforce on the Homeless' January 2018 *WeAllCount* campaign estimated that there were 8,576 homeless individuals in SDC, roughly 58 percent of whom were unsheltered. The most commonly cited cause of homelessness among the unsheltered population was loss of a job (23.4 percent), followed by money issues (16.2 percent), "other" (12.7 percent), cost of housing (11.7 percent) and disability (8 percent).
- In 2018, seven percent of SDC's homeless population resided in the south region.
- The same report found that 31 percent of SDC's current homeless population are accessing health services, while 18 percent are not.
- A 2016 report by the HHS titled *Identifying Health Disparities to Achieve Health Equity in San Diego County: Socioeconomic Status* found that the county's lowest income communities are disproportionately affected by numerous health issues, including injury, chronic and communicable diseases, poor maternal and child health

outcomes, and behavioral health outcomes. Two of the lowest income communities, Chula Vista and National City, are located in SDC's south region.

- The increasing needs of an aging population that continues to grow more racially, ethnically and culturally diverse presents challenges for California as well as the California Department of Aging (CDA). These include: severe and ongoing fiscal constraints; increased federal requirements for CDA programs and services; and delivering services to various groups, including people with disabilities (36.2 percent of older Californians), individuals living in poverty (20.7 percent), those with limited English proficiency (23.1 percent), and women living alone (72 percent) (CDA, 2017).
- SNFs provide nursing care for chronically ill or short-term patients of all ages. SNFs cared for approximately 370,000 Californians in 2016, 60 percent of whom were ages 75 and older, and 61 percent being women. Medicare covers 15 percent of all skilled nursing care in California, while Medi-Cal is the sole payer for 59 percent of skilled nursing residents.
- According to OSHPD, the number of primary care clinics in California rose steadily between 2013 and 2017. During this period, the number of patients utilizing these clinics more than tripled, while the total number of primary care clinic encounters increased by 26.9 percent (OSHPD, 2017).
- According to a report from the CHCF titled *Mental Health in California: For Too Many, Care Not There*, the prevalence of serious mental illness varies by income level, with lower-income individuals experiencing higher rates of mental illness. Although the number of adults with mental health coverage in California increased nearly 50 percent between 2012 and 2015 because of Medi-Cal expansion, in 2015, approximately two-thirds of Californian adults with mental illness and adolescents who experienced major depressive episodes did not receive treatment (CHCF, 2018).
- According to the same report, ED visits resulting in inpatient psychiatric admissions increased 30 percent from 2010 to 2015. More robust community behavioral health services for low-income and uninsured patients may decrease unnecessary ED use (CHCF, 2018).

Objectives

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

FY 2018 Report of Activities

In FY 2018, SCVMC continued to provide specialized programming to support low-income, medically uninsured and underserved patients in SDC's south region who receive care from SCVMC hospitalists. The program provided these patients with access and timely referrals to primary care and behavioral health services, as well as

facilitated the establishment of medical homes (e.g., primary care) at community clinics, including Chula Vista Family Health Center and San Ysidro Health locations.

SCVMC provided care and community resources to safety net patients with chronic conditions to help them better manage their pain, diseases and overall health care. This included affordable medications through low-cost generic prescriptions available at Costco and Walmart, as well as discount cards for select medications. Additional pharmaceutical assistance was provided through referrals to Sharp's pharmacy assistance program, which helps patients enroll in discount programs through pharmaceutical companies. Patients also received other resources including but not limited to medication assistance through community clinics and programs for various conditions through the County of San Diego Public Health Services. Further, to assist economically disadvantaged individuals in FY 2018, SCVMC provided more than \$20,500 in free medications, transportation and financial assistance through its Project HELP funds. Also in FY 2018, SCVMC provided financial assistance for a variety of post-acute care services, such as durable medical equipment necessary for the safe discharge of unfunded patients.

In addition, SCVMC provided comprehensive behavioral health services to safety net patients through the hospital's social services staff. Individuals who presented in the ED with severe mental illness were provided mental health evaluation, appropriate placement within the hospital and in the community, community resources and referrals as needed. In FY 2018, nearly 13,500 social service interventions, including behavioral health interventions, were conducted throughout the hospital as well as Birch Patrick Convalescent Center. Through these interventions, the hospital conducted 1,140 family conferences, nearly 2,700 psychosocial assessments and 5,580 staff consultations. In addition, more than 1,500 patients were seen for counseling and nearly 1,100 patients were evaluated for substance use. Individuals were also assessed for suicidal or homicidal ideation and provided with outpatient resources or mental health treatment and placement as needed. SCVMC also continued programming that establishes outpatient treatment plans collaboratively with safety net patients who frequent the ED. In addition, nearly 500 patients were treated strictly for issues related to homelessness, while patients who identified as homeless were treated for substance use. SCVMC's specialized programming established a higher standard of care delivery for nurses and doctors who handle exceptionally vulnerable patients. Increased establishment of medical homes has resulted in a dramatic decrease in the number of vulnerable community members utilizing the ED as a primary source of care, indicating improved access to and quality of care for these individuals.

In addition, throughout the year, SCVMC continued to collaborate with the SDRM's Recuperative Care Unit (RCU) to provide a safe discharge plan for chronically homeless patients who require further supervision and a stable living environment for their continued recovery. The RCU is a temporary shelter program that addresses the needs of homeless men and women who are newly released from the hospital. The program provides case management, social work and counseling services as well as referrals for community-based medical and psychiatric services, long-term housing and other

community support programs. Lastly, in FY 2018, SCVMC joined the County of San Diego's Whole Person Wellness pilot program to help provide comprehensive care management for homeless Medi-Cal beneficiaries who experience high utilization of medical services.

FY 2019 Plan

SCVMC will do the following:

- Continue to collaborate with local community clinics to provide referrals and establish appointments for low-income, underserved and uninsured individuals in the South Bay; continue inclusion of SCVMC transition planning
- Continue to provide safety net patients with opportunities for education on the proper use of the ED as well as help them establish medical homes
- Continue to explore new funding opportunities for programs that assist safety net patients with establishing a medical home and connect them to community resources
- Continue to provide assistance to those in need through Project HELP
- Pilot participation in 2-1-1 San Diego's Community Information Exchange program to inform care for homeless and other complex patients

SCVMC Program and Service Highlights

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

¹ Provided through Sharp Memorial Hospital Home Health Agency

² Provided through Sharp HospiceCare



Substance Use Prevention for Local Youth

Sharp Coronado Hospital and Healthcare Center

According to the Centers for Disease Control and Prevention (CDC), deaths from teenage drug overdose have more than doubled in the past two decades. In addition, the National Highway Traffic Safety Administration states that approximately one-quarter of fatal teen car accidents involve underage drinking and driving. Sharp Coronado Hospital and Healthcare Center protects the safety and well-being of its community through drug and alcohol prevention programs for local youth.

Alongside police officers, paramedics and various community agencies, Sharp Coronado Hospital nurses participated in the Coronado SAFE (Student and Family Enrichment) 2018 Drug Store program at Coronado Middle School. Through dramatic, lifelike scenarios, students witnessed the dangers associated with substance use. At Coronado High School, hospital emergency department personnel joined the California Highway Patrol, law enforcement, and fire and ambulance services in the statewide Every 15 Minutes program. Team members participated in a simulated drunk driving collision to remind students how their personal decisions involving drugs and alcohol can severely impact the lives of others.

Section

5 Sharp Coronado Hospital and Healthcare Center

Working directly with community members as patient advisors provides our team direct feedback on how to most effectively advance patient and family centered care to meet and exceed community needs. Hearing the transformational stories of our patients and families fuels us to continue in our journey to be the best in the universe. — Susan Stone, Chief Executive Officer, Sharp Coronado Hospital and Healthcare Center

FY 2018 Community Benefit Program Highlights

Sharp Coronado Hospital and Healthcare Center (SCHHC) provided a total of **\$21,258,431** in community benefit in fiscal year (FY) 2018. See **Table 20** 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 20: Economic Value of Community Benefit Provided
Sharp Coronado Hospital and Healthcare Center — FY 2018**

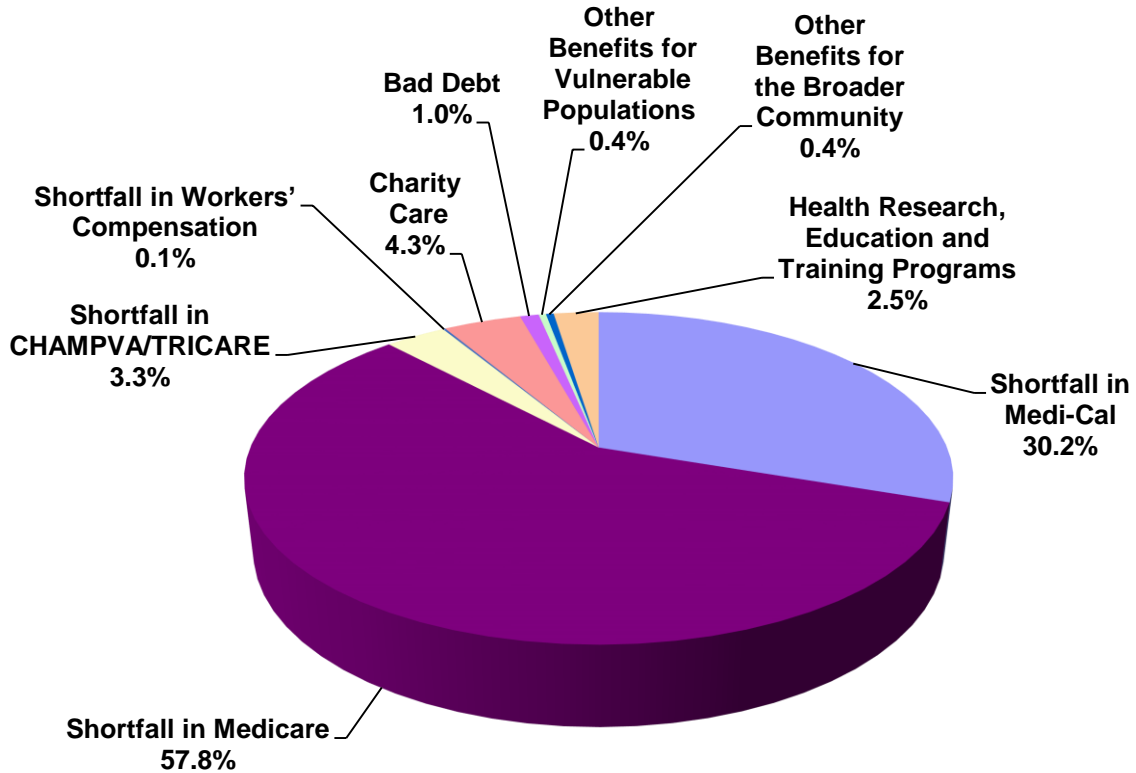
SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2018 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$6,421,911
	Shortfall in Medicare ¹	12,288,284
	Shortfall in San Diego County Indigent Medical Services ¹	1,034
	Shortfall in CHAMPVA/TRICARE ¹	703,063
	Shortfall in Workers' Compensation	29,656
	Charity Care ²	902,127
	Bad Debt ²	218,015
Other Benefits for Vulnerable Populations	Project HELP, patient transportation, and other assistance for the needy ³	84,351
Other Benefits for the Broader Community	Health education and information, health screenings, flu vaccinations, support groups, meeting room space and donations of time to community organizations ³	89,574
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	520,416
TOTAL		\$21,258,431

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

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

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

**Figure 17: Percentage of Community Benefit by SB 697 Category
Sharp Coronado Hospital and Healthcare Center — FY 2018**



Key highlights:

- **Medical Care Services** included uncompensated care for patients who were unable to pay for services and unreimbursed costs of public programs, such as Medi-Cal, Medicare and CHAMPVA/TRICARE. In FY 2018 the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2017 through June 30, 2019. This resulted in recognition of net supplemental revenues for SCHHC totaling \$14.3 million in FY 2018. These supplemental revenues were funded through SCHHC's traditional Medi-Cal program, which was only in a shortfall position of \$3.0 million prior to the fee. As such, the net impact of the program was to reduce SCHHC's shortfall in traditional Medi-Cal to \$0.00 (zero). This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2018 understate the true unreimbursed medical care services performed for the past fiscal year.

- **Other Benefits for Vulnerable Populations** included Project HELP, contribution of time to Feeding San Diego and the San Diego Food Bank (Food Bank), the Sharp Humanitarian Service Program, Meals on Wheels San Diego County, and other assistance for vulnerable and high-risk community members.
- **Other Benefits for the Broader Community** included education and information on a variety of health topics, participation in community health fairs and events, flu vaccinations, collaboration with local schools to promote student interest in health care careers, and donation of meeting room space to community groups. In addition, SCHHC staff actively participated in community boards, committees and other civic organizations, including the Rotary Club of Coronado, Coronado Senior Center Planning Committee, Emergency Medical Care Committee (EMCC), San Diego Eye Bank Nurses' Advisory Board, Grossmont College Respiratory Advisory Committee, California Department of Public Health (CDPH) Healthcare Associated Infection (HAI)/Antimicrobial Stewardship Program (ASP) Subcommittee, and the Planetree Board of Directors. See **Appendix A** for a listing of Sharp's involvement in community organizations in FY 2018. This category also included costs associated with planning and operating community benefit programs, such as community health needs assessment (CHNA) development and participation.
- **Health Research, Education and Training Programs** included time devoted to education and training for health care professionals, student and intern supervision and health-related research projects that were generalizable and made available to the broader health care community.

Definition of Community

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

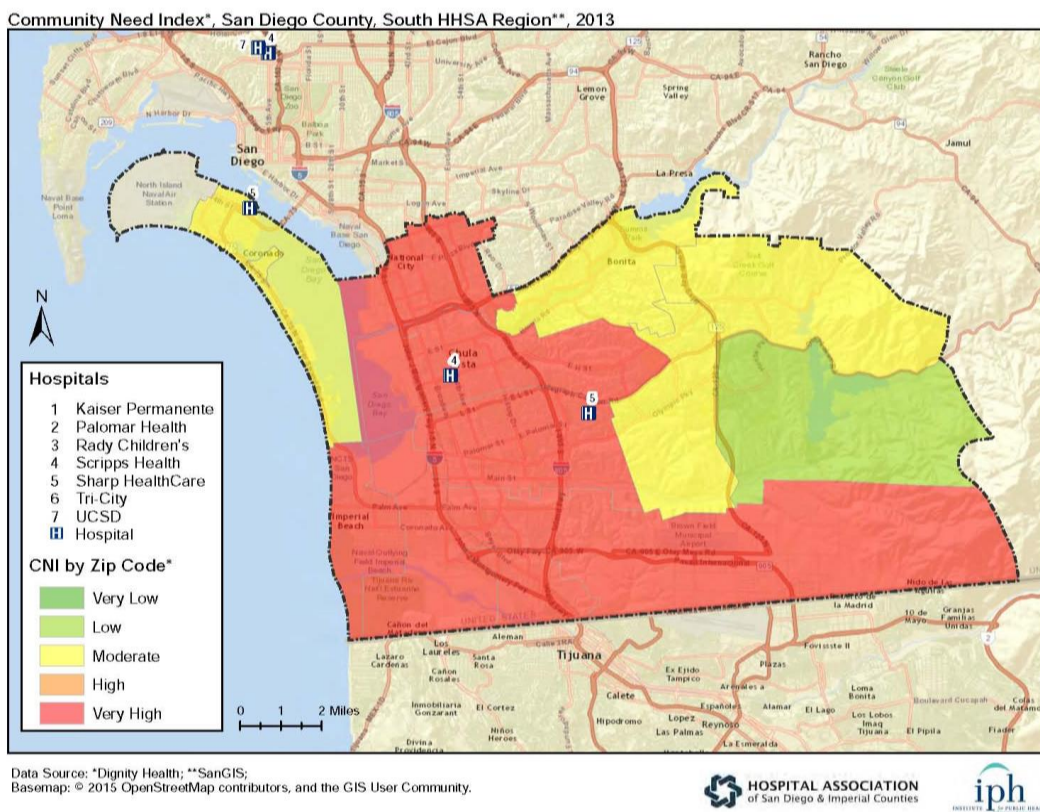
The communities served by SCHHC include the City of Coronado, Downtown San Diego and Imperial Beach, an incorporated city. Notably, most Coronado residents use SCHHC. Coronado is connected to central San Diego by a bridge to the east and an isthmus known as the Silver Strand to the south. SCHHC is geographically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

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

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

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

Figure 18: CNI Map — SDC’s South Region



Description of Community Health

SDC’s south region population is largely Hispanic (60.5 percent),¹ and, in 2018, there were 73,552 residents ages 65 and older in the region, representing 13.3 percent of the population. Between 2018 and 2023, it is anticipated that the senior population in SDC’s south region will grow by 28.8 percent.²

¹ County of San Diego HHS, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

² Sharp Healthcare, San Diego County Market Assessment 2018-2023, 2018.

In 2016, 15.1 percent of the south region population reported living below 100 percent of the federal poverty level (FPL). The unemployment rate in SDC’s south region was 10 percent, which was higher than the rate for SDC overall (7.5 percent). In addition, 6.9 percent of households received Supplemental Security Income, also higher than the rate for SDC overall (5 percent).¹

According to data from the San Diego Hunger Coalition, one in seven, or 15 percent of the SDC population experienced food insecurity. An additional one in five San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget. Latinos had a disproportionately higher incidence of food insecurity; 42 percent of low-income Latinos (household income below 200 percent of the FPL) experienced food insecurity and 53 percent of all food insecure adults were Latino.²

In 2016, 11 percent of households in the south region participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 23.3 percent of those below 138 percent of the FPL were eligible for such benefits. These rates were higher than SDC overall (7 percent of households participated in SNAP benefits while 21 percent of those below 138 percent of the FPL were eligible).¹ Please refer to **Table 21** for SNAP participation and eligibility in the south region.

Table 21: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC’s South Region, 2016

Food Stamps/SNAP Benefits	Percent of Population
Households	11.0%
Families with Children	10.0%
Eligibility by Federal Poverty Level	
Population ≤130% FPL	21.5%
Population ≤138% FPL	23.3%
Population 139% - 350% FPL	38.9%

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

In SDC’s south region in 2016, 91.7 percent of children ages zero to 17, 76.1 percent of young adults ages 18 to 24, 79.4 percent of adults ages 25 to 44, 83.8 percent of adults ages 45 to 64, and 97.6 percent of seniors ages 65 and older had health insurance.¹ Health insurance coverage for each age group was lower than the Healthy People 2020 (HP2020) national target of 100 percent health insurance coverage for all individuals

¹ County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

² San Diego Hunger Coalition. Hunger Free San Diego Issue Brief: 2016 San Diego County Food Insecurity. San Diego, CA; August 2018.

under age 65.¹ See **Table 22** for health insurance coverage in SDC’s south region in 2016.

Table 22: Health Insurance Coverage in SDC’s South Region, 2016

Description	Rate	HP2020 Target
Current Health Insurance Coverage		
Children 0 to 17 years	91.7%	100%
Young adults 18 to 24 years	76.1%	100%
Adults 25 to 44 years	79.4%	100%
Adults 45 to 64 years	83.8%	100%
Seniors 65+ years	97.6%	100%

Source: County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

According to the California Health Interview Survey (CHIS), 32.1 percent of the south region population was covered by Medi-Cal.² See **Table 23** for details.

Table 23: Medi-Cal (Medicaid) Coverage in SDC’s South Region, 2016-2017

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

Source: 2016-2017 CHIS

CHIS data also revealed that 11.4 percent of individuals in the south region did not have a usual place to go when sick or in need of health advice (see **Table 24**).¹

Table 24: Regular Source of Medical Care in SDC’s South Region, 2016-2017

Regular Source of Medical Care	Rate	HP2020 Target
Has a usual source of care	88.6%	100%
Has no usual source of care	11.4%	100%

Source: 2016-2017 CHIS

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

² 2016-2017 CHIS

Cancer and diseases of the heart were the top two leading causes of death in SDC's south region in 2016.¹ See **Table 25** for a summary of leading causes of death in the south region. For additional demographic and health data for communities served by SCHHC, please refer to the SCHHC 2016 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

Table 25: Leading Causes of Death in SDC's South Region, 2016

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	746	24.5%
Diseases of the Heart	686	22.5%
Cerebrovascular Diseases	212	7.0%
Alzheimer's Disease	173	5.7%
Diabetes Mellitus	147	4.8%
Chronic Lower Respiratory Diseases	134	4.4%
Accidents/Unintentional Injuries	123	4.0%
Essential Hypertension and Hypertensive Renal Disease	85	2.8%
Chronic Liver Disease and Cirrhosis	71	2.3%
Influenza and Pneumonia	58	1.9%
All Other Causes	608	20.1%
Total Deaths	3,043	100.0%

Source: County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018

Community Benefit Planning Process

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

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

¹ County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018

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

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

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

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

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

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

Individuals ages 65 and older make up 18 percent of Coronado Island's population, while adults ages 45 to 64 make up 19.4 percent. Between 2018 and 2023, the senior population is projected to grow by 18.2 percent on Coronado Island and by 24.3 percent in SCHHC's service area, which includes Coronado Island, Downtown San Diego and Imperial Beach, among other communities. Given the unique geography and demographic composition of SCHHC, many of the hospital's services address the health needs of older adults.

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

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

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

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2018 Report of Activities conducted in support of the objective(s) and FY 2019 Plan.

Identified Community Need: Health Education, Screening and Support Activities

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

Rationale

- The SCHHC 2016 CHNA identified behavioral health, cardiovascular disease, Type 2 diabetes, obesity and senior health as the priority health issues affecting members of the communities served by SCHHC.
- The HASD&IC 2016 CHNA process continued to identify the following among the top priority health conditions in SDC hospitals: diabetes, obesity, cardiovascular disease and stroke, mental health and mental disorders, unintentional injury, high-risk pregnancy, asthma, cancer, back pain, infectious disease and respiratory diseases.
- The HASD&IC and SCHHC 2016 CHNA community engagement activities emphasized 10 social determinants of health as having a serious impact on the four priority health issues in SDC (cardiovascular disease, Type 2 diabetes, behavioral health and obesity). These 10 social determinants are: food insecurity and access to healthy food; access to care or services; homeless/housing issues; physical activity; education/knowledge; cultural competency; transportation; insurance issues; stigma; and poverty.
- Senior health discussion participants from the SCHHC 2016 CHNA process recommended the following strategies to address senior health needs: community education from health providers at senior centers; ensuring social needs are met in addition to medical needs; developing working relationships with a network of specialists for referrals to services (e.g., housing, psychotherapy or food assistance); coordination with social services case management to provide support outside of appointments; exposure of seniors to healthy food and group exercise opportunities

through community centers; and better assistance for seniors with transportation needs.

- Participants in the SCHHC 2016 CHNA Senior Health Access and Navigation Survey identified the following barriers to accessing care: understanding health insurance; knowing where to go for care; using health insurance; getting health insurance; and follow-up care and/or appointments.
- Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to cardiovascular disease, Type 2 diabetes and behavioral health in more vulnerable communities within SDC's south region, such as Imperial Beach and San Ysidro (Dignity Health, San Diego Geographic Information Source, Office of Statewide Health Planning and Development (OSHDP) & SpeedTrack Inc., 2015).
- According to data presented in the SCHHC 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. According to the CDC, about half of all Americans (47 percent) have at least one of these three risk factors. Additional risk factors include alcohol use, obesity, physical inactivity, poor diet, diabetes and genetic factors (CDC, 2015).
- The HHS's Live Well San Diego 3-4-50 initiative identified three behaviors (poor diet, physical inactivity and tobacco use) that contribute to four chronic conditions (cancer, heart disease/stroke, Type 2 diabetes and pulmonary diseases), which result in more than 50 percent of deaths in SDC. In 2015, 57 percent of all deaths in SDC's south region were attributed to 3-4-50 conditions, which was higher than SDC overall (54 percent).
- In 2016, cancer was the leading cause of death and diseases of the heart were the second leading cause of death for SDC's south region.
- In 2016, seniors in SDC's south region experienced higher rates of hospitalization and emergency department visits for unintentional injuries, falls, cancer, coronary heart disease, stroke, diabetes, overall hypertensive diseases, influenza, pneumonia, chronic obstructive pulmonary disease (COPD)/chronic lower respiratory diseases, and asthma when compared to SDC overall. Additionally, seniors in the south region experienced higher rates of hospitalization for Alzheimer's and Parkinson's disease than seniors in SDC overall.
- In 2016, the 10 leading causes of death among adults ages 65 years and older in SDC's south region were cancer, heart disease, Alzheimer's disease, COPD/chronic lower respiratory disease, stroke, diabetes, overall hypertensive diseases, unintentional injuries, pneumonia and Parkinson's disease.
- In 2016, the number of arthritis-related hospitalizations in SDC totaled 9,698 — an age-adjusted rate of 273.3 per 100,000 population. Of these, 1,064 occurred in SDC's south region at a rate of 215 per 100,000 population. SDC adults ages 65 years and older represented the highest hospitalization rate for arthritis when compared to all other age groups, with a rate of 1,354.9 per 100,000 population.
- According to 2017 CHIS data, the self-reported obesity rate for adults in SDC's south region was 30.7 percent, which was higher than the self-reported obesity rate for SDC overall (22.5 percent).
- Obesity has been linked to environmental factors, such as accessibility and affordability of fresh foods, park availability, social cohesion and neighborhood

safety (University of California, Los Angeles Center for Health Policy Research, 2015).

Objectives

- Provide on-site and community-based health education and screenings that address CHNA-identified health needs, including obesity, cardiovascular and senior health
- Provide free flu vaccinations to community members
- Collaborate with local schools and first responders to promote community safety
- Support environmental health through sustainable food purchasing and initiatives to prevent food waste
- Improve food security among at-risk seniors through home-based meal delivery services
- Assist economically disadvantaged individuals through financial assistance for transportation and pharmaceuticals

FY 2018 Report of Activities

In FY 2018, SCHHC actively supported hundreds of San Diego and Coronado community members through on-site health education and screenings, participation in community health fairs and events, and supportive programs for seniors and other vulnerable individuals. In addition, SCHHC participated in year-round fundraising activities to support the 2018 American Heart Association (AHA) Heart & Stroke Walk.

In April, SCHHC invited members of the community to its annual health and wellness fair at the hospital campus. The free event engaged more than 100 attendees in activities such as screenings for blood pressure and body composition — a comprehensive measurement of body fat, muscle and water; education on stroke, integrative therapies, spiritual care, diet and exercise; health literacy resources for seniors; and healthy cooking demonstrations. In August, SCHHC hosted a free, on-site community skin cancer screening attended primarily by residents of the Coronado and Imperial Beach communities. Of the more than 30 individuals screened, 17 were referred for dermatological follow-up and recommended biopsy.

SCHHC continued to offer a variety of exercise and wellness classes for individuals of all ages at the hospital's Sewall Healthy Living Center and Sandermann Education Center. Free weekly chair yoga promoted mobility, stress reduction and increased mental clarity, while a free weekly Mini Guided Meditation class offered stress reduction techniques, coping skills for chronic physical or emotional pain, and tips to improve focus and sense of well-being. A variety of yoga classes were offered each week, including healing yoga, simple yoga, restorative yoga, Vinyasa yoga and yoga sculpt, as well as biweekly cardio circuit, qigong and tai chi. In addition, a biweekly Gentle Fitness class helped improve muscular strength, range of motion and activities of daily living for older adults and those with physical limitations, while a Balance, Strength and Flexibility class — offered four times a week — focused on strengthening muscles and reflexes to

reduce the risk of falling. Further, SCHHC offers daily Express Yoga and Express Zumba to community members and employees during the lunch hour.

Beginning in July 2018, SCHHC offered a monthly fall prevention workshop for community members, covering topics such as common causes of falls, home modifications for safety, frequently used equipment for fall prevention and tips to stay safe in the community. The course included a one-hour lecture as well as the provision of a personalized fall prevention plan. In addition, SCHHC hosted five physician-led community seminars throughout the year on sleep apnea, orthopedics and robotic surgery, as well as a dietician-led community lecture on mindful eating.

SCHHC participated in several Sharp-sponsored events during FY 2018. At the annual Sharp Women's Health Conference in April, team members reached hundreds of community members through screenings for osteoporosis, body composition and balance/fall prevention; education on functional movement exercises to alleviate pain and discomfort; tai chi and Vinyasa yoga sessions; and integrative therapies such as chair massage, acupressure and acupuncture. In May, SCHHC hosted a booth at Sharp's 2018 Obesity Crisis Conference at Liberty Station where they provided fitness consultations and auricular (ear) acupuncture to approximately 30 conference attendees.

SCHHC also supported community-sponsored events throughout the year. In May, hospital team members provided body composition testing as well as education and resources on mindful eating to approximately 50 community members at the Spring Into Health event held at the City of Coronado's John D. Spreckels Center. In September, SCHHC participated in 92118 DAY — a special day for Coronado locals to gather and celebrate their community. During the event, SCHHC provided stroke education and resources, body composition screening, and first aid to community members as needed. In October, SCHHC educated community members about flu and illness prevention through proper hand hygiene at the City of Coronado's Fire Department and Police Department Annual Public Safety Open House.

In an effort to protect members of the community from the flu virus, in FY 2018, SCHHC provided free seasonal flu vaccinations to 250 community members. This included residents of the Coronado Retirement Village, members of the Coronado Fire Department and attendees of the hospital's annual community flu clinics.

In FY 2018, SCHHC supported special safety events aimed at reducing drug and alcohol related incidents among Coronado's youth. At Coronado Middle School, four nurses collaborated with the Coronado Police Department and other community agencies in the Coronado SAFE (Student And Family Enrichment) Drug Store program, which used lifelike scenarios to educate students about the impact of drugs and alcohol. At Coronado High School, team members joined the California Highway Patrol as well as local law enforcement, fire and ambulance services during the Every 15 Minutes program. The daylong event engaged students in a simulated traffic accident to demonstrate that, on average, every 15 minutes someone in the U.S. dies from an

alcohol-related incident. During the event, a doctor and nurse from SCHHC spoke about the impact of drugs and alcohol and driving while distracted or under the influence. Several hundred students were reached through these safety events.

SCHHC also supports community health through a variety of sustainable food and food waste initiatives. The hospital purchases 20 percent of its produce from local sustainable farms (with a goal of 50 percent of purchases by July 2019) to help reduce the number of deliveries coming from more than 250 miles outside of SDC and is committed to purchasing sustainable protein, hormone-free dairy and cage-free eggs. In September 2018, SCHHC partnered with Resource Management Group, a local corporate recycling services company, in a composting program that has diverted approximately 2,100 pounds of food waste from local landfills since implementation. SCHHC also saves an average of 45 pounds of food each week by creating soup stock from unused vegetable scraps. Through free community classes, SCHHC's on-site, certified organic fruit, vegetable and herb garden serves as an educational tool to inspire healthy eating while teaching community members how to start their own organic garden. Produce from the garden is also used in the hospital's Mindful Café. Further, SCHHC donates surplus food from its kitchen to the Food Bank to support community members facing hunger.

In further support of community and environmental health, SCHHC joined Sharp Chula Vista Medical Center in the Sharp HealthCare Drug Take Back, Document Shredding and E-Waste Event in April. Community members were invited to drop off expired or unwanted prescription drugs, confidential paperwork, and electronics for convenient, confidential and safe disposal.

For more than 30 years, SCHHC has helped deliver meals to the homes of at-risk community seniors, including those who are homebound or living alone. Beginning in FY 2016, SCHHC partnered with Meals on Wheels San Diego County to create the new Sharp Coronado Hospital Auxiliary Meals on Wheels Adopt-a-Route. This program provides more extensive services to the community, including meals with enhanced nutritional quality, free pet food, in-home safety assessments and sliding-scale payment options for those in need. Through the partnership, SCHHC auxiliary members and volunteers provided more than 5,300 meals to 26 community members in FY 2018.

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

SCHHC continued to assist economically disadvantaged individuals through its Project HELP financial assistance program, providing more than \$9,500 in free medication and transportation in FY 2018. SCHHC also provided more than \$100,000 in free valet

services to improve patient, family and community member access to the hospital and select community events.

In FY 2018, SCHHC leadership and other team members contributed their time to several organizations, including Rotary Club of Coronado, Coronado SAFE, Coronado Chamber of Commerce, EMCC, San Diego Eye Bank Nurses' Advisory Board, Grossmont College Respiratory Advisory Committee, CDPH HAI/ASP Subcommittee, and the Planetree Board of Directors. In addition, SCHHC actively participated in the quarterly San Diego County Stroke Consortium, a collaborative effort to improve stroke care and discuss issues impacting stroke care in SDC. SCHHC also continued its 13-year collaboration with the County of San Diego Emergency Medical Services (EMS) to provide data for the SDC stroke registry.

FY 2019 Plan

SCHHC will do the following:

- Provide free health information and screenings through participation in community health fairs and events
- Provide body composition screening and analysis at health fairs and events to support identified community needs surrounding obesity
- Continue to provide free flu vaccinations for community members at a variety of community sites
- Provide a skin cancer screening opportunity for community members
- Collaborate with local schools and first responders to provide community safety activities
- Provide health education classes for community seniors utilizing easy-to-read materials from the Institute for Healthcare Advancement
- Partner with the Sharp Diabetes Education Team to provide diabetes education to Imperial Beach residents as part of Sharp's partnership with the City of San Diego
- Continue sustainable food purchasing and food waste prevention efforts to support environmental health
- Continue to administer Project HELP funds to those in need
- In partnership with Meals on Wheels San Diego County, continue to administer the Sharp Coronado Hospital Auxiliary Meals on Wheels Adopt-a-Route to provide daily meals and safety assessments for seniors in their homes
- Serve as a food donation site for Sharp's annual holiday food drive to support the Food Bank
- Explore opportunities to provide behavioral health screenings and resources to community members in collaboration with Sharp Mesa Vista Hospital
- Explore opportunities to offer educational events for seniors in partnership with Coronado SAFE and the John D. Spreckels Center

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

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

Rationale

- According to the 2017 San Diego Workforce Partnership (SDWP) *Health Care Priority Sector* report, the health care industry in SDC experienced a 44 percent increase in employment growth between 2006 and 2016, higher than the 38 percent growth rate seen by the state of California (SDWP, 2017).
- The same report indicated that the six fastest growing health care occupations in SDC between 2013 and 2016 were physician's assistants (22 percent), medical assistants (18 percent), health care social workers (15 percent), home health aides (13 percent), licensed vocational nurses (12 percent), and medical and clinical lab technicians (11 percent). Registered nurses (RNs) accounted for 1,366 added jobs during this period, which was the largest increase in total jobs among all health care occupations (SDWP, 2017).
- The *Health Care Priority Sector* report also found that health care employers identified RNs, physicians and surgeons, and health technicians as the most difficult positions to fill. The most frequently cited reason for hiring difficulties were lack of experience, small applicant pools, and insufficient non-technical skills (SDWP, 2017).
- According to SDWP, a major challenge faced by education and training programs in the health care sector is accommodating the number of clinical training hours required for students in California to become certified. In addition, training sites are limited, and those licensed in other states often cannot work in California due to stricter requirements (SDWP, 2017).
- The 2017 SDWP *Nonprofit Sector Employment Trends and Career Opportunities* report recommends that nonprofit sector health care training and education programs in SDC emphasize soft skills such as teamwork, interpersonal and communication skills, problem solving, adaptability, and big-picture thinking with the ability to plan and forecast. It also recommends enhancing curriculum with more training on data management and technology to help graduates meet the needs of this increasingly data-driven sector.
- In its *Employment Projections – 2016-2026* report, the U.S. Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/ technical occupations will contribute about one-fifth of all new jobs and account for almost half of the 30 fastest growing occupations. Several factors leading to the increased demand for these professions include: projected population growth in the next decade; an aging U.S. population; more people living with chronic conditions, such as diabetes and obesity; improvements in medicine and technology; and federal health insurance reform, which has increased the total number of Americans with health insurance coverage (BLS, 2016).

- Total employment in California is projected to increase by 6.5 percent between 2014 and 2024, adding an additional 9.8 million people. The health care and social assistance sector is expected to be the fastest growing service industry, increasing its employment share from 12 percent in 2014 to 13.6 percent in 2024. Occupations and industries related to health care are projected to add the most new jobs, with an increase of 2.3 million jobs (BLS, 2015).
- Half of the occupations projected to grow fastest in the U.S. from 2016 to 2026 are in the health care sector. Among the top 10 fastest growing occupations in all sectors, BLS projects a 37.3 percent increase in physician assistants, a 36.1 percent increase in nurse practitioners, a 31 percent increase in physical therapist assistants, and a 47.3 percent increase in home health aides. The demand for home health aides will almost double by 2026, driven by an aging population that will require greater assistance with daily activities (BLS, 2018).
- As of 2015, SDC was one of 26 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (OSHPD *Healthcare Atlas*, 2017).
- The U.S. Department of Health and Human Services Bureau of Health Workforce (BHW) projects that California will face a shortage of 44,500 full-time nurses by 2030 if current levels of health care are maintained — the most severe shortage among all states (BHW, 2017).
- The California Health Care Almanac reported that in 2015, 44 percent of the employed RN workforce was over the age of 50. As this age group approaches retirement, it will be critical to train younger RNs to handle the turnover (California Health Care Foundation, 2017).
- The BLS projects employment of more than 400,000 RNs in California in 2026, which would be an increase of 15 percent from 2016. Compared to other health care practitioners and technical health care operators, RNs are projected to have the most opportunity for employment in 2020 (BLS, 2018).
- According to forecasts performed by the Healthforce Center at the University of California, San Francisco (UCSF), the demand for primary care clinicians in California will increase 12 to 17 percent by 2030. These forecasts predict that the southern border region will experience some of the highest levels of clinician shortages in the state. UCSF recommends a comprehensive and holistic targeted strategy to enhance the education pipeline, improve recruitment and retention, maximize the existing workforce, and leverage workforce data (UCSF, 2017-2018).
- An increased demand for a diverse and culturally and linguistically competent workforce is projected for the health care industry. Therefore, it is important for the industry to start creating a workforce pipeline in collaboration with high schools and postsecondary educational sectors, as well as policy makers, educators, health care leaders and the local community. Long-term investment in creating mentorship, on-the-job shadowing, volunteer and internship opportunities for high school students will help prepare them for college and a career, build a strong and diverse health care workforce, and prevent future industry workforce shortages (*Employer-Defined Value: Improving the Connection Between Health Care Employers and Schools to Increase Work-Based Learning Opportunities for High School Students*, California Hospital Association, 2015).

Objectives

- Collaborate with local schools, colleges and universities to provide opportunities for students to explore and train for a variety of health care professions
- Provide education and training for local and national health care professionals, including focus on the Planetree philosophy of patient-centered care
- Disseminate best practices in clinical research findings to the health care community

FY 2018 Report of Activities

In FY 2018, SCHHC provided training opportunities for more than 250 nursing students as well as more than 30 ancillary students. Together, these students dedicated approximately 37,500 hours on the SCHHC campus. Internships were completed by students from a variety of schools, including Azusa Pacific University, Brightwood College, California College San Diego, California State University San Marcos, Chapman University, Concorde Career College, Grand Canyon University, Keck Graduate Institute, National University, Pima Medical Institute, Point Loma Nazarene University, San Diego City College, San Diego Mesa College, San Diego State University, Southwestern College, Touro University, University of San Diego and Western University of Health Sciences. In addition, SCHHC continued to partner with Midwestern University at Glendale, Arizona, to provide physician-led mentorship opportunities for medical students, serving 14 students in FY 2018.

SCHHC continued to provide professional development opportunities for Health Sciences High and Middle College (HSHMC) students in ninth and 10th grade. Through the program, HSHMC students visit SCHHC once a week to shadow staff in a range of hospital departments and observe health care in a real-world setting. During the 2018 school year, this included rotations in the departments of physical therapy, clinical nutrition, emergency, laboratory, radiology, respiratory, cardiovascular, pharmacy, medical/surgical, pre-anesthesia, spiritual care, wound care and long-term care. Students also learned about the Planetree philosophy of patient-centered care at SCHHC as well as received instruction on career ladder development and job requirements for a career in health care. In 2018, 15 HSHMC students dedicated 2,700 hours of learning on the SCHHC campus.

With funding from a state health science grant, SCHHC continued the Coronado High School – Sharp Coronado Hospital Internship Partnership. In FY 2018, 20 students in grades 10 through 12 from Coronado High School's Advanced Sports Medicine program spent 400 hours rotating through various hospital departments, including laboratory, emergency, physical therapy, radiology, medical/surgical and long-term care. This unique learning experience allowed students to observe real-world application of the skills they learned in the classroom and explore the range of potential career paths available in health care.

The Planetree philosophy of care upholds that care should be organized first and foremost around the needs of the patient. In 2007, SCHHC became California's first Planetree designated hospital and since then is one of only two hospitals worldwide to maintain this designation consecutively. Each year, SCHHC shares its expertise on the Planetree philosophy of care with other industry professionals. In October, team members provided several presentations at the annual Planetree International Conference on Patient-Centered Care, including: Health Rounds: Bringing Wellness to Employees on the Clock; Closing the Loop: Physical Therapy Partnership with Personal Trainers; Prioritizing Your Wellness Approach: A Five-Step Process for Hospitals Who Want to Succeed; Preoperative Education: A Patient-Centered Care Approach; and Healthy Living Center: Community, Patient and Employee Wellness.

SCHHC continued to share innovative knowledge to support community health care professionals in assessing and treating infections for hospital and long-term care patients. In May, the hospital's ASP presented on ASPs in long-term care facilities to 300 attendees of the Houston Health Department Annual Antimicrobial Stewardship Symposium. In addition, SCHHC participated in the CDPH HAI/ASP Subcommittee, which holds monthly teleconferences to develop toolkits designed to aid long-term care facilities in the formation of an ASP, following requirements that took effect in January 2017. SCHHC also shares resources about its own ASP on the CDPH website.

FY 2019 Plan

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

SCHHC Program and Service Highlights

- 24-hour emergency services
- Acute care
- Advanced liver care and Hepatology, including clinical trials, joint liver transplantation program, molecular absorbent recirculating system and endoscopic ultrasound
- Heart and lung services, including electrocardiogram
- Home health¹
- Hospice²
- Imaging services, including computed tomography scan, magnetic resonance imaging and ultrasound
- Inpatient hospice unit
- Integrative therapies, including acupuncture, clinical aromatherapy and massage therapy
- Intensive Care Unit
- Laboratory services
- Long-term care at Villa Coronado Skilled Nursing Facility
- Mindful Café, offering healthy and nutritious food options for patients, family and staff
- Nutrition counseling
- Orthopedics, including robotic surgery, total joint replacement surgery and Radiosteriometric Analysis
- Online appointment scheduling for emergency care, mammograms, physical therapy, hand therapy, laboratory services, integrative therapies and fitness services
- Payne Family Outpatient Pavilion, including robotic surgery, endoscopy suite with endoscopic ultrasound, and dedicated imaging and women's services suite, providing mammography, DEXA scanning and ultrasound
- Pathology services
- Pharmacy, including Community Pharmacy Travel Clinic
- Rehabilitation services, including sports medicine, and occupational, physical, and speech therapies
- Sharp Coronado Hospital Auxiliary Meals on Wheels Adopt-a-Route
- Senior services
- Sewall Healthy Living Center, providing integrative therapies, rehabilitation and fitness programs
- Stroke care, including Telestroke program and Acute Stroke Ready Hospital certification from The Joint Commission
- Subacute services
- Surgical services
- Vision-saving laser treatment for glaucoma using endoscopic cyclophotocoagulation
- Women's services and surgeries
- Wound care

¹ Provided through Sharp Memorial Hospital Home Health Agency

² Provided through Sharp HospiceCare



Inspiring Future Health Care Professionals

Sharp Grossmont Hospital

The World Health Organization estimates a global shortfall of 12.9 million health care workers by 2035. Through education, innovation and creativity, Sharp Grossmont Hospital inspires and recruits future generations of health care professionals.

In collaboration with Qualcomm's Thinkabit Lab™, Sharp Grossmont Hospital created HealthCare Towne to introduce eighth-grade students to opportunities in health care and to demystify the hospital experience. Through an interactive, daylong fieldtrip on the hospital campus, students modeled medical professionals as they followed mock patients through various departments, engaged with hospital staff, and applied their new knowledge to diagnose their patients' health conditions. At the end of the day, students demonstrated greater awareness and interest in health care careers. HealthCare Towne exemplifies Sharp Grossmont Hospital's dedication to the future health care workforce, and thus, lasting community health and well-being.

Section

6 Sharp Grossmont Hospital

We are here when our community needs us the most; in the rough moments in people's lives when things are not going well, they can look to us to help hold them up and connect them to the resources they need to care for themselves after they are discharged. — Scott Evans, Chief Executive Officer, Sharp Grossmont Hospital

FY 2018 Community Benefit Program Highlights

Sharp Grossmont Hospital (SGH) provided **\$128,924,916** in community benefit in fiscal year (FY) 2018. See **Table 26** 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 26: Economic Value of Community Benefit Provided
Sharp Grossmont Hospital — FY 2018**

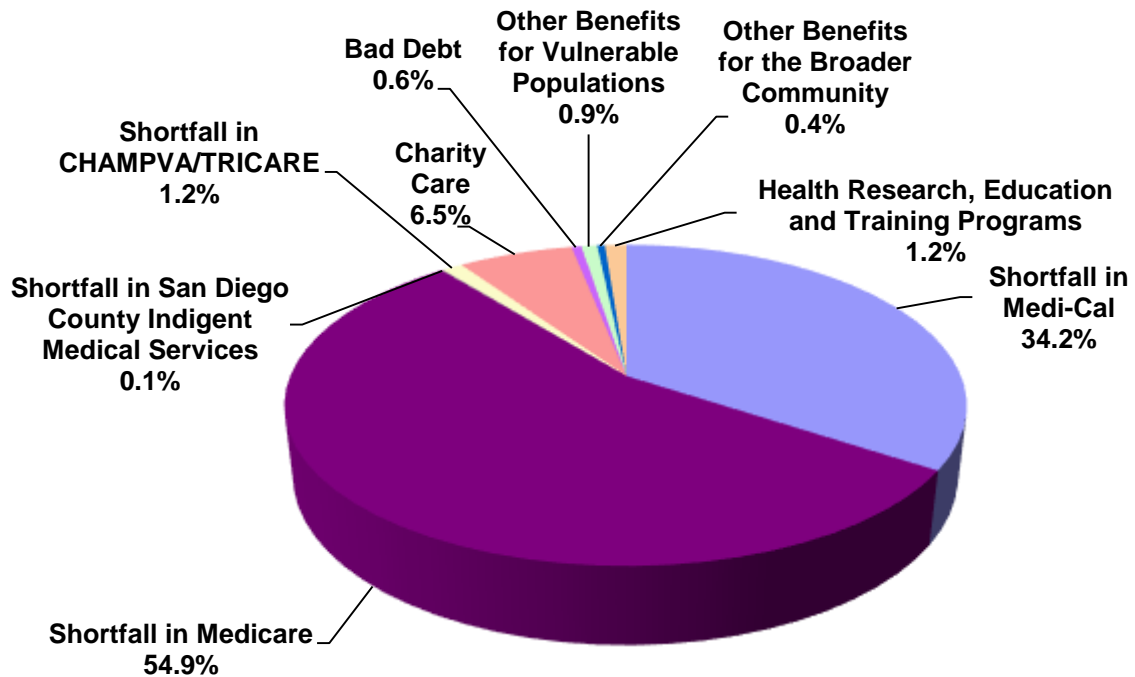
SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2018 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibility forms ¹	\$44,130,366
	Shortfall in Medicare ¹	70,831,019
	Shortfall in San Diego County Indigent Medical Services ¹	106,439
	Shortfall in CHAMPVA/TRICARE ¹	1,496,367
	Charity Care ²	8,367,684
	Bad Debt ²	711,158
Other Benefits for Vulnerable Populations	Patient transportation, Project HELP and other assistance for the needy ³	1,157,648
Other Benefits for the Broader Community	Health education and information, health screenings, health fairs, flu vaccinations, support groups, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	559,470
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	1,564,765
TOTAL		\$128,924,916

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

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

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

**Figure 19: Percentage of Community Benefit by SB 697 Category
Sharp Grossmont Hospital — FY 2018**



Key highlights:

- **Medical Care Services** included uncompensated care for patients who were unable to pay for services and the unreimbursed costs of public programs such as Medi-Cal, Medicare and CHAMPVA/TRICARE. In FY 2018, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2017, through June 30, 2019. This resulted in recognition of net supplemental revenues for SGH totaling \$13.2 million in FY 2018. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2018 understate the true unreimbursed medical care services performed for the past fiscal year.
- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; comprehensive prenatal clinical and social services to low-income, low-literacy women with Medi-Cal benefits; financial and other support to Neighborhood Healthcare; Project HELP, which provides funding for specific needs (e.g., medications, etc.) to assist lower-income patients; flu vaccination clinics for high-risk adults, including seniors; contribution of time to Stand Down for Homeless Veterans, Mama's Kitchen, Feeding San Diego (FSD), Ssubi is Hope and the San Diego Food Bank (Food Bank); the Sharp Humanitarian Service Program; support for Meals on Wheels San Diego County; the provision of durable

medical equipment (DME); support services for discharged homeless patients in partnership with San Diego Rescue Mission (SDRM); the Care Transitions Intervention (CTI) program; and other assistance for vulnerable and high-risk community members.

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

Definition of Community

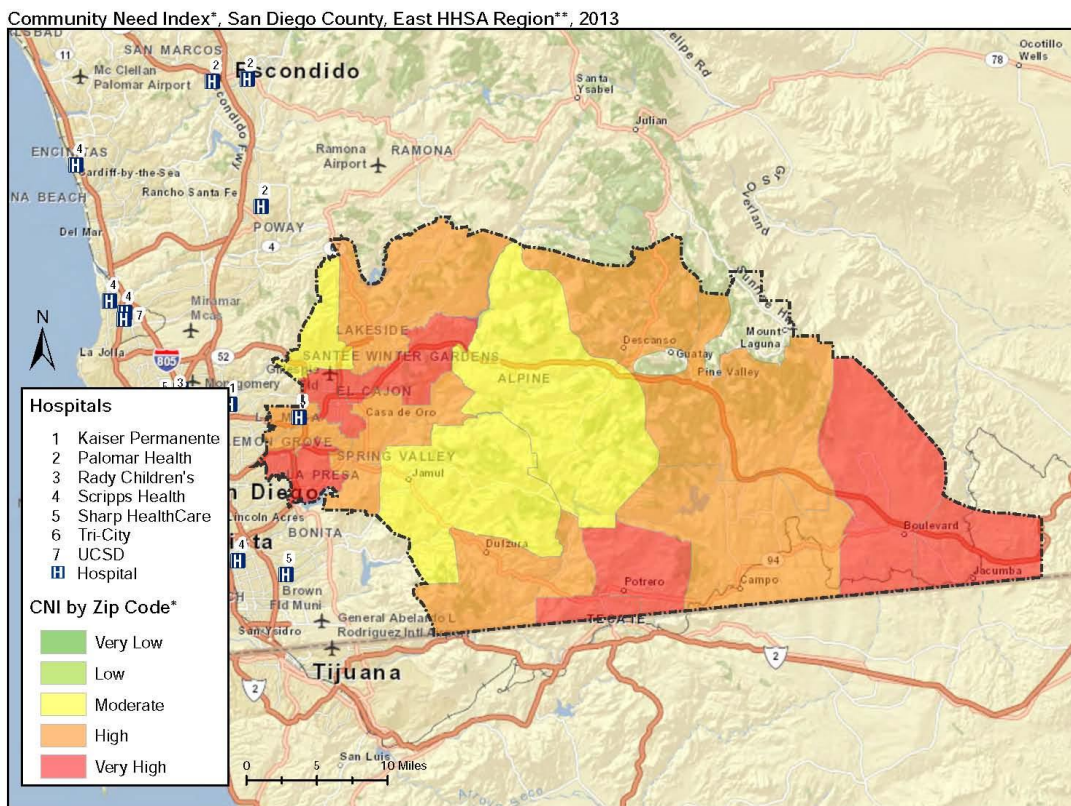
SGH is located at 5555 Grossmont Center Drive in La Mesa, ZIP code 91942.

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

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

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

Figure 20: CNI Map — SDC's East Region



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



Description of Community Health

In 2018, there were 85,028 residents ages 65 and older in SDC's east region, representing 16.2 percent of the total regional population. Between 2018 and 2023, it is anticipated that the east region's senior population will grow by 20.41 percent.¹

In 2016, 14.3 percent of the east region population reported living below 100 percent of the federal poverty level (FPL). The region's unemployment rate was 9.2 percent, which was higher than the rate for SDC overall (7.5 percent). In addition, 7.1 percent of households received Supplemental Security Income (SSI), also higher than SDC overall (5 percent).²

According to data from the San Diego Hunger Coalition, one in seven, or 15 percent of the SDC population experienced food insecurity. An additional one in five San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget.³ In 2016, 11 percent of households in the east region participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 21.7 percent of those below 138 percent of the FPL were eligible for such benefits. These rates were higher than SDC overall (7 percent of households participated in SNAP benefits while 21 percent of those below 138 percent of the FPL were eligible).⁵ Please refer to **Table 27** for SNAP participation and eligibility in the east region.

Table 27: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC's East Region, 2016

Food Stamps/SNAP Benefits	Percent of Population
Households	11.0%
Families with Children	10.5%
Eligibility by Federal Poverty Level	
Population ≤130% FPL	20.1%
Population ≤138% FPL	21.7%
Population 139% - 350% FPL	34.1%

Source: County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

In SDC's east region in 2016, 93.5 percent of children ages zero to 17, 81.6 percent of young adults ages 18 to 24, 82.2 percent of adults ages 25 to 44, 88.5 percent of adults

¹ SpeedTrack Inc.; U.S. Census Bureau² County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

² County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

³ San Diego Hunger Coalition. Hunger Free San Diego Issue Brief: 2016 San Diego County Food Insecurity. San Diego, CA; August 2018.

ages 45 to 64, and 98.7 percent of seniors ages 65 and older had health insurance.¹ Rates for each age group were lower than the Healthy People 2020 (HP2020) national target of 100 percent coverage for all individuals under age 65² (see **Table 28**).

Table 28: Health Insurance Coverage in SDC's East Region, 2016

Description	Rate	HP2020 Target
Current Health Insurance Coverage		
Children 0 to 17 years	93.5%	100%
Young adults 18 to 24 years	81.6%	100%
Adults 25 to 44 years	82.2%	100%
Adults 45 to 64 years	88.5%	100%
Seniors 65+ years	98.7%	100%

Source: County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

According to the California Health Interview Survey (CHIS), 34.4 percent of the east region population was covered by Medi-Cal.³ See **Table 29** for details.

Table 29: Medi-Cal (Medicaid) Coverage in SDC's East Region, 2016-2017

Description	Rate
Covered by Medi-Cal	34.4%
Not covered by Medi-Cal	65.6%

Source: 2016-2017 CHIS

CHIS data also revealed that 15.3 percent of individuals in the east region did not have a usual place to go when sick or in need of health advice (see **Table 30**).⁹

Table 30: Regular Source of Medical Care in SDC's East Region, 2016-2017

Regular Source of Medical Care	Rate	HP2020 Target
Has a usual source of care	84.7%	100%
Has no usual source of care	15.3%	100%

Source: 2016-2017 CHIS

¹ County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

² The U.S. Department of Health and Human Services' HP2020 initiative represents the nation's prevention agenda for the second decade of the 21st century. HP2020 has four overarching goals: to attain high quality, longer lives free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and improve the health of all groups; to create social and physical environments that promote good health for all, and to promote quality of life, healthy development, and healthy behaviors across all life stages.

³ 2016-2017 CHIS

Cancer and diseases of the heart were the top two leading causes of death in SDC's east region in 2016.¹ See **Table 31** for a summary of leading causes of death in the east region. For additional demographic and health data for communities served by SGH, please refer to the SGH 2016 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

Table 31: Leading Causes of Death in SDC's East Region, 2016

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	977	24.1%
Diseases of the Heart	929	22.9%
Cerebrovascular Diseases	254	6.3%
Chronic Lower Respiratory Diseases	230	5.7%
Accidents/Unintentional Injuries	220	5.4%
Alzheimer's Disease	207	5.1%
Diabetes Mellitus	143	3.5%
Chronic Liver Disease and Cirrhosis	95	2.3%
Essential Hypertension and Hypertensive Renal Disease	83	2.0%
Intentional Self-Harm (Suicide)	74	1.8%
All Other Causes	842	20.9%
Total Deaths	4,054	100.0%

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Community Health Statistics Unit, 2018

Community Benefit Planning Process

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

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

¹ County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018

- Prepares and distributes information on community benefit programs and services through its foundation and community newsletters
- Consults with representatives from a variety of departments to discuss, plan and implement community activities

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

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

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

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

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

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

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

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

Obesity is addressed through general nutrition and exercise education and resources provided at SGH. There are also programs that address a healthy lifestyle as part of care for heart disease, diabetes and other health issues influenced by healthy weight and exercise. In addition, Sharp Rees-Stealy Medical Group clinics throughout SDC — including SDC's east region — provide structured weight management and health education programs to community members, such as smoking cessation and stress management; long-term support for weight management and fat loss; and personalized weight-loss programs. For additional details on SGH programs that specifically address the needs identified in the 2016 CHNA, please refer to SGH's implementation strategy available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

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

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

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2018 Report of Activities conducted in support of the objective(s), and FY 2019 Plan.

Identified Community Need: Education, Support and Screening for Stroke

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

Rationale

- The SGH 2016 CHNA continued to identify cardiovascular disease (including cerebrovascular disease/stroke) as one of six priority health issues affecting members of the communities served by SGH.
- The HASD&IC 2016 CHNA continued to identify cardiovascular disease (including cerebrovascular disease/stroke) as one of the top four priority health issues for community members in SDC.
- According to data presented in the SGH 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease

and stroke. About half of all Americans (47 percent) have at least one of these three risk factors. Additional risk factors include alcohol use, obesity, physical inactivity, poor diet, diabetes and genetic factors (CDC, 2015).

- In 2016, cerebrovascular diseases including stroke were the third leading cause of death for SDC's east region.
- In 2016, there were 254 deaths due to stroke in SDC's east region¹. The region's age-adjusted death rate due to stroke was 44.3 per 100,000 population. This rate was the highest among all SDC regions and was higher than the HP2020 target of 34.8 deaths per 100,000.
- In 2016, there were 1,272 hospitalizations due to stroke in SDC's east region. The region's age-adjusted rate of hospitalizations for stroke was 228.3 per 100,000 population – the highest among all SDC regions.
- In 2016, there were 394 stroke-related ED discharges in SDC's east region, a 38 percent increase from 2015. The age-adjusted rate of discharge was 72 per 100,000 population.
- According to 2016-2017 CHIS data, an estimated 33.7 percent of east region adults were obese, 12.4 percent smoked cigarettes, and 64.3 percent did not regularly walk for transportation, fun, or exercise. In 2016, 17.9 percent reported eating fast food four or more times in the past week. The rates for all of these activities were higher in the east region than SDC overall.
- The National Institute of Neurological Disorders and Stroke (NINDS) reports that 25 percent of people who recover from their first stroke will have another stroke within five years (NINDS, 2016).
- The CDC estimates that up to 80 percent of strokes are preventable through the recognition of early signs/symptoms and the elimination of stroke risk factors.
- According to the CDC, healthy lifestyle choices can help prevent stroke. Behaviors that can mitigate the risk of stroke include choosing a healthy diet full of fruits and vegetables, maintaining a healthy weight, engaging in at least 2.5 hours of moderate-intensity aerobic physical activity each week, refraining from or quitting smoking, and limiting alcohol intake (CDC, 2018).

Objective

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

FY 2018 Report of Activities

SGH is recognized with advanced certification by the Joint Commission as a Primary Stroke Center and was recertified in June 2016. The program is nationally recognized for its outreach, education and thorough screening procedures, as well as

¹ The 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 2016. 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*." (Peña, M., County of San Diego HHS Public Health Services, Community Health Statistics Unit, 2018; Heron, M., Deaths: Leading causes for 2016. National Vital Statistics Reports; vol 67 no 6. Hyattsville, Maryland: National Center for Health Statistics. 2018.)

documentation of its success rate. SGH is a recipient of the American Heart Association (AHA)/American Stroke Association's (ASA) Get With The Guidelines® (GWTG) — Stroke Gold Plus Quality Achievement Award for excellence in stroke care as well as the Target: Stroke Elite Honor Roll designation. The AHA/ASA's GWTG is a national effort focused on ensuring the use of evidence-based therapies to improve outcomes for stroke patients. The AHA/ASA's Target: Stroke Elite Honor Roll designation focuses on improving the timeliness of intravenous tissue plasminogen activator (IV t-PA) administration to eligible patients.

In FY 2018, the SGH Stroke Center provided stroke education and screenings at 11 community events in SDC's east region. At these events, the team provided more than 600 community members with information about stroke risk factors, warning signs, and appropriate interventions, including arrival at the hospital within early onset of symptoms. The SGH Stroke Center also provided more than 80 attendees with blood pressure checks or stroke screenings, during which the team identified risk factors, provided education and advised behavior modification, including smoking cessation, weight loss and stress reduction. Community events and locations included: SGH Burr Heart and Vascular Center Open House; the Senior Health Fair at the Lakeside Community Center; the Senior Transportation and Housing Expo at the La Mesa Community Center; the Spring into Healthy Living event at the McGrath Family YMCA; Health Fair and Flu Shot event at the Jewish Family Service of San Diego (JFS) College Avenue Center; Japanese Family Support Center; ECSSP's 19th annual East County Senior Health Fair at the La Mesa Community Center; Spring Valley Branch Library; the annual Safety Fair hosted by the La Mesa Police Department; the San Diego East County Chamber of Commerce's Health Fair Saturday at Grossmont Center; and the annual Lakeside Fire Open House at the Lakeside Fire Protection District. The SGH Stroke Center also provided stroke education to nearly 20 members of the Grossmont Mall Walkers group at Grossmont Center and nearly 30 members of TOPS Club, Inc. — a local weight loss support group — at Renette Recreation Center in El Cajon.

In April, Sharp's systemwide stroke program participated in Strike Out Stroke Night at the Padres, held at Petco Park. This annual event is organized by the San Diego County Stroke Consortium, the HHSA, the San Diego Padres and other key partners to promote stroke awareness and celebrate stroke survivors. During the baseball game, Sharp offered stroke and blood pressure screenings, education about the warning signs of stroke and how to respond using FAST (Face, Arms, Speech, Time) — an easy way to detect and enhance responsiveness to a stroke. Free giveaways were provided throughout the evening, while stroke education was displayed on the JumboTron to the entire stadium of more than 34,600 community members.

Also in April, the SGH Stroke Center provided stroke education and risk factor screenings with pulse checks to more than 180 attendees at the Sharp Women's Health Conference held at the Sheraton San Diego Hotel & Marina. Educational topics included different types of strokes, how to identify risk factors for stroke, strategies for risk reduction and recognizing symptoms of stroke.

The SGH Stroke Center also collaborated with the SGH Senior Resource Center to provide stroke education and resources to seniors in the east region during FY 2018. Through this collaboration, the SGH Stroke Center and a Sharp interventional neuroradiologist delivered a presentation on recent advances in stroke treatment as well as provided stroke resources to nearly 50 community members at San Diego Oasis in May. The SGH Stroke Center also conducted personal health interviews and blood pressure and pulse checks, as well as provided education on emergency treatment for stroke, prevention and warning signs, and how to respond using FAST. Also in partnership with the SGH Senior Resource Center, the SGH Stroke Center provided stroke screenings to approximately 10 community seniors at the Dr. William C. Herrick Community Health Care Library in June.

In FY 2018, the SGH Outpatient Rehabilitation Department offered a weekly Stroke Communication Support Group for stroke survivors and their family members with a focus on stroke and brain injury survivors with aphasia or other speech or language difficulties. Topics included games to improve visual skills, language stimulation, listening activities and social interaction. The support group is sponsored by Young Enthusiastic Stroke Survivors, a community network that offers social, recreational and support group activities to stroke survivors and their families and caregivers. An average of six community members attended each session.

In addition, SGH actively participated in the quarterly San Diego County Stroke Consortium, a collaborative effort to improve stroke care and discuss issues impacting stroke care in SDC. SGH also continued its 13-year collaboration with the County of San Diego Emergency Medical Services (EMS) to provide data for the SDC stroke registry.

FY 2019 Plan

SGH Stroke Center will do the following:

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

Identified Community Need: Heart and Vascular Disease Education and Screening

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

Rationale

- The SGH 2016 CHNA continued to identify cardiovascular disease as one of six priority health issues affecting members of the communities served by SGH.
- The HASD&IC 2016 CHNA continued to identify cardiovascular disease as one of the top four priority health issues for community members in SDC.
- Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to cardiovascular disease in more vulnerable communities within SDC's east region, such as El Cajon and Jacumba (Dignity Health, SanGIS, Office of Statewide Health Planning and Development (OSHPD) & SpeedTrack Inc., 2015).
- A cardiovascular health key informant interview conducted as part of the SGH 2016 CHNA process identified the following important issues facing cardiology patients: access to care, obtaining medications, understanding diet, understanding symptoms, and communicating their needs to providers.
- The key informant interview identified the following as effective strategies for cardiology patients: taking time to teach patients about their disease and self-management; building relationships with patients; providing educational materials; Backline (a text messaging service connecting patients and providers) numbers for providers; education for general practitioners; and including a trained addictions specialist on the care team.
- In addition, the cardiovascular health key informant interview identified the following risk factors for heart disease: diabetes, lack of social support, substance use disorders, financial issues, transportation, and lack of health education. Addiction is of particular concern, as nearly all SGH cardiology patients under age 55 have substance use issues.
- According to the SGH 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke.
- In 2016, heart disease was the second leading cause of death for SDC's east region.
- In 2016, there were 568 deaths due to coronary heart disease (CHD) in SDC's east region¹. The region's age-adjusted death rate due to heart disease was 98.5 per 100,000 population. This was higher than the age-adjusted death rate for SDC overall (81.7 deaths per 100,000 population), but below the HP2020 target (103.4 deaths per 100,000 population).

¹ The 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 2016. 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*." (Peña, M., County of San Diego HHS Public Health Services, Community Health Statistics Unit, 2018; Heron, M., Deaths: Leading causes for 2016. National Vital Statistics Reports; vol 67 no 6. Hyattsville, Maryland: National Center for Health Statistics. 2018.)

- In 2016, there were 1,100 hospitalizations due to CHD in SDC's east region. The age-adjusted rate of hospitalization for heart disease was 191.9 per 100,000 population, which is higher than the age-adjusted rate for SDC overall (171.2 per 100,000 population).
- In 2016, there were 244 ED discharges for CHD in SDC's east region. The age-adjusted rate of ED discharges was 44.2 per 100,000 population, which is the highest in the county, and higher than the age-adjusted rate for SDC overall (36.2 per 100,000 population).
- According to CHIS data from 2016-2017, 6.2 percent of adults living in SDC's east region indicated that they were ever diagnosed with heart disease, which is higher than SDC overall at 5.1 percent.
- Data from the 2016-2017 CHIS indicated that 31.4 percent of adults living in SDC's east region had ever been diagnosed with high blood pressure. This is higher than SDC overall (26.2 percent) and California (28.7 percent).
- According to data presented in the HHS 2014 Live Well Community Health Assessment, east region residents were more likely to be obese, smoke tobacco, regularly eat fast food, and binge drink than residents of other regions — all of which may increase the risk of developing CHD.
- According to the CDC, heart disease (including CHD, hypertension and stroke) kills approximately 610,000 people annually and is the leading cause of death for both men and women (CDC, 2015).
- In their 2018 statistical update, the AHA reported that CHD is responsible for 1 in 7 deaths in the U.S., killing nearly 370,000 people each year. Death rates and actual numbers of deaths from CHD have decreased significantly between 2005 and 2015, but the burden and risk factors remain alarmingly high. According to blood pressure guidelines championed by the AHA and the American College of Cardiology, 45.6 percent of U.S. adults now have hypertension (AHA, 2018).
- According to the AHA, it may be possible to prevent heart disease, stroke, and cardiovascular disease by not smoking, engaging in daily physical activity, maintaining a healthy diet and body weight, and controlling cholesterol, blood pressure, and blood sugar (AHA, 2018).

Objectives

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

FY 2018 Report of Activities

In FY 2018, SGH's Cardiac Rehabilitation Department provided education and support to patients and community members impacted by congestive heart failure (CHF). A free, monthly CHF class and support group provided nearly 90 individuals with a supportive

environment to discuss various topics about living well with CHF. A free Heart and Vascular Risk Factors Education class was offered twice a month to individuals who were hospitalized within the last six months due to select heart conditions, reaching more than 270 individuals.

SGH's Cardiac Training Center and Cardiac Rehabilitation Departments participated in a variety of community events throughout San Diego in FY 2018. Together, they offered community members free blood pressure screenings, cardiopulmonary resuscitation (CPR) demonstrations, and cardiac health education and resources, including prevention, symptom recognition, evaluation and treatment. Events included the Sharp Disaster Preparedness Expo, Celebrando Latinas, Live Well San Diego's (LWSD's) Love Your Heart event, SGH's Burr Heart & Vascular Community Open House, AHA Heart & Stroke Walk and annual Sharp Women's Health Conference. In addition, the Cardiac Rehabilitation team collaborated with the SGH Senior Resource Center in February to educate more than 30 seniors at the Herrick Community Health Care Library about the importance of exercise and nutrition to maintain a healthy heart. Further, the Cardiac Rehabilitation team provided free flu shots to more than 15 community seniors during a flu clinic held at the hospital in October.

Throughout the year, SGH provided expert speakers on heart disease and heart failure at professional conferences and events. This included SGH's ninth annual Heart and Vascular Conference in October, a two-day event where more than 300 health care professionals — including physicians, nurses and allied health workers caring for patients with cardiovascular disease — received education on advances in cardiovascular care at the Rancho Bernardo Inn. In November and May, SGH participated in the 13th and 14th semiannual meetings of Southern California VOICe (Vascular Outcomes Improvement Collaborative), which included more than 30 regional vascular physicians, nurses, epidemiologists, scientists and research personnel working together to collect and analyze vascular data in an effort to improve patient care. SGH shared its expertise on the use of data processes to improve outcomes, compliance to standards, and care.

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

Throughout FY 2018, SGH-affiliated cardiologists shared heart-related information with local news outlets, including KUSI News; Everyday Health, a consumer health website;

and *The East County Californian*. Topics included aspirin and heart health, cannabis and heart health, and sex after a heart attack.

SGH's cardiac team is committed to supporting future health care leaders through active participation in student training and internship programs. In FY 2018, the team spent more than 450 hours mentoring more than 30 students from Azusa Pacific University (APU), San Diego State University (SDSU), University of California (UC), San Diego, Grossmont College, National University and Western University of Health Sciences, including students with an interest in a career as a nurse or cardiovascular technologist.

FY 2019 Plan

SGH will do the following:

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

Identified Community Need: Diabetes Education, Prevention and Support

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

Rationale

- The SGH 2016 CHNA continued to identify Type 2 diabetes as one of six priority health issues affecting members of the communities served by SGH.
- The HASD&IC 2016 CHNA continued to identify Type 2 diabetes as one of the top four priority health issues affecting community members in SDC.

- Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to diabetes in more vulnerable communities within SDC's east region, such as El Cajon and Jacumba (Dignity Health, SanGIS, OSHPD & SpeedTrack Inc., 2015).
- Sharp diabetes educator discussions conducted as part of the SGH 2016 CHNA process identified several challenges to health improvement among their diabetes patients, including: accessing a physician; finding support programs; meeting outpatient needs (i.e., appointments with psychologists or endocrinologists); and a lack of diabetes education coverage under Medi-Cal.
- The Sharp diabetes educator discussions also identified the following barriers to adopting healthy behaviors among diabetes patients: affordability of glucose testing strips; unmet behavioral health needs; food insecurity; and knowledge of benefits.
- According to data presented in the SGH 2016 CHNA, diabetes is a major cause of heart disease and stroke.
- The Centers for Disease Control and Prevention (CDC) identify diabetes as the leading cause of kidney failure, non-traumatic lower-limb amputations and new cases of blindness among adults (CDC, 2017).
- According to SGH diabetes discharge data, among SDC patients with a primary diagnosis of a diabetes-related ICD-10 code in 2017, 'Gestational Diabetes Mellitus in Childbirth Controlled by Oral Hypoglycemic Drugs' was the top inpatient primary diagnosis related to Type 2 diabetes for individuals ages 15 to 24. Among individuals ages 25 to 44, the top inpatient primary diagnosis was 'Type 2 Diabetes Mellitus With Hyperglycemia,' and among those ages 45 and older, the top inpatient primary diagnosis was 'Type 2 Diabetes Without Complications.'
- In 2016, diabetes was the seventh leading cause of death in SDC's east region.
- According to the CDC, diabetes is the seventh leading cause of death in the U.S. In addition, the number of adults diagnosed with diabetes in the U.S. has more than tripled in the last 20 years (CDC, 2017).
- In 2016, there were 143 deaths due to diabetes in SDC's east region¹. The region's age-adjusted death rate due to diabetes was 24.7 per 100,000 population, higher than the overall SDC age-adjusted rate (20.7 deaths per 100,000 population).
- In 2016, there were 921 hospitalizations due to diabetes in SDC's east region. The age-adjusted rate of hospitalizations for diabetes was 176.1 per 100,000 population. This rate was the second highest among all SDC regions and higher than the age-adjusted rate of hospitalization for SDC overall (120.9 per 100,000 population).
- In 2016, there were 887 diabetes-related ED discharges in SDC's east region. The age-adjusted rate of diabetes-related ED discharges was 171.5 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 (151.9 per 100,000 population).
- According to 2015-2017 CHIS data, 10.7 percent of adults living in SDC's east region indicated that they had ever been diagnosed with diabetes, which was slightly higher than SDC overall (9.1 percent) and the state of California (9.8 percent).

¹ The 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 2016. 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*." (Peña, M., County of San Diego HHS Public Health Services, Community Health Statistics Unit, 2018; Heron, M., Deaths: Leading causes for 2016. National Vital Statistics Reports; vol 67 no 6. Hyattsville, Maryland: National Center for Health Statistics. 2018.)

Diabetes rates among seniors were particularly high, with 18 percent of east region adults over 65 reporting that they had ever been diagnosed with diabetes.

- According to 2016-2017 CHIS data, 13.4 percent of residents in the east region had been told by their doctor that they have pre- or borderline diabetes, compared to 12.3 percent of residents in SDC overall.
- According to the CDC's 2017 *National Diabetes Statistics Report*, 87.5 percent of adults diagnosed with diabetes were overweight or obese. To prevent or delay the onset of diabetes, the CDC recommends lifestyle changes such as losing weight, eating healthier, and getting regular physical activity.
- The CDC estimates that 30.3 million people in the U.S. have diabetes. Of those individuals, 1 in 4 is not aware they have the disease (CDC *National Diabetes Statistics Report*, 2017).
- A study by the University of California, Los Angeles (UCLA) Center for Health Policy Research estimated that 13 million adults in California (46 percent) have prediabetes or undiagnosed diabetes, while another 2.5 million (9 percent) have already been diagnosed with diabetes (UCLA Center for Health Policy Research, 2016).
- The CDC-approved Diabetes Prevention Program (DPP) is an evidence-based, cost-effective intervention to help people decrease their risk of developing diabetes by making healthy lifestyle changes. According to the California Department of Public Health (CDPH), in 2018, California mandated the DPP be covered under Medi-Cal for all beneficiaries who have prediabetes or a high risk of developing Type 2 diabetes. By funding the DPP, California will help create partnerships between community-based organizations, private insurers, health care providers, employers, academia and government agencies with the goal to reduce the incidence of prediabetes and Type 2 diabetes statewide (CDPH, 2018).

Objectives

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

FY 2018 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 provides individuals and their support systems with the skills needed to successfully self-manage various conditions, including prediabetes, gestational diabetes, and Type 1 and Type 2 diabetes. Small group and one-on-one education options are offered in English and Spanish.

In FY 2018, the Sharp Diabetes Education Program provided diabetes education and support to approximately 1,000 attendees at the Sharp Women's Health Conference. This included diabetes risk assessments using the ADA's Diabetes Risk Test questionnaire as well as resources on prediabetes; navigating the road to prevention; the signs, symptoms and complications of diabetes; and diabetes self-management. In addition, two diabetes educators presented on controlling blood sugar levels, prediabetes, and diabetes risk factors, symptoms and complications. Attendees were also educated about metabolic syndrome — a group of conditions including increased blood pressure, high blood sugar, abnormal cholesterol levels, and excess body fat around the waist that occur together, increasing an individual's risk of heart disease, stroke and diabetes. The Sharp Diabetes Education Program also provided fundraising and team participation for the ADA's Step Out Walk to Stop Diabetes held at the Embarcadero Marina Park South in October.

The Sharp Diabetes Education Program provided education to various community groups throughout the year. In collaboration with the SGH Senior Resource Center, the program provided a lecture on diabetes and the power of lifestyle change to nearly 20 senior community members at the Dr. William C. Herrick Community Health Care Library. The Sharp Diabetes Education Program also participated in Sharp's partnership with the City of San Diego to provide diabetes resources and education on nutrition, including how food groups and serving size affect blood sugar levels, to nearly 20 community members at Skyline Hills Branch Library. In January, the SGH Diabetes Education Program provided diabetes awareness education to approximately 25 community members at the Kiwanis Club of El Cajon Valley. Additionally, in February, the SGH Diabetes Education Program educated approximately 25 community members on the basics of diabetes at New Life Church of the Nazarene in El Cajon.

The Sharp Diabetes Education Program continued to collaborate with Family Health Centers of San Diego (FHCS D) to provide education to diabetic patients at multiple FHCS D sites, including those in the east region, through the organization's Diabetes Management Care Coordination Project (DMCCP). DMCCP provides FHCS D diabetes patients with weekly group health and nutrition education, healthy cooking demonstrations, physical activity classes, and one-on-one support from a nurse practitioner. In addition, project "graduates" offer peer support and education to current enrollees in both English and Spanish. The project monitors participants' physical activity as well as their A1C and blood glucose levels, which it has proven to successfully maintain and lower. At FHCS D's Lemon Grove site, Sharp diabetes educators provided four lectures to nearly 30 community members. Topics included creating an active lifestyle; nutrition (including the effect of food groups and serving sizes on blood sugar levels); and diabetes risk factors, symptoms, treatment, self-management and goal-setting. In 2018, participants with more severe cases of diabetes (i.e., higher blood glucose levels) experienced a 30 percent decrease in blood glucose levels compared to the group overall.

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 (diabetes developed during pregnancy) how to manage their blood sugar levels. In collaboration with community clinics, in FY 2018, the team provided these patients with a variety of education and resources to support a healthy pregnancy while diabetic. 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 nearly 420 underserved pregnant 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 newly immigrated Iraqi Chaldean population. Educational resources included How to Live Healthy With Diabetes; What You Need to Know About Diabetes; All About Blood Glucose for People With Type 2 Diabetes; All About Carbohydrate Counting; Getting the Very Best Care for Your Diabetes; All About Insulin Resistance; All About Physical Activity With Diabetes; Gestational Diabetes Mellitus Seven-Day Menu Plan; Food Groups; and Arabic language materials about pregnancy. Resources were provided in Arabic, Somali, Tagalog, Vietnamese and Spanish, and food diaries and logbooks were distributed for community members to track 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 to specifically assist Chaldean cultural needs. Further, Sharp team members themselves received education regarding the different cultural needs of diverse communities.

In FY 2018, the Sharp Diabetes Education Program supported the professional health care community through participation in various conferences and meetings. At the Liberty Station Conference Center in May, the Sharp Diabetes Education Program presented to more than 150 health professionals during Sharp's Obesity Crisis Conference titled Practical Approaches to the Care of the Obese Patient. The team's presentation covered insulin use in the obese patient, including the origin and purpose of insulin, the effects of different kinds of insulin, the significance of accurate timing of insulin administration, and treatment options. In June, the Sharp Diabetes Education Program attended the ADA's 78th Scientific Sessions conference in Orlando, Florida. The conference theme was Diabetes Breakthroughs Happen Here, which taught more than 14,000 international attendees about the most significant advances in diabetes care and research. Also in June, the Sharp Diabetes Education Program provided a

poster presentation to approximately 75 attendees at Sharp's fourth annual Interprofessional Research & Innovation Conference. The presentation, titled Designing and Implementing a Competency-Based Skills Fair to Improve Home Health Nurses' Knowledge, highlighted a project aimed at improving patient care and diabetes knowledge among nurses. In addition, in August, the Sharp Diabetes Education Program presented on The Diabetes Injectable Pen Laboratory – A Novel Approach to Improve Home Health Nurses' Diabetes Knowledge to approximately 60 health professionals at the American Association of Diabetes Educators' 2018 Annual Conference in Baltimore, Maryland. The presentation described a study that demonstrated statistically significant improvements in knowledge and confidence levels among registered nurses (RNs) and licensed vocational nurses using diabetes medication pens.

In November, the Sharp Diabetes Education Program hosted a diabetes conference designed for physicians, nurses, pharmacists, laboratorians, clinical and managerial leaders and other community health professionals interested in optimizing inpatient diabetes care. The conference provided 150 participants with specific tools and strategies for creating a culture that supports and encourages emerging therapeutic trends in glycemic management in a hospital setting. Topics included the advantages and disadvantages of pump therapy; pump therapy as a method of insulin delivery; differences in the treatment of Type 1 and Type 2 diabetes; diabetes risk factors; causes of diabetes patients not taking their medications; and the interventions required to improve patient handover from hospital to primary care. Further, in FY 2018, the Sharp Diabetes Education program provided diabetes education to 20 nurse practitioner students at SDSU, while the SGH Diabetes Education Program mentored a dietetic intern from the San Diego Women, Infants and Children (WIC) program.

FY 2019 Plan

The SGH Diabetes Education Program will do the following:

- Provide community members with prediabetes and diabetes information at various community venues in SDC's east region
- Explore additional collaborations to assist and educate food insecure community members
- Participate in Sharp's partnership with the City of San Diego to provide diabetes education and resources to employees and residents in the city's nine districts
- Continue to foster relationships and collaborate with FHCSO to provide education and resources to their diabetic patients
- Continue to provide gestational services and resources to underserved pregnant women, both at the hospital and in collaboration with community clinics
- Participate in Tour de Cure — the ADA's signature fundraising event to fight diabetes and its burdens
- Maintain up-to-date resources to support community members with diabetes treatment and prevention, particularly foreign language and culturally appropriate resources for diverse populations

- Continue to participate in local and national professional conferences — including those held by the ADA, American Association of Diabetes Educators and the San Diego Association of Diabetes Educators — to share best practices in diabetes treatment and control with the broader health care community
- Conduct educational outpatient and inpatient symposiums for health care professionals
- Continue to host a diabetes conference for health care professionals

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

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

Rationale

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

(COPD)/chronic lower respiratory diseases, stroke, overall hypertensive diseases, diabetes, unintentional injuries, Parkinson's disease and falls.

- In 2016, seniors in SDC's east region experienced higher rates of hospitalization for all major causes, including cancer, hypertensive diseases, diseases of the heart, asthma, arthritis, unintentional injuries, falls, stroke, diabetes and flu/pneumonia, when compared to the east region population overall.
- The top three causes of ED utilization among SDC's east region residents ages 65 and older in 2016 were unintentional injuries, falls and arthritis/other rheumatic conditions.
- Seniors in SDC use the 911 emergency medical system at higher rates than any other age group. The most common complaints include general medical, altered neurological state, respiratory distress, cardiac chest pain and trauma to the extremities (HHSA, 2015).
- A 2016 HHSA report titled *Identifying Health Disparities to Achieve Health Equity in San Diego County: Age* found that seniors in SDC's east region have disproportionately high death rates for cancer, COPD, CHD and stroke when compared to other seniors in the county overall.
- According to the CDC, 2.8 million older adults, or more than 1 in 4, 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 with each fall, the chance of falling again doubles. These injuries may result in serious mobility issues and difficulty with everyday tasks or living independently. The direct medical costs for fall injuries are estimated at \$31 billion annually (CDC, 2018).
- In 2013, an estimated 62,000 San Diegans ages 55 and over were living with ADOD. One quarter of these residents lived in the east region. Between 2013 and 2030, the number of east region residents living with ADOD is projected to increase by 39.7 percent (*Alzheimer's Disease and Other Dementias in San Diego County*, HHSA, 2016).
- In 2016, an estimated 54.9 percent of SDC's east region residents ages 65 and older reported that they were vaccinated for influenza in the past 12 months (CHIS, 2016). In 2016, 17 percent of the influenza hospitalizations and 6 of the 11 influenza deaths in the east region occurred among residents ages 65 and older. The age-adjusted rate of influenza death among this group was 8.5 per 100,000, higher than the rate for SDC overall (6 per 100,000) (HHSA, 2016).
- Research shows that caregiving can have serious physical and mental health consequences. According to findings from the Stress in America survey described in a report titled *Valuing the Invaluable*, caregivers to older relatives report poorer health and higher stress levels than the general population. Fifty-five percent of surveyed caregivers reported feeling overwhelmed by the amount of care their family member needs (AARP Public Policy Institute, updated July 2015).
- According to AARP, more than 40 million people in the U.S. act as unpaid caregivers to people ages 65 and older. More than 10 million of these caregivers are Millennials with separate full- or part-time jobs, and 1 in 3 employed Millennial caregivers earns less than \$30,000 per year (AARP, 2018).

- According to a report from the National Alliance for Caregiving (NAC) and AARP titled *Caregiving in the U.S. 2015*, 60 percent of unpaid caregivers are female, and nearly 1 in 10 caregivers are ages 75 or older (AARP and NAC, 2015).
- The UCLA Center for Health Policy Research conducted a study highlighting the plight of California's "hidden poor," finding 772,000 seniors who live in the gap between the FPL and the Elder Economic Security Standard. The highest proportion of seniors living in this gap includes renters, Latinos, women and grandparents raising grandchildren (Padilla-Frausto & Wallace, 2015).

Objectives

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

FY 2018 Report of Activities

Sharp Senior Resource Centers meet the unique needs of seniors and their caregivers by connecting them to a variety of free and low-cost programs and services through email, phone and in-person consultations. The Sharp Senior Resource Centers' compassionate staff and volunteers provide personalized support and clear, accurate information regarding health education and screenings, community referrals and caregiver resources. In FY 2018, the SGH Senior Resource Center developed and mailed quarterly calendars of its programs and services to more than 6,600 households in SDC's east region. In addition, the SGH Senior Resource Center distributed approximately 4,000 Vials of Life, which are small vinyl sleeves that can be magnetically placed on a refrigerator to provide emergency personnel with critical medical information for seniors and disabled people.

The SGH Senior Resource Center provides a telephone reassurance and safety check program for isolated or homebound seniors and disabled community members living in SDC's east region. Through the program, SGH Senior Resource Center staff and volunteers place computerized phone calls to participants daily at regularly scheduled times. In the event that staff members do not connect with participants, a phone call is placed to family members or friends to ensure the individual's safety. In FY 2018, staff placed more than 4,900 phone calls to approximately 15 seniors and disabled community members, as well as nearly 20 follow-up phone calls to family and friends.

In FY 2018, the SGH Senior Resource Center reached more than 600 community members through approximately 30 free health education programs provided at locations in SDC's east region including the SGH campus, the La Mesa Adult Enrichment Center and the Grossmont Healthcare District Conference Center. Programs were presented by experts from community organizations as well as Sharp professionals with expertise in physical therapy and rehabilitation, diabetes, bereavement, finance, health insurance, nutrition, nursing, advance care planning (ACP) and rehabilitation. Educational topics included ACP, tools and resources for caregivers, managing the physical aspects of caregiving, diabetes, Medicare, memory loss, difficult family conversations, brain health, bereavement and coping with grief, tax planning, heart health and fitness, osteoporosis and preventing fractures, fall prevention, how to talk to a doctor, healthy eating in the new year, wills and trusts, maintaining a healthy voice, reverse mortgages and gift annuities, understanding hospice, and finding reliable health information.

Also in FY 2018, nearly 300 seniors and their caregivers were reached through a series of clinical lectures provided by an audiologist, psychologist, interventional neuroradiologist, hematologist-oncologist, pulmonologist, neurologist and vascular surgeon. Topics included mental health, pain and neuropathy, recent advances in stroke treatment, restful sleep, vascular conditions, digital hearing aids, and advances in cancer prevention and treatment. The lectures were held at SGH, the Dr. William C. Herrick Community Health Care Library and San Diego Oasis — an organization that promotes healthy aging through lifelong learning, active lifestyles and volunteer engagement. In addition, the SGH Senior Resource Center collaborated with San Diego Oasis to provide education on topics including mindful eating, preventing fractures and ACP to more than 100 seniors. Further, the SGH Senior Resource Center presented to more than 400 community members on senior services, Vials of Life, fitness and exercise, experiencing aging, balance and fall prevention, making the most of and improving the health care experience, resources and tools for caregivers, seniors and socialization, stroke, and talking to a health care provider. Presentations were held at various locations throughout SDC, including but not limited to El Cajon, La Mesa and the City of San Diego.

Throughout the year, the SGH Senior Resource Center provided 11 health screening events at various sites in SDC's east region, reaching nearly 200 members of the senior community. Screenings included balance and fall prevention, hand, carotid artery, peripheral artery disease, stroke, and behavioral health. In addition, the SGH Senior Resource Center reached nearly 800 community members through more than 50 free blood pressure screenings. As a result of these screenings, two seniors were referred to physicians for follow-up care. Screenings were provided at the SGH campus, Dr. William C. Herrick Community Health Care Library, La Mesa Adult Enrichment Center, JFS College Avenue Center and McGrath Family YMCA, as well as at community health fairs, special events and to the Grossmont Mall Walkers.

The SGH Senior Resource Center continued to sponsor the Grossmont Mall Walkers, a free fitness program to increase physical activity, improve balance and strength, and encourage a healthy lifestyle among community adults and seniors. Every Saturday, participants gathered at Grossmont Center to walk around the mall and perform gentle exercises led by an instructor from the SGH Senior Resource Center. On average, more than 130 community members participated in the Grossmont Mall Walkers program each month in FY 2018.

At *The San Diego Union-Tribune's* CaregiverSD community expo in June, the SGH Senior Resource Center provided Vials of Life, senior resources and information about its services to approximately 300 community members. The SGH Senior Resource Center also offered Vials of Life, caregiver and community resources, and information about its services to more than 700 seniors at the AIS Aging Summit 2018 and the Burr Heart & Vascular Center community open house.

In April, the SGH Senior Resource Center partnered with Sharp HospiceCare and the City of La Mesa to provide a conference titled Healthy and Safe Aging for community seniors and their families. Held at the La Mesa Community Center, the free conference provided approximately 100 attendees with educational presentations from a marriage and family therapist, attorney, nurse practitioner, ACP specialist, and other experts on how to plan for a healthy, safe and mindful future. In September, the Sharp Senior Resource Centers collaborated with the Caregiver Coalition of San Diego to provide the Caregiving for Someone With Dementia: Caregiver Conference at the La Mesa Community Center. Nearly 100 community members attended the free conference, which included a resource fair and presentations from experts on a variety of topics to help care for loved ones.

Throughout the year, the SGH Senior Resource Center both hosted and participated in health fairs and events throughout SDC's east region. This included the provision of blood pressure screenings and educational resources to more than 2,400 community seniors and caregivers at the Lakeside Community Center, Meadowbrook Mobile Home Estates in Santee, El Cajon Fire Department, George L. Stevens Senior Center, La Mesa Community Center, San Diego LGBT (Lesbian, Gay, Bisexual and Transgender) Community Center, JFS College Avenue Center, La Vida Real senior community, Grossmont Center, Cameron Family YMCA in Santee, Balboa Park, Liberty Station in Point Loma, Town and Country San Diego and SGH.

The SGH Senior Resource Center continued to provide seasonal flu vaccines in selected community settings. In FY 2018, the SGH Senior Resource Center provided more than 440 seasonal flu vaccinations at nine community sites, including the Lemon Grove Senior Center, JFS College Avenue Center, La Mesa Community Center, Lakeside Community Center, Salvation Army of El Cajon, Journey Community Church, food banks in Santee and Spring Valley, and SGH. In addition to providing flu vaccinations at these sites, the SGH Senior Resource Center offered activity calendars detailing upcoming blood pressure and flu clinics, health screenings and community senior programs as well as provided Vials of Life and information regarding telephone

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

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

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

FY 2019 Plan

SGH Senior Resource Center will do the following:

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

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

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

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

Rationale

- The SGH 2016 CHNA identified cancer as one of six top priority health issues for community members served by SGH.
- The HASD&IC 2016 CHNA continued to identify various types of cancer among the top priority health conditions seen in SDC hospitals.
- Sharp cancer navigator discussions conducted as part of the SGH 2016 CHNA process identified the following chief concerns for cancer patients in SDC (including patients in the east region): cultural differences and language barriers between patient and provider; health literacy; financial issues; knowing where to go for care; availability of reliable transportation; difficulty with end-of-life conversations; and lack of advance care directives.
- The cancer key informant interview conducted as part of the SGH 2016 CHNA process identified access to insurance, access to appropriate care and language barriers for non-English speakers as major difficulties facing oncology patients. Additional challenges include financial, legal and survivorship issues; emotional, sexual and body image issues; lack of a social network leading to increased need for transportation, in-home support and other treatment-related resources; and end-of-life or palliative care issues.
- The cancer key informant interview recommended the following strategies to address barriers of care for those with cancer: the provision of lay navigators, including integration of navigators into the care process; community coordinators with knowledge of hospital needs and community resources; greater hospital and community partnerships; resources to educate providers on end-of-life and palliative care issues; personnel within the health care system to identify resources and answer questions; financial assistance for co-pays, prescriptions, child care and other bills; and survivorship clinics.
- As part of the SGH 2016 CHNA process, cancer support group patients participating in the Health Access and Navigation Survey suggested the following areas for improvement in cancer care: more time with doctors; more comprehensive educational groups; a navigator staff member or case manager for all oncology

patients, not just newly diagnosed; help navigating health insurance options to identify the best coverage for individual needs; and tours specifically for patients who have a serious illness requiring multiple treatments.

- According to 2017 Sharp oncology data, 14 percent of the 274 SGH cancer patients who received the cancer psychosocial distress screening scored at a range of moderate to severe distress and were referred to internal or external resources, such as social workers or community cancer resources.
- The most frequently observed cancers at SGH in 2017 were (in rank order): breast, lung, colorectal, prostate, gynecological and lymphoma. In total, there were 1,231 new cases of cancer at SGH in 2017.
- In 2016, cancer was the leading cause of death in SDC's east region and was responsible for 24.1 percent of all deaths.
- There were 977 deaths due to cancer (all types) in SDC's east region in 2016¹. The region's age-adjusted death rate due to cancer was 173.1 deaths per 100,000 population, which is higher than the overall SDC age-adjusted rate of 146.6 per 100,000 population and the HP2020 target of 161.4 deaths per 100,000 population.
- In 2016, the east region's age-adjusted death rates were higher than the rates for SDC overall in 12 of the 15 most common cancers: bladder, brain, colorectal, female breast and reproductive, kidney, leukemia, liver, lung, melanoma of the skin, non-melanoma skin cancer, and prostate.
- In 2016, 20.8 percent of all cancer deaths in SDC's east region were due to lung cancer, 9.8 percent to colorectal cancer, 8.6 percent to female breast cancer, 7.3 percent to prostate cancer, 6.1 percent to pancreatic cancer, and 5.4 percent to female reproductive cancer.
- In 2016, the age-adjusted mortality rate of female breast cancer in the east region was 26.6 per 100,000 women, which exceeds the rate for SDC overall (20 per 100,000 women), and the HP2020 target of 20.7 breast cancer deaths per 100,000 women.
- According to the American Cancer Society (ACS) Cancer Statistics Center, in 2018 there will be an estimated 29,360 new cases of breast cancer and 4,500 breast cancer deaths for females in California.
- According to the *2015 Susan G. Komen for the Cure® San Diego Affiliate Community Profile*, in SDC there were 46.1 late-stage cases of breast cancer per 100,000 women, exceeding the HP2020 target of 42.4 cases per 100,000 women. The report projects that SDC will meet the HP2020 target within five years.
- The *2015 Susan G. Komen for the Cure® San Diego Affiliate Community Profile* also reported that, in 2013, breast cancer mortality rates in SDC were highest among African American women, at 27.7 deaths per 100,000. This exceeded the mortality rate for Caucasian (23.9), Latina (17.3) and Asian/Pacific Islander (13.2).
- According to the ACS 2017 *California Cancer Facts & Figures* report, 72.4 percent of breast cancer cases among non-Hispanic white women in SDC were diagnosed at

¹The 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 2016. 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*." (Peña, M., County of San Diego HHS Public Health Services, Community Health Statistics Unit, 2018; Heron, M., Deaths: Leading causes for 2016. National Vital Statistics Reports; vol 67 no 6. Hyattsville, Maryland: National Center for Health Statistics. 2018.)

an early stage, compared to 69.3 percent of African American cases, 68.1 percent of Hispanic cases and 70.4 percent of Asian/Pacific Islander cases. Data suggests that early breast cancer detection resources are needed in minority communities.

- According to 2015-2016 CHIS data, 85.7 percent of women in SDC's east region ages 50 to 74 reported having a mammogram in the past two years. This exceeds the HP2020 target of 81.1 percent for breast cancer screenings. Approximately 4.9 percent of SDC east region women in this age range reported that they have never had a mammogram.
- According to findings from the ACS 2018 *Cancer Facts & Figures* report, screening offers the ability for secondary prevention by detecting cancer early. For example, the 39 percent decrease in the female breast cancer death rate between 1989 and 2015 is attributed to improvements in early detection, namely screening and increased awareness. In addition, over the past three decades, five-year relative survival rates for all cancers combined increased by 20 percent among whites and 24 percent among blacks, reflecting earlier diagnosis for some cancers as well as improvements in treatment (ACS, 2018).
- Study findings from the 2015 Susan G. Komen for the Cure® *San Diego Affiliate Community Profile* indicate a critical need for culturally competent outreach, especially for Hispanic, Middle Eastern and African American women (Susan G. Komen, 2015).
- A recent study by the ACS found that 42 percent of newly diagnosed cancer cases in the U.S. are potentially avoidable. Many of the known causes of cancer — and other noncommunicable diseases — are attributable to behavioral factors including tobacco use as well as excess body weight due to poor dietary habits and lack of physical activity (ACS, 2018).
- The American Society of Clinical Oncology (ASCO) emphasizes the importance of patient navigators as part of a multidisciplinary oncology team with the goal of reducing mortality among underserved patients. A patient navigator may assist with various tasks, including: psychosocial support; assistance with treatment decisions; assistance with insurance issues; arrangement of transportation; coordination of additional services (i.e., fertility preservation); and tracking of interventions and outcomes. The navigator works with the patient across the care continuum, ensuring coordination and efficiency of care, and removal of barriers to care (ASCO, 2016).
- According to the National Institutes of Health, clinical trials, a part of clinical research, are at the heart of all medical advances. Clinical trials look at new ways to prevent, detect or treat disease by determining the safety and efficacy of a new test or treatment. Greater clinical trial enrollment benefits medical research and increases the health of future generations as well as improves disease outcomes, quality of life and health of trial participants.

Objectives

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

FY 2018 Report of Activities

Note: SGH is accredited by the National Accreditation Program for Breast Centers, indicating the highest standard of care for patients with diseases of the breast. Sharp (including Sharp Memorial Hospital (SMH), SGH, and Sharp Chula Vista Medical Center (SCVMC)) is also accredited by the American College of Surgeons Commission on Cancer as an Integrated Network Cancer Program, demonstrating its commitment to meet rigorous standards and improve the quality of care for patients with cancer.

In FY 2018, the SGH Cancer Center provided education on cancer, breast self-examination demonstrations, breast cancer awareness, and resources from the ACS and National Cancer Institute to approximately 400 individuals at community events, including ECAN's annual Spring Into Healthy Living senior health and wellness fair and San Diego East County Chamber of Commerce's Health Fair Saturday at Grossmont Center. At Sharp's annual Women's Health Conference in April, the SGH Cancer Center offered cancer education, health screening recommendations for various age groups, breast self-exam demonstrations and cards, information about skin checks and melanoma, and literature on cancer care and prevention including risk reduction through lifestyle changes to approximately 1,000 community members. In honor of Lung Cancer Awareness Month in November, the SGH Cancer Center offered a free community event titled What Doctors Want You to Know About Lung Cancer to more than 20 community members. Experts and Sharp-affiliated physicians presented on early detection, new treatments and the personal risk factors for lung cancer. Additionally, SGH Cancer Center staff walked alongside cancer patients and families in the ACS Making Strides Against Breast Cancer Walk in October.

In FY 2018, the SGH Cancer Center provided a variety of free support groups for approximately 90 community members impacted by cancer. Offered twice monthly, the breast cancer support group allowed women in all stages of breast cancer — from recent diagnosis, to treatment and survivorship — to share experiences and discover coping strategies. A general cancer support group was offered monthly to meet the educational and emotional needs of people living with any kind of cancer. This group provided encouragement and hope in a safe environment as well as an opportunity to share experiences and coping strategies during any phase of treatment. The weekly Art and Chat support group offered cancer patients, survivors and their loved ones a combination of conversation and relaxing drawing methods to increase focus, creativity, self-confidence and personal well-being. The SGH Cancer Center also offered a monthly Man Cave support group for men with cancer, which provided a safe and comfortable setting to explore important issues that can arise when coping with any type of cancer, including work, relationships, family and regaining control over life.

Furthering its support for those with cancer, the SGH Cancer Center continued to provide the Wall of Hope and Inspiration — a special art installation created in 2015 for patients and visitors to write words of wisdom, advice and encouragement to those with cancer. In addition, in FY 2018, SGH Cancer patients participated in the Swallows project in which more than 30 patients and loved ones painted unique aluminum birds

that represent what healing looks like to them. The birds were assembled into a flight of swallows over the entrance of the medical oncology and radiation oncology areas as a symbol of hope and a successful journey.

The SGH Cancer Center continued to host educational classes at no cost for patients and community members facing cancer. Through the monthly Lunch and Learn Cancer Education series, community members, patients and families were invited to hear local experts speak about a unique cancer-related topic each month, such as managing anxiety, leaving a legacy, making healthy habits stick, mindful eating, importance of exercise, cancer prevention lifestyle, and strategies for successful survivorship. Attendees were also invited to participate in a question-and-answer session while enjoying a complimentary lunch. The series reached an average of eight to 12 individuals per session in FY 2018. The SGH Cancer Center also provided meeting space for the ACS' Look Good Feel Better classes, which teach women techniques to manage the appearance-related side effects of cancer treatment (e.g., hair loss, etc.) and boost self-confidence. Classes included a complimentary makeup kit and instruction from a licensed beauty professional on makeup application, skin care, and wearing wigs and headwear. Four classes were offered at the SGH Cancer Center in FY 2018, reaching more than 30 women.

Throughout the year, the SGH Cancer Center offered free workshops for patients and community members. This included free monthly ACP workshops provided in collaboration with Sharp's ACP program. Led by a trained ACP facilitator, the workshops provided nearly 15 community members with an overview of the ACP process, basic tools to help define their personal health care choices, communication tips to begin the conversation with loved ones, and guidance on completing an advance health care directive. The SGH Cancer Center also offered three rotational monthly workshops including: a Relaxation and Quieting the Mind workshop to help cancer patients and their loved ones manage the stress, anxiety and difficult emotions that may accompany a cancer diagnosis; a Chemo Brain Workshop: Improving Memory and Concentration for patients experiencing memory problems related to chemotherapy and other cancer treatments; and a Scanxiety: Managing the Fear of Cancer Recurrence workshop to assist patients in understanding and managing anxiety related to tests and scans. The workshops assisted more than 50 community members in FY 2018.

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

The LCSW offers psychosocial services (assessments, crisis intervention, counseling, bereavement, cognitive behavioral therapy and stress management), support group leadership, and advocacy and resources for transportation, palliative care and hospice, food and financial assistance. In FY 2018, this included improving patient and family connections to community services, such as the ACS, San Diego Brain Tumor Foundation, Leukemia and Lymphoma Society, Lung Cancer Alliance, Mama's Kitchen,

2-1-1 San Diego (2-1-1), JFS and the Food Bank's Breast Cancer Case Management program, as well as other food and financial assistance programs. The LCSW served more than 350 patients and family members in FY 2018, while approximately 100 community members contacted the LCSW for consultation regarding support groups and other SGH Cancer Center services and community resources.

The breast health navigator is an RN certified in breast health who personally assists breast cancer patients and their families with navigating the health care system. The breast health navigator offers support, guidance, education, financial assistance referrals and recommendations for community resources. Through collaboration with community clinics — including FHCS, Neighborhood Healthcare and Borrego Health — the breast health navigator identifies patients who may financially benefit from the Breast and Cervical Cancer Treatment Program. Offered through the California Department of Health Care Services, the program provides urgently needed cancer treatment coverage for unfunded or underfunded low-income patients, while local clinics help facilitate the enrollment process. Patients needing psychosocial support are referred to the SGH Cancer Center Radiation Oncology Department's LCSW or various local or national resources including JFS's Breast Cancer Case Management program. The breast health navigator also plays an active role in community education at health fairs, providing educational literature about early detection of breast cancer and mammography guidelines, at no charge to the community. In FY 2018, the breast health navigator provided navigation assistance to nearly 200 breast cancer patients in need, including many with late-stage cancer diagnoses.

Since 2014, a cancer patient navigator has been designated for patients with cancers other than breast, including patients with head and neck cancers, lung cancer, anal and esophageal cancers as well as any cancer patient with complex care needs. The cancer patient navigator supports patients and their family members through care coordination and connection to needed resources, including transportation, translation needs, financial assistance, speech therapy, nutritional support, feeding tube support, social work services and more. In addition, the cancer patient navigator offers psychosocial support and education about the side effects of radiation therapy. Since the inception of SGH's navigator program, the cancer patient navigator has assisted more than 500 patients and their families.

Three genetic counselors assist patients and family members at SGH and SMH through risk assessment, counseling, genetic testing for personal and family history of cancer, and referrals for high-risk patients. The SGH Cancer Center's certified dietitian assists patients receiving radiation therapy or combined radiation and chemotherapy who are at high risk for malnutrition. This most often includes patients with head and neck, esophageal, lung, pancreatic and pelvic cancers — including some cervical and rectal. The dietitian provided one-on-one nutrition assessments, education and follow-up to 300 patients in FY 2018.

Throughout FY 2018, SGH helped raise community awareness of cancer through television interviews on KPBS, FOX 5 San Diego, CBS 8/CW San Diego and KUSI

News as well as through KPBS Public Radio 89.5 and live stream. Through these outlets, information was shared by a medical social worker, SGH Cancer Center staff and hospital physicians from a variety of specialties, including oncology and gastroenterology. Topics included lung cancer in individuals who have never smoked; coffee and its possible cancer risk link to acrylamide, a chemical byproduct created when coffee beans are roasted; a groundbreaking new study that found that women with early-stage breast cancer may be able to avoid chemotherapy; and scanxiety. During a Facebook Live question-and-answer session in March, a gastroenterologist shared simple ways people can reduce their risk of colon cancer, including engaging in moderate amounts of exercise and getting screened, as well as the preventive benefits of aspirin therapy. Another Facebook Live question and answer session focused on reducing the risk of breast cancer and was held during breast cancer awareness month in October.

The Sharp Cancer Centers (SCVMC, SGH, and SMH) conduct oncology clinical trials to support the discovery of new and improved treatments to help individuals overcome cancer and to enhance scientific knowledge for the larger health and research communities. In FY 2018, the Sharp Cancer Centers approached and evaluated 3,680 patients for participation in oncology clinical trials. As a result, 207 patients were enrolled in cancer research studies. In FY 2018, clinical trials focused on multiple types of cancer, including but not limited to brain, breast, colon, head and neck, lung, lymphoma, melanoma, ovarian and prostate.

FY 2019 Plan

The SGH Cancer Center will do the following:

- Provide cancer education, resources and breast self-exam demonstrations at community health fairs and events, as well as through social media
- Continue to provide a free biweekly breast cancer support group
- Provide free community support groups, including an art-themed group as well as groups for men with cancer and those with advanced cancer and their caregivers
- Provide monthly workshops on managing scanxiety, relaxation and chemo brain as well as a multi-session couples communication workshop for newly diagnosed cancer patients
- Continue to host a free monthly Lunch and Learn educational series for cancer patients, survivors and their loved ones
- Provide free meeting space for four Look Good Feel Better classes to help female cancer patients manage appearance-related side effects of cancer treatment
- Continue to provide ongoing personalized education, information, support and guidance to cancer patients and their loved ones
- Provide education and resources to the community by patient navigators for breast, colon, brain and gynecologic cancers, and cancer patients with complex care needs
- Connect individuals to community resources to help them manage their illness
- In collaboration with the Sharp ACP program, continue to provide an ACP workshop for patients and community members with cancer and their loved ones

- Provide legacy planning workshops on various topics, including creating memory boxes, scrapbooks, writing a life story and ethical wills
- Screen and enroll cancer patients in clinical trials for research studies
- Provide education on cancer and available treatments through community residents and community physician lectures
- Provide internships to National University radiation therapy students
- Provide a free seminar to educate community members about lifestyle choices for reducing breast cancer risk
- Continue to partner with community clinics to share best practices in the care of cancer patients and to help patients establish medical services

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

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

Rationale

- The HASD&IC 2016 CHNA continued to identify high-risk pregnancy as one of the top 15 priority health conditions seen in SDC hospitals.
- In 2016, SDC’s east region had 430 low birth weight (LBW) births, which accounted for 6.6 percent of total births for the region. When compared to all other racial groups, the proportion of LBW births in the east region was highest among African American/Black infants (9.2 percent). Additionally, a significantly higher proportion of LBW births in the region occurred among female infants (8.35 percent) compared to male infants (4.86 percent).
- In 2016, 24 infants in SDC’s east region died before their first birthday. The infant mortality rate was 3.7 infant deaths per 1,000 live births, the same as the rate for SDC overall.
- There were 1,210 hospitalizations due to maternal complications in SDC’s east region in 2016, a 35.8 percent increase from 2015. The region’s age-adjusted rate was 515.5 per 100,000 population, which was higher than the age-adjusted rate for SDC overall (494.2 per 100,000 population).
- In 2016, 5,301 live births received early prenatal care in SDC’s east region, which translates to 81.5 percent of all live births in the region. This was lower than the percentage of live births receiving early prenatal care in SDC overall (84.2 percent), and the lowest among all SDC regions.
- Proven strategies to increase the use of prenatal care include: affordable health coverage; expedited health coverage for uninsured pregnant women; insurance coverage that includes health education and risk counseling; outreach and assistance with enrolling in health coverage and accessing affordable prenatal services; use of safety net health providers; culturally and linguistically appropriate prenatal services; home visits for high-risk pregnant women; coaching and support from trained and certified doulas and community health workers; group care

approaches to reduce costs and enhance care; and transportation assistance (Children's Initiative, 2017).

- According to the 2017 *San Diego County Report Card on Children and Families*, breastfeeding enhances immunity to disease and decreases the rate and severity of infections in children; is associated with improved development and decreased risk of childhood obesity; and reduces lifelong risks for chronic health problems. Mothers who breastfeed may reduce their risk of breast, ovarian, and uterine cancers, experience quicker postpartum recovery time, and miss less work due to child illness (Children's Initiative, 2017).
- Breastfeeding initiation rates vary by race/ethnicity, and are lowest among Native American, Pacific Islander and African American mothers (Children's Initiative, 2017).
- In 2016, SDC ranked 18th out of 50 California counties for in-hospital exclusive breastfeeding at 80.9 percent (California WIC Association and UC Davis Human Lactation Center, *A Policy Update on California Breastfeeding and Hospital Performance*, 2017).
- While most women plan to breastfeed, only half of working mothers receive the support they need in the workplace to continue doing so. Mothers with workplace support for breastfeeding are twice as likely to be exclusively breastfeeding at three months postpartum. Lower income mothers are less likely to have workplace support for breastfeeding compared to mothers with higher incomes (CDPH, 2018).
- According to 2015-2017 CHIS data, 31.2 percent of women ages 18 to 65 years in SDC's east region were obese (Body Mass Index (BMI) > 30), which is higher than SDC overall (22.6 percent).
- According to the CDC, being overweight increases the risk of complications during pregnancy, and may lead to negative health outcomes for both mother and child after birth. Nearly half of women are overweight or obese when they become pregnant. Additionally, nearly half of women gain more weight than is recommended during pregnancy, which can lead to future obesity for both mother and child (CDC, 2017).
- Findings from the CDPH's 2018 *Maternal and Infant Health Assessment* indicated that in 2015, 20.5 percent of California mothers experienced depressive symptoms during pregnancy or postpartum. Black and Latina women, women with low socioeconomic status, and Medi-Cal insured women are all at higher risk for depressive symptoms during pregnancy and the postpartum period (California Task Force on the Status of Maternal Mental Health Care, 2018).
- Maternal depression is the most common pregnancy complication, occurring more frequently than gestational diabetes and preeclampsia combined. Untreated maternal mental health disorders have serious consequences, including adverse birth outcomes, impaired bonding between mother and infant, childhood behavioral problems, and increased stress on families (California Task Force on Status of Maternal Mental Health Care, 2017).
- Screening for maternal mental health disorders is currently not routine, and treatment for identified cases occurs less than 15 percent of the time. Untreated maternal depression costs California an estimated \$2.25 billion each year in lost

income and productivity and negative health outcomes for children (California Task Force on Status of Maternal Mental Health Care, 2017).

- The American Psychological Association (APA) identifies several risk factors for developing postpartum depression, including: a change in hormone levels after birth; prior experience with or family history of depression, anxiety or mental illness; stress related to caring for a newborn; having a baby who is difficult to comfort, or who has challenging sleep and hunger needs; having a baby with special needs; first-time, very young or older motherhood; emotional stressors such as the death of a loved one or family problems; financial or employment issues; and isolation or lack of social support (APA, 2016).
- According to the CDC, maternal health conditions that are not addressed before pregnancy can lead to complications for the mother and the infant. Several health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, obesity, smoking during pregnancy and high blood pressure (CDC, 2017).
- Factors associated with preterm birth include maternal age, race, socioeconomic status, tobacco and alcohol use, substance abuse, stress, high blood pressure, prior pre-term births, carrying more than one baby, infection and late prenatal care (CDC, 2017).
- Preterm birth results in \$26 billion in avoidable medical and societal costs each year (March of Dimes, 2017).
- According to the National Center on Substance Abuse and Child Welfare, an estimated 15 percent of infants are affected by prenatal alcohol or illicit drug exposure each year. Substance use during pregnancy increases the risk of negative health outcomes, such as stillbirth, miscarriage, LBW, preterm birth, birth deformities, behavioral impairments and withdrawal syndrome (Substance Abuse and Mental Health Services Administration, 2017).

Objectives

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

FY 2018 Report of Activities

In FY 2018, the SGH Women's Health Center provided education, outreach and support to help meet the unique needs of women, mothers and newborns throughout the community.

Free support groups assisted women and families with the challenges and adaptations of having a newborn. Offered twice per week, the breastfeeding support group provided a comfortable environment to discuss the joys and challenges of breastfeeding as well as tips to improve breastfeeding success at home. Facilitated by RN lactation consultants, the group served nearly 20 attendees per session in FY 2018, including fathers who were welcome to attend. The weekly postpartum support group, led by social workers, supported more than 30 mothers per session in FY 2018. Through the support group, mothers with babies up to 12 months of age who are experiencing symptoms of the “baby blues,” depression and/or anxiety can share their experiences, learn coping strategies and receive professional referrals.

Educational classes covered a variety of parenting and newborn care topics. Through the breastfeeding class, moms-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, infant nutrition and bathing, as well as hands-on practice with diapering, dressing and swaddling. Other offerings by the SGH Women’s Health Center in FY 2018 included classes on caesarean delivery preparation, childbirth preparation, infant and child CPR, and preparing new siblings and grandparents.

The SGH Women’s Health Center also supported the community through participation in the Sharp Women’s Health Conference in April. Team members offered information on women’s health including labor and delivery, prenatal care, obstetrics/gynecology care, neonatal intensive care options and more to 1,000 attendees. In addition, SGH continued to host an annual neonatal intensive care unit (NICU) reunion event to offer a unique experience for patients and families whose babies have spent time in the NICU, and celebrate their care long after they leave the hospital. The event reached approximately 250 former NICU patients and their families and included a variety of activities such as face painting, a photo booth (including framed pictures for the families), games, and arts and crafts.

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

the SGH Women's Health Center increased the exclusive newborn breastfeeding rate at discharge from 49 percent in 2011 to 59 percent in 2018.

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

The SGH Prenatal Clinic offers a variety of prenatal support for high-risk and underserved women in SDC. Throughout FY 2018, SGH Prenatal Clinic midwives provided in-kind help at Neighborhood Health Centers in El Cajon to support the underserved population in SDC's east region. This included nearly 1,000 hours of care for pregnant women, with midwife coverage five days per week. The SGH Prenatal Clinic also continued to participate in the CDPH Comprehensive Perinatal Services Program to offer comprehensive prenatal clinical and social services to low-income, low-literacy women with Medi-Cal benefits. Services included health education, nutritional guidance, and psychological and social issue support as well as translation services for non-English-speaking women. Nutrition classes were offered to help reduce the number of women who meet the criteria for gestational diabetes. Women with a current diabetes diagnosis were referred to the SGH Diabetes Education Program, while those with nutrition issues were referred to an SGH registered dietitian (RD) or the SGH Diabetes Education Program as appropriate. At-risk women with elevated BMIs received education and glucometers in order to measure their blood sugar and prevent the development of gestational diabetes. In addition, education on gestational diabetes was provided to pregnant members of the community.

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

In FY 2018, the SGH Women's Health Center participated in and partnered with several community organizations and advisory boards for maternal and child health, including WIC; CTIS; Partnership for Smoke-Free Families; San Diego County Breastfeeding Coalition Advisory Board; Beacon Council's Patient Safety Collaborative; ACNL; the regional Perinatal Care Network; the local chapter of AWHONN; California Maternal Quality Care Collaborative; California Perinatal Quality Care Collaborative; American Association of Critical-Care Nurses — Clinical Scene Investigator Academy; and the County of San Diego Public Health Nursing Advisory Board.

FY 2019 Plan

SGH will do the following:

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

Identified Community Need: Health Education and Wellness

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

Rationale

- The SGH 2016 CHNA identified behavioral health, cardiovascular disease, Type 2 diabetes, obesity, cancer and senior health as six priority health issues affecting members of the communities served by SGH.
- The HASD&IC 2016 CHNA process continued to identify the following among the top priority health conditions in SDC hospitals: diabetes, obesity, cardiovascular disease and stroke, mental health and mental disorders, unintentional injury, high-risk pregnancy, asthma, cancer, back pain, infectious disease and respiratory diseases.
- The HASD&IC and SGH 2016 CHNA community engagement activities emphasized 10 social determinants of health (SDOH) as having a serious impact on the four priority health issues in SDC (cardiovascular disease, Type 2 diabetes, behavioral health and obesity). These 10 social determinants are: food insecurity and access to healthy food; access to care or services; homeless/housing issues; physical activity; education/knowledge; cultural competency; transportation; insurance issues; stigma; and poverty.
- Key informant interviews conducted as part of the HASD&IC 2016 CHNA suggested several health improvement strategies to address the four priority health issues identified for SDC. These strategies include: behavioral health prevention and stigma reduction; education on disease management and food insecurity; integrating physical and mental health care; better coordination of care; greater cultural competence and diversity; and engagement of patient navigators and case managers in the community.
- Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to cardiovascular disease and Type 2 diabetes in more vulnerable communities

within SDC's east region, such as El Cajon and Jacumba (Dignity Health, SanGIS, OSHPD & SpeedTrack Inc., 2015).

- According to data presented in the SGH 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. According to the CDC, about half of Americans (47 percent) have at least one of these three risk factors. Additional risk factors include alcohol use, obesity, diabetes and genetic factors (CDC, 2015).
- HHSA's LWSD 3-4-50 initiative identified three behaviors (poor diet, physical inactivity and tobacco use) that contribute to four chronic conditions (cancer, heart disease/stroke, Type 2 diabetes and pulmonary diseases), which result in more than 50 percent of deaths worldwide. In 2015, 54 percent of all deaths in SDC's east region were attributed to 3-4-50 conditions, which was equal to the rate for SDC overall (54 percent).
- In 2016, cancer was the leading cause of death and diseases of the heart were the second leading cause of death for SDC's east region.
- According to 2017 CHIS data, the self-reported obesity rate for adults ages 18 and older in SDC's east region was 30.8 percent, which is a 15.8 percent decrease from 2016, but still higher than the self-reported obesity rate for SDC overall (22.5 percent).
- In 2016, 17.9 percent of adults ages 18 and older in SDC's east region self-reported eating at fast-food restaurants four or more times each week, which was higher than the rate for SDC overall of 16.3 percent (CHIS, 2016).
- According to the CDC, some of the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes and certain types of cancer. In 2016, 39.8 percent of Americans were obese (CDC, 2017).
- Obesity has been linked to environmental factors, such as accessibility and affordability of fresh foods, park availability, social cohesion and neighborhood safety (UCLA Center for Health Policy Research, 2015).

Objectives

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

FY 2018 Report of Activities

Throughout FY 2018, SGH participated in community events, offered presentations at neighborhood sites, and partnered with local media sources to educate community members about a variety of health and wellness topics.

In April, staff from a range of hospital departments participated in Sharp's annual Women's Health Conference, where they offered wellness education and services to approximately 1,000 attendees. This included the provision of nutrition education, handouts, recipes and healthy food samples as well as answering nutrition-related

questions. At the conference, SGH also provided nearly 210 community members with osteoporosis heel screenings, education on calcium and vitamin D requirements, and exercise tips for osteoporosis treatment and prevention. In addition, hand screenings were provided at the conference, which included evaluations and recommendations for hand pain and discomfort (arthritis, carpal tunnel, trigger finger, etc.). Furthermore, SGH conducted five blood drives where nearly 170 SGH team members donated more than 140 pints of blood.

In FY 2018, SGH RDs offered more than 100 community members nutrition handouts and healthy food samples, as well as answered nutrition-related questions at multiple community events, including Sempra/San Diego Gas & Electric's employee health fair, SGH's Burr Heart & Vascular Center Community Open House and a National Nutrition Month table located at the SGH cafeteria. In January, an SGH RD presented on eating well in the new year to nearly 20 seniors at the Dr. William C. Herrick Community Health Care Library. In addition, an SGH RD presented on mindful eating to nearly 50 community members at the SGH Cancer Center and San Diego Oasis.

SGH helped increase awareness about current news and trends impacting the health and safety of community members through television interviews on KUSI News, KPBS, FOX 5 San Diego and CBS 8/CW San Diego; printed articles in *The San Diego Union-Tribune*, *The East County Californian* and *El Latino San Diego*; websites including RT: For Decision Makers in Respiratory Care, MyFitnessPal online blog, Bustle digital magazine and Everyday Health — a consumer health website; and various radio stations. Information was shared through these outlets by a bereavement counselor, RD and medical social worker, as well as hospital physicians from a variety of specialties, including emergency medicine, sleep medicine, neurology, psychiatry, general surgery, bariatric surgery, cardiology, gastroenterology and oncology. Topics included, but were not limited to: aspirin and heart health; cannabis and heart health; sex after a heart attack; the Awake Video-Assisted Thoracic Surgery option for patients deemed inoperable; skin cancer and the Hispanic community; lung cancer in nonsmokers; symptoms and prevention of heat-related illnesses; sleep patterns and mood changes during warm San Diego nights; strategies to cope with lack of sleep; first aid tips after encountering a wild animal; the health benefits of eating fish as a child; fecal transplants; unexpected differences between grieving and depression; tips to prepare for surgery; minimally-invasive weight loss options; and the mental and physical health benefits of owning and caring for a dog.

Throughout FY 2018, staff at SGH regularly led or attended various health boards, committees, and advisory and work groups. Community and professional groups included CAHHS Committee on Volunteer Services and Directors' Coordinating Council, Cameron Family YMCA, County of San Diego EMCC, Grossmont Healthcare District's Independent Citizens' Bond Oversight Committee, San Diego East County Chamber of Commerce, California Hospital Association (CHA) Workforce Committee, CHA San Diego Association of Directors of Volunteer Services, San Diego-Imperial County Council of Hospital Volunteers, Santee-Lakeside Rotary Club, Lantern Crest Senior Living Advisory Board, AHA, Health Sciences High and Middle College (HSHMC)

Board, California Academy of Nutrition and Dietetics – San Diego District, Association of Fundraising Professionals – San Diego Chapter, California Society for Clinical Social Work Professionals, National Association of Orthopedic Nurses, Emergency Nurses Association – San Diego Chapter, County Service Area – 69 Advisory Board, Grossmont Healthcare District Community Grants and Sponsorships Committee, HASD&IC, Grossmont College Occupational Therapy Assistant Advisory Board, Angels Foster Family Network, La Mesa Parks and Recreation, and San Diego Freedom Ranch.

FY 2019 Plan

SGH will do the following:

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

Identified Community Need: Prevention of Unintentional Injuries

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

Rationale

- The HASD&IC 2016 CHNA continued to identify unintentional injury as one of the top priority health conditions seen in SDC hospitals.
- In 2016, accidents (unintentional injuries) were the fifth leading cause of death for SDC's east region. Unintentional injuries (i.e., motor vehicle accidents, falls, pedestrian-related, firearms, fire/burns, drowning, explosions, poisoning (including drugs and alcohol, gas, cleaners and caustic substances), choking/suffocation, cut/pierce, exposure to electrical current/radiation/fire/smoke, natural disasters and workplace injuries) are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region.
- In 2016, there were 220 deaths due to unintentional injury in SDC's east region¹. The region's age-adjusted death rate due to unintentional injury was 41.7 deaths per 100,000 population, the highest of all regions in SDC.
- In 2016, there were 4,065 hospitalizations related to unintentional injury in SDC's east region. The age-adjusted rate of hospitalizations was 762.4 per 100,000

¹ The 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 2016. 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*." (Peña, M., County of San Diego HHS Public Health Services, Community Health Statistics Unit, 2018; Heron, M., Deaths: Leading causes for 2016. National Vital Statistics Reports; vol 67 no 6. Hyattsville, Maryland: National Center for Health Statistics. 2018.)

population, which was above the county age-adjusted rate of 589.4 per 100,000 population.

- In 2016, there were 28,985 ED discharges related to unintentional injury in SDC's east region. The age-adjusted rate for the east region was 6,081.3 per 100,000 population, which was the second highest of all regions and above the SDC age-adjusted rate of 5,160.3 ED visits per 100,000 population.
- CDPH injury data reports that in 2016, unintentional injuries caused over 13,000 deaths, 200,000 nonfatal hospitalizations, and 2.3 million non-fatal ED visits (CDPH, Safe and Active Communities Branch, 2016).
- In 2015, the CDC recorded approximately 30.8 million ED visits in the U.S. for unintentional injuries (CDC, 2015).
- In 2016, unintentional injury was the third leading cause of death across all age groups in the U.S., accounting for over 160,000 deaths. Unintentional injury was the leading cause of death in the U.S. for people ages one to 44, and the seventh leading cause of death for those over age 65 (CDC, 2018).
- According to data from NCHS, in 2016, over 130,000 deaths in the U.S. were attributed to three causes: poisoning (26 percent), motor vehicle traffic accidents (16.9 percent), and falls (16.5 percent).
- Unintentional injuries are the leading cause of death among children in the U.S., while non-fatal unintentional injuries can result in children having long-term disabilities (*LiveWell San Diego Report Card on Children, Families, and Community*, 2017).
- SDC has focused injury prevention efforts on the most vulnerable populations, including children of all ages (especially older children) as well as Native American and rural children. Successful interventions include safety campaigns, educational strategies and changes in parenting practices (*LWSD Report Card on Children, Families, and Community*, 2017).
- Traumatic injury is the leading cause of death among children, with many survivors enduring the consequences of brain and spinal cord injuries. The physical, emotional, psychological and learning problems that affect injured children, along with the associated costs, make reducing traumatic injuries a high priority for health and safety advocates throughout the nation. Educational programs like ThinkFirst increase knowledge and awareness of the causes and risk factors of brain and spinal cord injury (SCI), injury prevention measures, and the use of safety habits at an early age (www.thinkfirst.org/kids, 2015).
- According to HP2020, most events resulting in injury, disability or death are predictable and preventable. There are many risk factors for unintentional injury and violence, including individual behaviors and choices, such as alcohol use or risk-taking; physical environment both at home and in the community; access to health services and systems for injury-related care; and social environment, including individual social experiences (e.g., social norms, education and victimization history), social relationships (e.g., parental monitoring and supervision of youth, peer group associations and family interactions), community environment (e.g., cohesion in schools, neighborhoods and communities) and societal factors (e.g., cultural beliefs, attitudes, incentives and disincentives, laws and regulations).

Objectives

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

FY 2018 Report of Activities

Sharp's ThinkFirst/Sharp on Survival program is a chapter of the ThinkFirst National Injury Prevention Foundation, a nonprofit organization dedicated to preventing brain, spinal cord, and other traumatic injuries through education, research and advocacy. In FY 2018, ThinkFirst/Sharp on Survival provided injury prevention education in a variety of settings to approximately 3,000 East County residents.

More than 1,400 of these residents were students in grades nine through 12 who are part of the HASPI program. HASPI is a collaborative network of educators, community organizations and health care industry representatives all working together to increase health and medical career awareness, improve science proficiency in schools and prepare students for future health care careers. Through the partnership and financial support from HASPI, the ThinkFirst/Sharp on Survival program offered schools in SDC's east region a variety of services including classroom presentations, small assemblies and offsite learning expos. HASPI school-site programs consisted of one- to two-hour classes on topics such as the modes of injury, disability awareness, and the anatomy and physiology of the brain and spinal cord. These programs were enhanced by powerful personal testimonies from individuals with traumatic brain injury (TBI) or SCI, known as Voices for Injury Prevention (VIPs). In FY 2018, ThinkFirst/Sharp on Survival expanded its delivery of HASPI education within East County through presentations to 65 students at Mountain Empire High School, located in the rural backcountry of southeastern SDC.

Also through the HASPI program, in FY 2018, a dozen students from West Hills High School interested in pursuing careers in physical rehabilitation participated in a half-day, interactive tour of the SMH Rehabilitation Center. Students rotated through five stations that provided hands-on experiences in adapted dressing techniques, wheelchair mobility and various memory and problem-solving activities used in therapy. The experience allowed them to gain a better understanding of physical rehabilitation, as well as the challenges that patients face following a life-changing event.

With grant funding from the Grossmont Healthcare District (GHD), ThinkFirst/Sharp on Survival provided further outreach to East County schools through presentations reaching more than 70 students at Avocado Elementary School. Presentations were provided to students during three assemblies that focused on conveying the permanence of injuries, TBI, SCI and disabilities. In addition, a group of fourth graders received education on booster seat safety. Following the presentations, students

engaged in hands-on learning and disability education through exploration of wheelchair accessible vans. This activity aimed to show students that individuals are more alike than different, regardless of physical ability.

ThinkFirst/Sharp on Survival also presented on injury prevention, TBI, SCI and disability awareness to approximately 900 college students in SDSU's Disability in Society course. The class is open to a variety of majors, enabling ThinkFirst/Sharp on Survival to reach a broad audience of young adults. After the presentation, students had the opportunity to ask questions related to the challenges nonprofit organizations face when conducting public health education and outreach.

In July, ThinkFirst/Sharp on Survival presented to 20 members of the Casa De Oro, El Cajon and Sunrise Optimist Clubs. As longtime residents of these communities and ongoing supporters of ThinkFirst San Diego, these members request a special guest presentation every few years to learn about the organization's current projects — especially those related to helping children in East County — and to ask questions regarding current child passenger safety information.

In October, ThinkFirst/Sharp on Survival provided injury prevention education to approximately 550 youth and their parents at the annual GHD-sponsored Kids Care Fest at the Lakeside Rodeo Grounds. Education included proper helmet fitting and booster and car seat use; TBI and SCI; and state safety laws.

FY 2018 Plan

ThinkFirst/Sharp on Survival will do the following:

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

- Assist with planning and providing guest speakers for the 2019 ThinkFirst National Injury Prevention Foundation Conference

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

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

Rationale

- According to the 2017 San Diego Workforce Partnership (SDWP) *Health Care Priority Sector* report, the health care industry in SDC experienced a 44 percent increase in employment growth between 2006 and 2016, higher than the 38 percent growth rate seen by the state of California (SDWP, 2017).
- The same report indicated that the six fastest growing health care occupations in SDC between 2013 and 2016 were physician’s assistants (22 percent), medical assistants (18 percent), health care social workers (15 percent), home health aides (13 percent), licensed vocational nurses (12 percent), and medical and clinical lab technicians (11 percent). RNs accounted for 1,366 added jobs during this period, which was the largest increase in total jobs among all health care occupations (SDWP, 2017).
- The *Health Care Priority Sector* report also found that health care employers identified RNs, physicians and surgeons, and health technicians as the most difficult positions to fill. The most frequently cited reason for hiring difficulties were lack of experience, small applicant pools, and insufficient non-technical skills (SDWP, 2017).
- According to SDWP, a major challenge faced by education and training programs in the health care sector is accommodating the number of clinical training hours required for students in California to become certified. In addition, training sites are limited, and those licensed in other states often cannot work in California due to stricter requirements (SDWP, 2017).
- The 2017 SDWP *Nonprofit Sector Employment Trends and Career Opportunities* report recommends that nonprofit sector health care training and education programs in SDC emphasize soft skills such as teamwork, interpersonal and communication skills, problem solving, adaptability, and big-picture thinking with the ability to plan and forecast. It also recommends enhancing curriculum with more training on data management and technology to help graduates meet the needs of this increasingly data-driven sector.
- In its *Employment Projections – 2016-2026* report, the U.S. Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/ technical occupations will contribute about one-fifth of all new jobs and account for almost half of the 30 fastest growing occupations. Several factors leading to the increased demand for these professions include: projected population growth in the next decade; an aging U.S. population; more people living with chronic conditions, such as diabetes and obesity; improvements in medicine and technology;

and federal health insurance reform, which has increased the total number of Americans with health insurance coverage (BLS, 2016).

- Total employment in California is projected to increase by 6.5 percent between 2014 and 2024, adding an additional 9.8 million people. The health care and social assistance sector is expected to be the fastest growing service industry, increasing its employment share from 12 percent in 2014 to 13.6 percent in 2024. Occupations and industries related to health care are projected to add the most new jobs, with an increase of 2.3 million jobs (BLS, 2015).
- Half of the occupations projected to grow fastest in the U.S. from 2016 to 2026 are in the health care sector. Among the top 10 fastest growing occupations in all sectors, BLS projects a 37.3 percent increase in physician assistants, a 36.1 percent increase in nurse practitioners, a 31 percent increase in physical therapist assistants, and a 47.3 percent increase in home health aides. The demand for home health aides will almost double by 2026, driven by an aging population that will require greater assistance with daily activities (BLS, 2018).
- As of 2015, SDC was one of 26 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (OSHPD *Healthcare Atlas*, 2017).
- The U.S. Department of Health and Human Services Bureau of Health Workforce (BHW) projects that California will face a shortage of 44,500 full-time nurses by 2030 if current levels of health care are maintained – the most severe shortage among all states (BHW, 2017).
- The California Health Care Almanac reported that in 2015, 44 percent of the employed RN workforce was over the age of 50. As this age group approaches retirement, it will be critical to train younger RNs to handle the turnover (California Health Care Foundation (CHCF), 2017).
- The BLS projects employment of more than 400,000 RNs in California in 2026, which would be an increase of 15 percent from 2016. Compared to other health care practitioners and technical health care operators, RNs are projected to have the most opportunity for employment in 2020 (BLS, 2018).
- According to forecasts performed by the Healthforce Center at the University of California, San Francisco (UCSF), the demand for primary care clinicians in California will increase 12 to 17 percent by 2030. These forecasts predict that the southern border region will experience some of the highest levels of clinician shortages in the state. UCSF recommends a comprehensive and holistic targeted strategy to enhance the education pipeline, improve recruitment and retention, maximize the existing workforce, and leverage workforce data (UCSF, 2017-2018).
- An increased demand for a diverse and culturally and linguistically competent workforce is projected for the health care industry. Therefore, it is important for the industry to start creating a workforce pipeline in collaboration with high schools and postsecondary educational sectors, as well as policy makers, educators, health care leaders and the local community. Long-term investment in creating mentorship, on-the-job shadowing, volunteer and internship opportunities for high school students will help prepare them for college and a career, build a strong and diverse health care workforce, and prevent future industry workforce shortages (*Employer-Defined*

Value: Improving the Connection Between Health Care Employers and Schools to Increase Work-Based Learning Opportunities for High School Students, CHA, 2015).

Objectives

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

FY 2018 Report of Activities

Throughout the academic year, SGH provided more than 840 students from colleges and universities throughout San Diego with various placement and professional development opportunities. Approximately 580 nursing students spent nearly 56,000 hours at SGH, including time spent both in clinical rotations and individual preceptor training, while more than 260 ancillary students spent more than 65,300 hours on the SGH campus. Academic partners included Alliant International University; APU; Bridgewater State University; California State University (CSU) Chico; CSU Dominguez Hills; CSU Fresno; CSU Northridge; California State University San Marcos; Casa Loma College; Chapman University; Concorde Career College; EMSTA College; Grand Canyon University; Grossmont College; Grossmont Health Occupations Center; Keck Graduate Institute; Lake Area Technical Institute; Lake Erie College of Osteopathic Medicine; Metropolitan State; Mount Saint Mary College; National University; North West College; Northern Arizona University; Pacific College of Oriental Medicine; Palomar College; Pima Medical Institute; Point Loma Nazarene University (PLNU); Samuel Merritt University; San Diego City College; San Diego Mesa College; SDSU; San Jose State University; Santa Barbara City College; Southwestern College; Touro University; UC San Diego; University of Buffalo; University of New Hampshire; University of Phoenix; University of Puget Sound; University of San Diego (USD); University of Southern California; University of St. Augustine; University of the Pacific; Walden University; Western Governors University and Western University. Further, the SGH Cancer Center provided internships to two National University radiation therapy students.

SGH continued to collaborate with the Grossmont Union High School District (GUHSD) in the Healthcare Exploration Summer Institute (HESI), providing high school students with opportunities for classroom instruction, job shadowing, observations and limited hands-on experiences. In FY 2018, 23 students shadowed staff for two weeks in a variety of hospital specialties, including women's health, laboratory, pulmonary, interventional radiology, pre- and post-operative surgery, the progressive care unit, radiology, pharmacy, supply chain/distribution, nutrition, infection control, the surgical waiting area/concierge, occupational and physical therapy, and the catheterization and hyperbaric laboratories. At the conclusion of the program, students presented their

experiences as case studies to family members, educators and hospital staff. Those completing the program received high school credits for an elective course.

SGH also continued its participation in the HSHMC program in FY 2018, providing early professional development for approximately 160 students in ninth through 12th grades. Students spent more than 28,440 hours shadowing staff in various areas throughout the hospital, including but not limited to progressive care units, ED, food and nutritional services, behavioral health, acute care medical-surgical nursing, sterile processing, engineering, occupational and physical rehabilitation, endoscopy, women's health, cardiology, pharmacy, medical intensive care unit, surgical intensive care unit, and the hand clinic. In addition, SGH staff provided students instruction on educational requirements, career ladder development and job requirements. At the end of the academic year, SGH staff provided the students, their family members, community leaders and hospital mentors with a symposium that showcased the lessons learned throughout the program.

SGH continued to provide HealthCare Towne in FY 2018, an early outreach program for middle and junior high school students designed to build the health care workforce of tomorrow through a field trip to the SGH campus. This unique event encouraged students to connect what they learn in the classroom to real-life career opportunities in health care. HealthCare Towne has four major components that include: World of Work, the Puzzle Room, Scenario Tour and In-the-Round Activity. The first component, World of Work, empowered students to develop self-awareness by exploring their strengths, interests and values. Students were divided into three groups to solve three different scenarios. In the Puzzle Room, students collaborated to diagnose a hypothetical patient before they arrived at the hospital by interpreting clues to find the answer and reveal the next piece. In the Scenario Room, students learned about and walked through clinical areas where the patient would receive care, including the ambulance bay, ED, operating room, catheterization laboratory, imaging and intensive care unit. During the final component, In-the-Round Activity, students applied clues, lab results and what they learned throughout the day to help fully diagnose the patient with several conditions. In April and September 2018, approximately 70 local middle school students participated in HealthCare Towne.

In FY 2018, SGH sponsored Ethics in Business, a program of the San Diego East County Chamber of Commerce and the GUHSD Career Technical Education Department. The program is designed to train high school students to become principled leaders through curriculum and case studies focusing on good ethical behavior and is the result of a cooperative effort by a group of business, education and community leaders. SGH staff were on-site to assist during the event, which was attended by approximately 200 high school students.

With health care workforce shortages on the rise, SGH created the I Inspire program, a weeklong program that encourages high school students from underrepresented backgrounds to consider careers in health care and learn about nursing directly from those in the field. To qualify for the program, students must be in good academic

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

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

FY 2019 Plan

SGH will do the following:

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

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

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

Rationale

- As part of the SGH 2016 CHNA process, discussions with Sharp's Community-based Care Transitions Program (CCTP)/CTI staff identified the following strategies for improving the health of SDC's vulnerable, high-risk, or medically underserved patients: coaching; educating patients about their disease and the health care system; providing education tailored to specific cultural and linguistic groups; providing transportation, support, hope and love; and providing a personal health record with resources and information about their medications.
- A key informant interview conducted as part of the SGH 2016 CHNA process identified the home environment, transportation and medication management as challenges for vulnerable patients. Recommendations included connecting patients to community resources as part of their transition from hospital to home, expediting services for discharged patients with immediate needs, and developing methods to finance hospital/community partnerships for expedited services.
- The HASD&IC 2016 CHNA identified 10 SDOH that impact the four priority health needs in SDC (behavioral health, cardiovascular disease, obesity and Type 2 diabetes). These social determinants are: food insecurity and access to healthy food; access to care or services; homeless/housing issues; physical activity; education/knowledge; cultural competency; transportation; insurance issues; stigma; and poverty.
- Key informant interviews conducted as part of the HASD&IC 2016 CHNA suggested the following strategies for improving health and removing barriers to care: behavioral health prevention and stigma reduction; education on disease management and food insecurity; improving diversity and cultural competency; coordinating services across the continuum; integrating physical and mental health; and engaging case managers and patient navigators in the community and incorporating them as a routine part of the continuum of care.
- Participants in the HASD&IC 2016 CHNA community partner discussions recommended strengths-based case management, greater availability of multicultural providers and translators, and better coordination of discharge procedures as strategies for improving and maintaining health in SDC.
- Community members participating in the Health Access and Navigation Survey as part of the HASD&IC 2016 CHNA identified the following top barriers to care: understanding health insurance; getting health insurance; using health insurance; knowing where to go for care; and follow-up care or appointments.
- As of September 2018, the average unemployment rate in the east region cities of El Cajon, La Mesa, Lakeside, Lemon Grove, Santee and Spring Valley was 3.4 percent. This is slightly higher than the rate for SDC overall (3.2 percent), but lower than the state average (3.9 percent) (Labor Market Information, State of California Employment Development Department, 2018).

- The Regional Taskforce on the Homeless' January 2018 *WeAllCount* campaign estimated that there were 8,576 homeless individuals in SDC, roughly 58 percent of whom were unsheltered. The most commonly cited cause of homelessness among the unsheltered population was loss of a job (23.4 percent), followed by money issues (16.2 percent), "other" (12.7 percent), cost of housing (11.7 percent) and disability (8 percent).
- In 2018, 12.7 percent of SDC's homeless population resided in the east region.
- The same report found that 31 percent of current SDC homeless are accessing health services, while 18 percent are not.
- A 2016 report by the HHS titled *Identifying Health Disparities to Achieve Health Equity in San Diego County: Socioeconomic Status* found that low-income communities in the county are disproportionately affected by numerous health issues, including injury, chronic and communicable diseases, poor maternal and child health outcomes, and behavioral health outcomes. Four such low-income communities — El Cajon, La Mesa, Lemon Grove and Mountain Empire — are located in SDC's east region.
- According to results from the Kaiser Family Foundation's *Employer Health Benefits Survey*, the average annual premium for employer-sponsored health insurance in 2018 was \$6,896 for a single adult and \$19,616 for a family. On average, workers contributed 18 percent to single coverage premiums and 29 percent for family coverage premiums — an increase of 3 percent for singles and 5 percent for families compared to 2017. The survey also found that the average dollar amount workers contribute to single and family premiums has risen 65 percent since 2008.
- According to a report from the CHCF titled *Mental Health in California: For Too Many, Care Not There*, the prevalence of serious mental illness varies by income level, with lower-income individuals experiencing higher rates of mental illness. Although the number of adults with mental health coverage in California increased nearly 50 percent between 2012 and 2015 because of Medi-Cal expansion, in 2015, approximately two-thirds of Californian adults with mental illness and adolescents who experienced major depressive episodes did not receive treatment (CHCF, 2018).
- According to the same report, ED visits resulting in inpatient psychiatric admissions increased 30 percent from 2010 to 2015. More robust community behavioral health services for low-income and uninsured patients may decrease unnecessary ED use (CHCF, 2018).

Objectives

- Connect high-risk, underfunded patients and community members to local resources and organizations for low-cost medical equipment, housing options and follow-up care
- Assist economically disadvantaged individuals through transportation and financial assistance for pharmaceuticals
- Collaborate with community organizations to provide services to chronically homeless individuals

- Through the CTI program, provide high-risk, under- and unfunded patients with health coaching, support and resources that address SDOH to ensure a safe transition home and continued health and safety

FY 2018 Report of Activities

In FY 2018, SGH continued to provide post-acute care facilitation for high-risk patients, including individuals who were homeless or without a safe home environment. Individuals received referrals to and assistance from a variety of local resources and organizations. These groups provided support with transportation, placement, medical equipment, medications, outpatient dialysis and nursing home stays. SGH referred high-risk patients, families and community members to churches, shelters and other community resources for food, safe shelter and other resources.

For unemployed, uninsured and underinsured patients, or for those who simply cannot afford the expense of DME, including a wheelchair, walker or cane due to a fixed income, SGH has committed to providing medically necessary equipment for high-risk patients upon discharge. SGH case managers and social workers actively seek DME donations from the community and SGH Volunteer Services, providing nearly 300 DME items in 2018. In addition, SGH paid nearly \$46,000 for uninsured patients to receive continued short-term rehabilitative care in a skilled nursing facility (SNF) to improve patient mobility and stability.

To assist economically disadvantaged individuals, SGH provided more than \$198,000 in free medications, transportation, lodging and financial assistance through its Project HELP funds. These funds assisted nearly 6,800 individuals in FY 2018. In addition, SGH pharmacists assisted more than 400 economically disadvantaged patients with outpatient prescriptions valued at more than \$228,000.

In addition, SGH continued to collaborate with community organizations to provide services to chronically homeless patients. Through its collaboration with the SDRM, SGH discharged chronically homeless patients or patients who have exhausted other community housing resources to the SDRM's Recuperative Care Unit. This program allows chronically homeless patients to receive follow-up medical care through SGH in a safe and secure space, and also provides psychiatric care, behavioral health care, substance abuse counseling and guidance from the SDRM's programs in order to help patients recuperate and get back on their feet. The SDRM assists patients with FSD and CalFresh applications; connects patients to community resources, including St. Paul's PACE and JFS; assists with permanent housing; provides programs that support continued sobriety and residential treatment; and collaborates with St. Vincent de Paul Village to assist with the SSI application process through HOPE (Homeless Outreach Program for Entitlement) San Diego — an effort to increase access to SSI for people who are homeless or at risk of homelessness. Further, in collaboration with Sharp Global Patient Services, SGH transferred three homeless hospice patients to their native countries and reunited them with family and friends.

Beginning in 2014, SGH piloted the CTI program for its high-risk, vulnerable populations, including Medi-Cal, Medi-Cal pending/presumptive, self-pay, no-pay, refugee populations, homeless and Medicare A or B only patients. Modeled after the countywide CCTP established by the Centers for Medicare & Medicaid Services to serve the Medicare fee-for-service patient population at risk for readmission, the CTI program provides 30-day coaching by an RN or medical social worker at no cost to vulnerable patients who are identified through a comprehensive risk assessment tool. The assessment tool evaluates patients for multiple factors including isolation, co-occurring health issues, food insecurity, behavioral health issues and other conditions that impact their health and safety. The project team is a collaborative effort between various team members across Sharp, including nurses, case managers, social workers and disease specialists as well as team members of Sharp community benefit, Patient Financial Services (PFS), SGH's Senior Resource Center and others. CTI health coaches include an RN and a medical social worker who devoted hundreds of hours directly to CTI patients. The team ensures that vulnerable patients are connected with community resources and support to safely transition home and keep them safe and healthy in the community. Partnerships with community organizations connect these patients to critical social services upon discharge, and have included FSD, Food Bank, 2-1-1, FHCS, various churches, and refugee and other social support organizations. This outreach is critical for sustaining the health and well-being of vulnerable patients and empowering them to manage their care outside the hospital.

Food insecurity, or lack of access to healthy food, is a key factor in the health status of CTI patients. Since its inception, hundreds of CTI patients were identified as food insecure and provided a direct referral to 2-1-1. 2-1-1 then conducted proactive phone calls to CTI patients in order to connect them to resources such as federal assistance food commodity programs (through the Food Bank), free food distribution sites throughout San Diego, and assistance with CalFresh enrollment. In addition, the CTI program worked closely with SGH's PFS to evaluate patients for CalFresh benefits prior to hospital discharge, which dramatically increased the likelihood that patients completed CalFresh applications and received benefits. In FY 2018, more than 80 SGH patients were granted CalFresh benefits.

Further, the CTI program provides medically-tailored emergency food bags for CTI patients without sufficient food in their homes. The food bags are supported by funding from the Grossmont Hospital Foundation and include nutritious items specifically designed with guidance from an SGH dietitian for the complex health conditions and nutritional needs of CTI patients, in order to sustain their health until they are connected to food assistance. The food bags provide CTI patients with nonperishable, nutritionally dense foods during the first few days of discharge, when proper nutrition is critical. The coaches provide food bags during their home visit and combine this delivery with a review of the patient's hospitalization and a plan for self-management. Since inception, the CTI program has provided hundreds of food bags to CTI patients in SDC's east region.

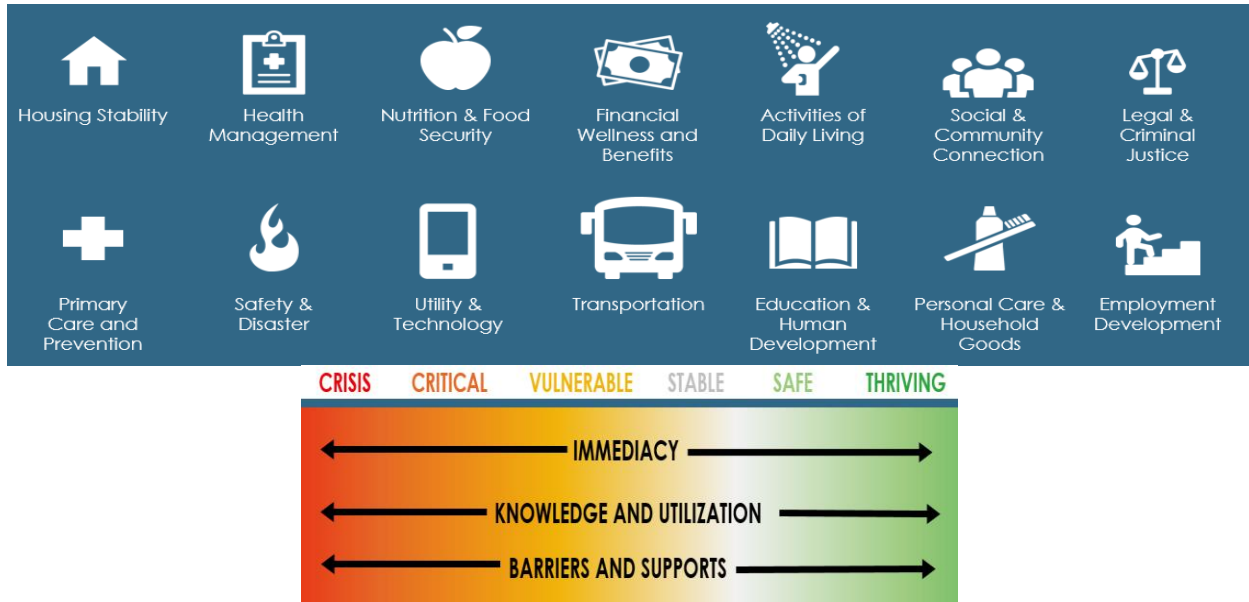
In addition, a significant number of CTI patients are diabetic and are challenged with adherence to their care plan because they cannot afford diabetes equipment. To address this barrier, the CTI program works with Sharp Diabetes Educators who assemble and provide “diabetes kits” — including a three-month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

The CTI pilot has demonstrated a powerful impact over the past few years. To date, the CTI team has approached more than 2,700 patients and succeeded in enrolling more than 2,100 individuals in the program. Since its inception in May 2014, the average readmission rate for CTI-enrolled patients is below 13 percent, compared to an average readmission of nearly 30 percent for individuals who refused CTI coaching services. In FY 2018, the average readmission rate for CTI patients from any status was 12.4 percent. It is the focus on care management as well as SDOH that contributes to the success of the CTI program.

The CTI program’s partnership with 2-1-1’s Health Navigation Program has proven to be one of the most innovative and impactful collaborations of the CTI program, and truly a best practice in delivering care to community members facing inequities. 2-1-1’s Health Navigation Program provides in-depth care coordination to better connect, empower, educate and advocate for clients with health needs. 2-1-1 Health Navigators work with community members experiencing issues in accessing care, managing chronic conditions, and those who are uninsured or underinsured. Health Navigators assess specific needs, which are unique to the individual’s health condition and situation; refer and educate them about options and community resources; and advocate on their behalf when needed. Health Navigators ensure access and utilization of the services that community members are referred to and then conduct follow-up communication with them over time.

Through the partnership between SGH and 2-1-1, CTI patients are referred to the 2-1-1 Health Navigation Program to address health and social needs and leverage 2-1-1’s enrollment services, housing coordination and advocacy. At intake and again at completion of care coordination, 2-1-1 uses a risk rating scale to measure and address: changes in vulnerability related to SDOH (access to food, housing, transportation, etc.); hospital readmission risk; and patient satisfaction and patient self-efficacy to both demonstrate program impact and identify areas for improvement. Based on the rating scale, patients fall into one of six categories as shown in **Figure 21** that allow the Health Navigators to tailor the services to the individual and connect patients with the appropriate community resources.

Figure 21: 2-1-1 San Diego Social Determinants of Health/Risk Rating Scale

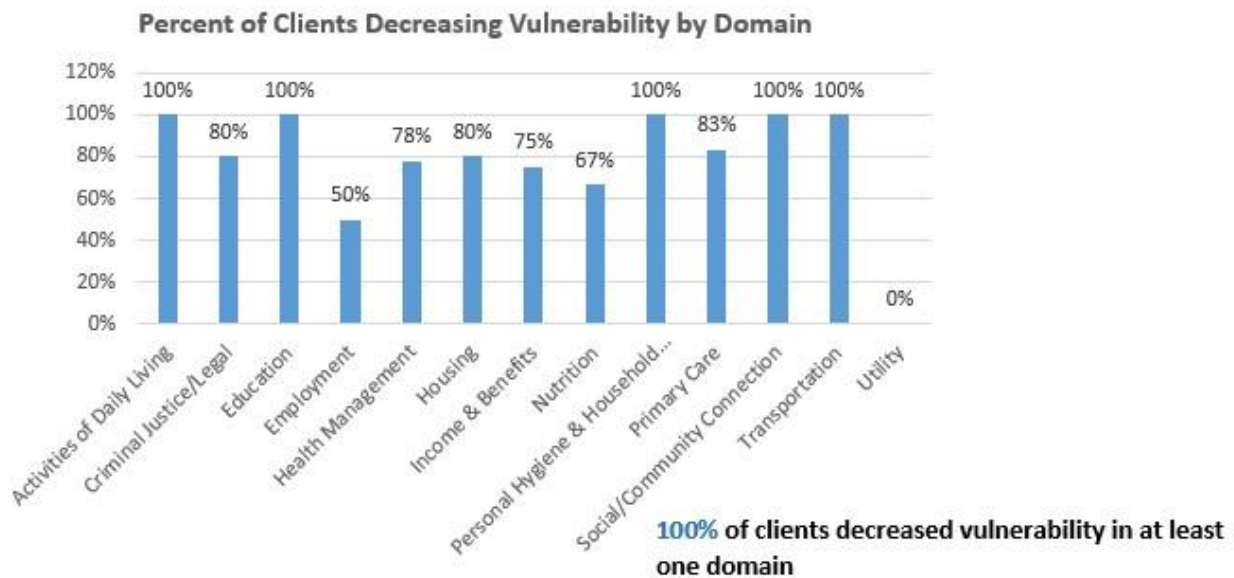


Source: 2-1-1 San Diego, 2017

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

Funded by the Grossmont Hospital Foundation, the CTI program’s partnership with 2-1-1 continues to successfully demonstrate the value of SDOH support for high-risk patients post hospital discharge. In FY 2018, nearly 80 patients were referred to 2-1-1. In the third year of this partnership, 100 percent of CTI patients that completed 2-1-1 Health Navigation reduced their vulnerability in at least one SDOH domain (e.g., housing, nutrition, etc.). See **Figure 22** for a description of this impact on SDOH:

Figure 22: Decrease in SDOH Vulnerability for CTI Patients Completing 2-1-1 San Diego’s Health Navigation Program — Year 3



Source: 2-1-1 San Diego, 2017

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

In addition, the partnership has had a significant impact on readmission rates among participants. In the second year of the program, the readmission rate for CTI patients who completed the 2-1-1 Health Navigation Program was 10.8 percent, a dramatic decrease from the readmission rate of nearly 30 percent, associated with patients who qualify for CTI, but do not enroll in the program. In addition, survey outcomes from the partnership revealed that 96 percent of CTI patients expressed confidence in the care plan to manage their health following completion of the 2-1-1 Health Navigation Program. These outcomes support the ultimate goal of the CTI program — to empower patients and community members with resources and skills to maintain their health and well-being.

FY 2019 Plan

SGH will do the following:

- Continue to provide post-acute care facilitation to high-risk patients
- Continue and expand the DME donations project to improve access to necessary medical equipment for high-risk patients who cannot afford DME
- Continue to administer Project HELP funds to those in need

- Continue to collaborate with community organizations to provide medical care, financial assistance, and psychiatric and social services to chronically homeless patients
- Continue to provide high-risk, Medi-Cal and unfunded patients with care transitions support, including connection to health care services and resources that address SDOH
- Maintain and strengthen partnerships with FSD and 2-1-1 to strengthen the services of the CTI program and support expansion of the program
- Implement 2-1-1's Community Information Exchange — an online platform that allows the sharing of social service program utilization data by community members, and potentially patients
- Explore opportunities to improve communication with community clinics
- Continue to work with SGH Volunteer Services to provide weather-appropriate clothing to homeless patients upon discharge

SGH Program and Service Highlights

- 24-hour emergency room and critical care center, with heliport and paramedic base station — designated STEMI Center
- Acute care
- Ambulatory Care Center
- Breast Imaging Center, including mammography
- Cardiac Training Center
- CTI program
- David and Donna Long Center for Cancer Treatment, including clinical trials, genetic counseling, radiation therapy and medical oncology
- Electrocardiogram
- Electroencephalography
- Endoscopy
- Grossmont Medical Plaza Outpatient Surgery Center
- Group and art therapies
- Heart and vascular care — recognized by the AHA
- Home health¹
- Home infusion services
- Hospice², including BonitaView, LakeView and ParkView hospice homes
- Intensive Care Unit
- Level III Neonatal Intensive Care Unit
- Mental Health Inpatient and Outpatient Services
- Orthopedics, including total joint replacement surgery
- Outpatient diabetes services, recognized by the ADA
- Outpatient Infusion Center
- Palliative care services
- Pathology services
- Pediatric services³
- Pharmacy services
- Pre-Anesthesia Evaluation Services
- Pulmonary services
- Radiology and diagnostic imaging, including computed tomography scan, positron emission tomography scan, digital mammography and DEXA bone density scan
- Rehabilitation services (inpatient and outpatient)
- Senior Resource Center
- SNF/Transitional Care Unit
- Sleep Disorders Center
- Spiritual care services
- Stroke Center — recognized by the AHA
- Surgical Intensive Care Unit
- Surgical services, including robotic surgery
- Therapy Pet program

¹ Provided through Sharp Memorial Hospital Home Health Agency

² Provided through Sharp HospiceCare

³ Inpatient services are provided through an affiliation with Rady Children's Hospital

- Care Clinic (opening 2018)
- Van transportation services
- Women's Health Center, offering a full range of pregnancy, delivery, gynecologic and women's reproductive services
- Wound Healing Center, including hyperbaric medicine



Empowering San Diegans to Plan Ahead

Sharp HospiceCare

At any age, a medical crisis could leave a person too ill to make health care decisions. Without an advance care plan, an individual is more likely to receive care that conflicts with their personal values and beliefs. Sharp HospiceCare empowers community members to make their health care wishes known before it is too late.

Every April, Sharp HospiceCare participates in National Healthcare Decisions Day to inform community members about the importance of advance care planning. Team members bring education and resources to community sites throughout San Diego, where they address common fears around planning for the end of life or unexpected health events; prompt discussions between loved ones and their health care providers; and encourage the selection of a health care agent should one become unable to speak for themselves. Through these efforts, Sharp HospiceCare participates in the nationwide movement to increase awareness and planning for one's personal health care future.

Section

7 Sharp HospiceCare

We can impact the community by providing the information, tools and resources that help people take charge of their own health. You can change your community by being involved in groups and activities that truly make a difference in the lives of others. — Suzi Johnson, Vice President of Hospice, Sharp HospiceCare

Sharp HospiceCare provides programs and services to all of Sharp HealthCare's (Sharp's) hospital entities. However, Sharp HospiceCare is licensed under Sharp Grossmont Hospital (SGH) and as such, the financial value of its community benefit programs and services are included in **Section 6** of this report. The following description highlights various programs and services provided by Sharp HospiceCare to San Diego County (SDC) in fiscal year (FY) 2018 in the following Senate Bill 697 community benefit categories:

- **Other Benefits for Vulnerable Populations** included contribution of time to Stand Down for Homeless Veterans, Ssubi is Hope, Mama's Kitchen, Feeding San Diego and the San Diego Food Bank.
- **Other Benefits for the Broader Community** included a variety of end-of-life support for seniors, families, caregivers and veterans in the San Diego community, such as education, support groups and outreach at community health fairs and other events. Sharp HospiceCare staff actively participated in community boards, committees and civic organizations, including San Diego County Coalition for Improving End-of-Life Care (SDCCEOLC), Caregiver Coalition of San Diego, San Diego County Hospice-Veteran Partnership (HVP), California Hospice and Palliative Care Association (CHAPCA), National Hospice and Palliative Care Organization (NHPCO), San Diego Regional Home Care Council (SDRHCC), South Bay Senior Providers, South County Action Network (SoCAN), East County Senior Service Providers (ECSSP), San Diego Chapter of the Hospice and Palliative Nurses Association (HPNA), San Diego Physician Orders for Life-Sustaining Treatment (POLST) Coalition/San Diego Coalition for Compassionate Care (SDCCC), San Diego Health Connect POLST e-registry workgroup and San Diego County Medical Society Bioethics Commission. See **Appendix A** for a listing of Sharp's involvement in community organizations in FY 2018. The category also incorporated costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation.
- **Health Research, Education and Training Programs** included time devoted to education and training for health care professionals and student and intern supervision.

Definition of Community

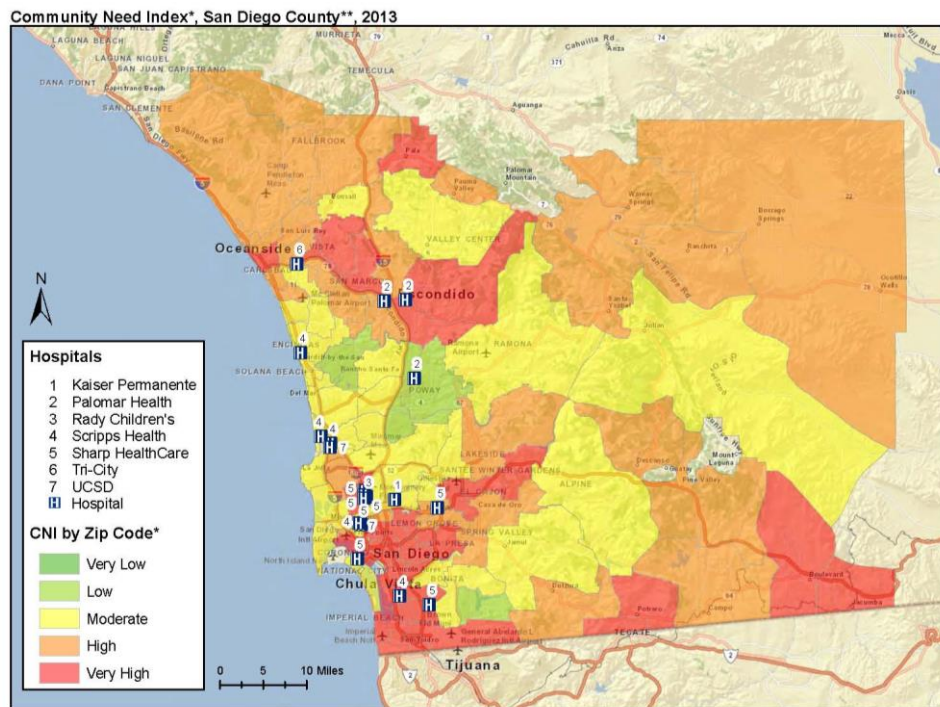
Sharp HospiceCare is located at 8881 Fletcher Parkway in La Mesa, ZIP code 91942.

Sharp HospiceCare provides comprehensive end-of-life hospice care, specialized palliative care and compassionate support to patients and families throughout SDC. See **Appendix B** for a map of community and region boundaries in SDC.

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

According to the CNI, communities served by Sharp HospiceCare with especially high need include, but are not limited to, East San Diego, City Heights, North Park, the College Area, and Downtown San Diego. **Figure 23** presents a map of the CNI scores across SDC.

Figure 23: CNI Map — SDC



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



Description of Community Health

In 2018, there were 485,911 residents ages 65 and older in SDC, representing 14.6 percent of the population. Between 2018 and 2023, it is anticipated that SDC’s senior population will grow by 22.6 percent.¹

In 2016, 14 percent of the SDC population reported living below 100 percent of the federal poverty level (FPL). The county’s unemployment rate was 7.5 percent and 5 percent of households received Supplemental Security Income.²

According to data from the San Diego Hunger Coalition, one in seven, or 15 percent of the SDC population experienced food insecurity. An additional one in five San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget.³ In 2016, 21 percent of households in SDC participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 23.3 percent of those below 138 percent of the FPL were eligible for such benefits.² Please refer to **Table 32** for SNAP participation and eligibility in SDC.

Table 32: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2016

Food Stamps/SNAP Benefits	
Households	7.0%
Families with Children	7.1%
Eligibility by Federal Poverty Level	
Population ≤130% FPL	19.5%
Population ≤138% FPL	21.0%
Population 139% - 350% FPL	32.7%

Source: County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

In SDC in 2016, 93.8 percent of children ages zero to 17, 80.3 percent of young adults ages 18 to 24, 81.1 percent of adults ages 25 to 44, 87.4 percent of adults ages 45 to 64, and 98.5 percent of seniors ages 65 and older had health insurance.⁴ Health insurance coverage for each age group was lower than the Healthy People 2020

¹ SpeedTrack Inc.; U.S. Census Bureau

² County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018, Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

³ San Diego Hunger Coalition. Hunger Free San Diego Issue Brief: 2016 San Diego County Food Insecurity. San Diego, CA; August 2018.

⁴ County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018, Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

(HP2020) national target of 100 percent health insurance coverage for all individuals under age 65.¹ See **Table 33** for health insurance coverage in SDC in 2016.

Table 33: Health Insurance Coverage in SDC, 2016

Description	Rate	HP2020 Target
Current Health Insurance Coverage		
Children 0 to 17 years	93.8%	100%
Young adults 18 to 24 years	80.3%	100%
Adults 25 to 44 years	81.1%	100%
Adults 45 to 64 years	87.4%	100%
Seniors 65+ years	98.5%	100%

Source: County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

According to the California Health Interview Survey (CHIS), 25.8 percent of SDC's population was covered by Medi-Cal.² See **Table 34** for details.

Table 34: Medi-Cal (Medicaid) Coverage in SDC, 2016-2017

Description	Rate
Covered by Medi-Cal	25.8%
Not covered by Medi-Cal	74.2%

Source: 2016-2017 CHIS

CHIS data also revealed that 11.7 percent of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 35**).⁶

Table 35: Regular Source of Medical Care in SDC, 2016-2017

Regular Source of Medical Care	Rate	HP2020 Target
Has a usual source of care	88.3%	100%
Has no usual source of care	11.7%	100%

Source: 2016-2017 CHIS

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

² 2016-2017 CHIS

Cancer and diseases of the heart were the top two leading causes of death in SDC in 2016.¹ See **Table 36** for a summary of leading causes of death in SDC. For additional demographic and health data for communities served by Sharp HospiceCare, please refer to the Sharp Memorial Hospital (SMH) 2016 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>, which includes data for the primary communities served by Sharp HospiceCare.

Table 36: Leading Causes of Death in SDC, 2016

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	5,096	24.1%
Diseases of the Heart	4,808	22.7%
Alzheimer’s Disease	1,403	6.6%
Cerebrovascular Diseases	1,363	6.4%
Accidents/Unintentional Injuries	1,071	5.1%
Chronic Lower Respiratory Diseases	1,027	4.8%
Diabetes Mellitus	734	3.5%
Chronic Liver Disease and Cirrhosis	412	1.9%
Intentional Self-Harm (Suicide)	407	1.9%
Essential Hypertension and Hypertensive Renal Disease	400	1.9%
All Other Causes	4,463	21.1%
Total Deaths	21,184	100.0%

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Community Health Statistics Unit, 2018

Community Benefit Planning Process

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

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

¹ County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018

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 (SCHHC), SGH and SMH, completed their most recent CHNA in September 2016. Sharp's 2016 CHNAs were significantly influenced by the collaborative HASD&IC 2016 CHNA process and findings, and details on those processes are available in **Section 3: Community Benefit Planning Process** of this report.

In 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 2016 CHNAs. The most recent CHNA and implementation strategies are available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

Sharp's 2016 CHNAs continued to identify senior health as a priority health need for the community. Sharp HospiceCare helps to address senior health issues through the following community programs and services:

- End-of-life and advanced illness management (AIM) education for community members
- Advance care planning (ACP) education and outreach for community members, students and health care professionals
- Hospice and palliative care education and training programs for students and health care professionals
- Bereavement counseling and support

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2018 Report of Activities conducted in support of the objective(s), and FY 2019 Plan.

Identified Community Need: End-of-Life and Advanced Illness Management Education for Community Members

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

Rationale

- In Sharp's 2016 CHNAs, senior health was identified as one of the priority health issues for community members served by Sharp.

- As part of Sharp's 2016 CHNAs, discussions with nurses and social workers from Sharp's Senior Health Centers identified the following challenges to improving the health of seniors in SDC: access to care issues due to aging; decreased driving or loss of support system; difficulty purchasing medications due to financial issues; lack of transportation or lack of motivation; difficulty understanding medical instructions; inability to recognize a health problem exists; memory issues; and the perception that health issues and loneliness are a normal part of aging.
- In 2016, the top 10 leading causes of death among adults ages 65 and older in SDC were (in rank order): overall cancer, Alzheimer's disease and other dementias, coronary heart disease (CHD), stroke, chronic obstructive pulmonary disease/chronic lower respiratory diseases, overall hypertensive diseases, diabetes, unintentional injuries, Parkinson's disease and falls.
- In 2016, hospitalization rates among seniors were higher than the general population due to CHD, stroke, chronic lower respiratory diseases, nonfatal unintentional injuries (including falls), overall cancer and arthritis.
- According to 2017 CHIS data, 37.2 percent of SDC adults ages 18 to 64 living at 200 percent of the FPL reported that they were not able to afford enough food.
- According to the World Health Organization, chronic diseases are responsible for 71 percent of all deaths globally. Risk factors for chronic diseases include socioeconomic status, diet, tobacco use and physical activity level (World Health Organization, 2018). Nearly 60 percent of Americans now live with at least one chronic condition, while 42 percent have more than one (RAND Corporation, 2017).
- Nearly two-thirds of California seniors on Medicare had two or more chronic conditions in 2012, and more than one-third had four or more. These seniors have an increased need for care and higher risk for mortality as well as poorer day-to-day functioning (California Health Care Almanac *Beds for Boomers* Report, 2015).
- While chronic diseases place significant burdens on individuals and health care systems, community-taught self-management of symptoms is possible. Managing symptoms of chronic diseases can improve quality of life and reduce health care costs (National Council on Aging, 2018).
- According to a 2018 report from the California Task Force on Family Caregiving, there are 4.5 million Californians providing unpaid care to individuals ages 18 and older. Informal caregivers face many challenges in this role, including balancing employment with caregiving; accessing culturally relevant and competent services; paying for supportive services; and attending to their own health and well-being (California Task Force on Family Caregiving, 2018).
- According to AARP, more than 40 million people in the U.S. currently act as unpaid caregivers to people ages 65 and older. More than 10 million of these caregivers are millennials with separate part- or full-time jobs, and one in three employed millennial caregivers earns less than \$30,000 per year (AARP, 2018).
- According to a report from the National Alliance for Caregiving (NAC) and AARP titled *Caregiving in the U.S. 2015*, 60 percent of unpaid caregivers are female, and nearly 1 in 10 caregivers are ages 75 or older (AARP and NAC, 2015).
- About 6 in 10 caregivers assist with medical/nursing tasks for their loved one, and 42 percent of these caregivers are performing those tasks without any formal training. According to *Caregiving in the U.S. 2015*, 84 percent of caregivers report that they

could use more information or help on caregiving topics. The top four topics of concern for caregivers are keeping their loved one safe at home; managing their own emotional or physical stress; making end-of-life decisions; and managing their loved ones' challenging behaviors (AARP and NAC, 2015).

- According to the Institute on Aging, about 14.9 million Americans are caring for someone with dementia. Caregiver interventions that have shown to successfully improve the health and well-being of dementia caregivers include providing education around how to manage dementia-related symptoms, improving social support for caregivers, and providing caregivers with respite care from caregiver duties (Alzheimer's Association, 2016).
- According to Let's Get Healthy California — a task force developed to advance a 10-year plan to make California the healthiest state in the nation — hospice patients receive better symptom control, are less likely to receive aggressive care at the end of life, and their families are more likely to be satisfied with the care they receive (Let's Get Healthy California Task Force, 2018).
- Data presented by the Let's Get Healthy California Task Force indicated that 48.5 percent of SDC decedents utilized hospice services in 2014. This was higher than the rate for the state of California overall (43.3 percent) but fell short of the group's 2022 target (54 percent). Among all demographic groups in SDC, the Asian population had the lowest rate of hospice utilization (27.6 percent) (Let's Get Healthy California Task Force, 2018).
- In 2013, 140,000 Californians were served by hospice. Nearly 80 percent of hospice patients were ages 71 and older. At the current rate of use, the number of hospice patients is projected to more than double between 2013 and 2040, and it is projected that in 2040, 88 percent of hospice patients will be 71 and older (California Health Care Almanac, *Beds for Boomers*, 2015).
- Research from the California Health Care Foundation (CHCF) shows that in 2014, just 25 to 50 percent of palliative care needs were being met statewide. By 2017, palliative care capacity across the state had increased for both inpatient palliative care (43 to 66 percent of needs met) and community-based care (33 to 51 percent) (CHCF, 2018).
- In January 2018, California became the first state to provide community-based palliative care services as part of Medicaid coverage, expanding the availability of palliative care into every county in the state. Despite this expansion, barriers to use of this new Medi-Cal benefit exist, including: lack of education for patients and referring physicians; the absence of standardization in billing practices, care delivery models and quality assessment methods; and a need to understand and accommodate the variation in needs seen across geographic areas and patient populations (CHCF, 2018).
- According to an article published in *Palliative Care: Research and Treatment*, many people living with a chronic life-threatening illness either do not receive any palliative care service or receive services only in the last phase of their illness. Research has shown that palliative care programs can improve outcomes for both patients and caregivers, and demonstrate cost effectiveness by transferring care from acute settings to patients' preferred locations. Current barriers to effective end-of-life care include lack of professionals with specialized training; clinician ignorance and lack of

awareness of resources; physician reluctance to refer patients; patient and family reluctance to accept referrals; and restrictive program eligibility requirements (Hawley, 2017).

Objectives

- Provide education and outreach to the San Diego community concerning AIM and end-of-life care
- Collaborate with community organizations to provide education and outreach to community members, caregivers and loved ones
- Support the unique AIM and end-of-life care needs of military veterans and their families

FY 2018 Report of Activities

Sharp HospiceCare supports the San Diego community in the areas of end-of-life care, aging and caregiving through participation in a variety of local organizations including SDCCEOLC, SDRHCC, San Diego County HVP, San Diego Chapter of the HPNA, San Diego POLST Coalition/SDCCC, Caregiver Coalition of San Diego, SoCAN, South Bay Senior Providers and ECSSP. In partnership with these and other community organizations, in FY 2018, Sharp HospiceCare reached nearly 3,000 community members through free education and outreach on a variety of end-of-life and AIM topics, including hospice, palliative care and caregiving, at community health fairs, conferences and other events. Locations included churches, senior living centers, and community health agencies and organizations throughout SDC.

In October, Sharp HospiceCare helped plan and facilitate the San Diego Community Action Network (SanDi-CAN) 11th annual community conference at the Balboa Park Club titled Planning Ahead: Ensuring Your Decisions Will Be Honored. The free event helped approximately 100 seniors and family members identify their end-of-life values and goals of care, and learn the communication skills necessary to make informed health care planning decisions.

In April, Sharp HospiceCare partnered with the Sharp Senior Resource Centers to provide two aging conferences for community seniors, family members and caregivers, titled Healthy and Safe Aging. Held at the Point Loma Community Presbyterian Church and the La Mesa Community Center, the free conferences educated more than 200 attendees about planning for a healthy, safe and mindful future. In August, Sharp HospiceCare and SCVMC hosted a similar conference at Fredericka Manor Retirement Community in Chula Vista that reached approximately 100 community members.

Sharp HospiceCare partnered with the Caregiver Coalition of San Diego to offer free conferences to approximately 200 community members who provide care for a friend or family member. Conferences included What Every Caregiver Should Know: A Guided Tour, held at the Solana Beach Presbyterian Church in July; Three P's of Caregiving: Purpose, Preparedness and Providers, held at St. Paul's Plaza in August; and Caring

for Someone With Dementia: Caregiver Conference, held at the La Mesa Community Center in September. The conferences included resource fairs as well as presentations on various caregiving topics, including but not limited to brain health and dementia; avoiding caregiver burnout; communication and denial; letting go of self-expectations; emotional aspects of caregiving; fall prevention and safety; understanding care options; essential documents; and paying for care.

Sharp HospiceCare provided end-of-life and AIM education and resources to more than 2,000 community members at a variety of health fairs and events throughout the year. Senior and caregiver-oriented events included Spring Into Healthy Living at the McGrath Family YMCA; Lakeside Senior Health Fair; ECSSP's 19th annual Senior Health Fair; SanDi-CAN and So-CAN Interactive Technology & Health Fair; Summer Senior Resource Event at the Mira Mesa Senior Center; a health fair at Paradise Village retirement community; County of San Diego Aging & Independence Services Aging Summit 2018; Beyond the Sky Solutions' annual Female Care Providers Conference; and *The San Diego Union Tribune's* Successful Aging Expo and Caregiver SD Community Expo. Outreach at additional community events took place at the Sharp Women's Health Conference; La Maestra Community Health Centers' City Heights Health Fair; San Diego Gas & Electric's bi-annual employee health fair; SCVMC's Changing Minds, Minds Matter South County mental health fair; Parkinson's Association of San Diego 2018 Step by Step Walk; University of California, San Diego Women's Conference; and the open house at the SGH Burr Heart and Vascular Center.

In addition, throughout the year, Sharp HospiceCare provided end-of-life and AIM presentations and resources to nearly 300 community members at St. Luke Catholic Church, Our Lady of Perpetual Help Church, St. Spyridon Greek Orthodox Church, Oakmont of Escondido Hills retirement community, Jewish Family Service of San Diego, Point Loma/Hervey Branch Library and SGH's Club 65.

Sharp HospiceCare supports the needs of military veterans and their families through collaboration with local and national organizations that advocate for quality end-of-life care for veterans as well as through participation in veteran-oriented community events. As a partner in We Honor Veterans (WHV) — a national program developed by the NHPCO in collaboration with the U.S. Department of Veterans Affairs (VA) to empower hospice professionals to meet the unique end-of-life needs of veterans and their families — hospice organizations can achieve up to five levels of commitment. Sharp HospiceCare has achieved WHV Partner Levels I, II and III. Through Level I, Sharp HospiceCare is equipped to provide veteran-centric education to staff, volunteers and community professionals, including training them to identify patients with military experience. Level II indicates that Sharp HospiceCare has built the organizational capacity needed to provide quality care for veterans and their families. With Level III, Sharp HospiceCare has developed and strengthened relationships with VA medical centers and other veteran organizations. Sharp HospiceCare is currently working towards becoming a WHV Level IV Partner, which focuses on improving access to and quality of care for community veterans.

In FY 2018, Sharp HospiceCare conducted a variety of veteran recognition activities as part of its WHV commitment. In honor of Veterans Day, Sharp HospiceCare celebrated patients who served in the U.S. military by holding 21 flag ceremonies throughout the month of November. During the ceremonies, fellow veterans presented patients with a U.S. flag that had previously flown on the USS Midway aircraft carrier. In addition, Sharp HospiceCare held special pinning ceremonies during which volunteers presented veterans with a WHV pin and a certificate of appreciation for their service. More than 90 Sharp HospiceCare veteran patients as well as nearly 80 veteran community members were pinned during FY 2018. In December, Sharp HospiceCare honored veterans through the annual Wreaths Across America wreath-laying ceremony at Fort Rosecrans National Cemetery, Greenwood Memorial Park and Miramar National Cemetery.

Sharp HospiceCare furthered its WHV commitment through the provision of veteran-specific community education and outreach. This included a presentation on the WHV program to approximately 150 attendees of the CSU Institute for Palliative Care at California State University San Marcos (CSUSM) and SDCCC's High Tech High Touch palliative care conference in June. The annual conference strives to educate community members as well as current and future health care professionals about palliative care options and ACP.

Sharp HospiceCare has been a member of the San Diego County HVP since 2010. Through the partnership, the VA San Diego Healthcare System (VASDHS) and San Diego's community hospice organizations collaborate to promote quality care for veterans with a life-limiting illness as well as serve as a voice and resource for veterans and their families.

Sharp HospiceCare continued to provide a wig donation program in FY 2018. Through the program, Sharp HospiceCare receives new, unused wigs from manufacturers, which are cleaned and styled for donation to individuals experiencing hair loss as a result of cancer treatment or other illnesses. Team members provide private appointments for community members to select their wig and receive personalized fitting, styling and maintenance instructions. In FY 2018, Sharp HospiceCare donated approximately 30 wigs to community members, as well as approximately 20 surplus wigs to other departments throughout Sharp, including cancer patients at the Laurel Amtower Cancer Institute at SMH and the Douglas & Nancy Barnhart Cancer Center at SCVMC.

FY 2019 Plan

Sharp HospiceCare will do the following:

- Continue to collaborate with a variety of local community organizations to provide end-of-life and AIM education and resources to community members
- Collaborate with the Sharp Senior Resource Centers and SCVMC to host a free aging conference at locations in La Mesa, Point Loma and Chula Vista, reaching 100 community members per conference

- Continue to support the needs of military veterans and their families through the provision of education and resources at veteran-oriented community events and collaboration with local and national organizations advocating for quality end-of-life care for veterans
- Achieve WHV Partner Level IV to improve access to and quality of care for community veterans
- Continue to provide a wig donation program

Identified Community Need: Advance Care Planning Education and Outreach to Community Members and Health Care Professionals

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

Rationale

- The Sharp 2016 CHNAs identify care at the end of life as a critical issue for the senior population.
- Discussions held with Sharp cancer patient navigators as part of Sharp's 2016 CHNAs indicated the following major challenges to helping oncology patients: difficulty having end-of-life conversations, which may be due to cultural variation, or lack of physician experience with palliative care; and few individuals having an advance directive.
- According to the CDC, Americans have gained an average of 30 additional years in lifespan over the last century. Americans now experience mortality at a much later age and largely due to chronic disease. Planning for end-of-life care increases individual autonomy, ensures individuals feel their voice is heard, and relieves stress for those surrounding elderly individuals. In 2017, only 30 percent of Americans had advance care plans. With the largest generation of Americans now aging, education on end-of-life care is a public health issue (CDC, 2017).
- A 2017 systematic review published in *Health Affairs* found that 36.7 percent of Americans had completed an advance directive, and 29.3 percent had living wills. Factors contributing to low ACP completion include: tedious legal formalities in executing an advance directive; initial lack of clinician support for advance care directives, which is perpetuated in provider culture today; and the lack of depth and tailoring of advance directives to fully represent patients' preferences (Kuldeep et al., 2017).
- According to research published in the Public Library of Science's peer-reviewed journal *PLOS One*, barriers to ACP include: competing work demands among clinicians; the emotional and interactional nature of patient-clinician and patient-family conversations around ACP; cultural views on death; language differences, socioeconomic status and social isolation of the patient; and structural difficulties in implementing an ACP-focused framework of care within health care organizations. Proper training and support for clinicians is essential to facilitate increased ACP within health care organizations (Lund, Richardson, & May, 2015).

- Despite evidence that ACP can improve the quality of the end of life, it is most likely to be completed by white, socially integrated, higher income adults compared to other demographic groups. Advance directive completion rates are two to three times higher among whites when compared to blacks and Latinos, underscoring a need to expand public awareness and access to ACP. Community-based initiatives to increase conversations around ACP — especially socially, culturally, religiously and language-tailored programs — may help offer resources and leadership to previously underserved populations (Gerontological Society of America, 2017).
- While 92 percent of Americans say it's important to discuss their wishes for end-of-life care, only 32 percent have had such a conversation. In addition, 95 percent of Americans say they would be willing to talk about their wishes, and 53 percent even say they'd be relieved to discuss it (The Conversation Project National Survey, 2018).
- A *Consumer Reports* survey of 2,015 adults suggests that Americans would prefer to die at home: 86 percent said they would consider receiving end-of-life-care at home, but just 36 percent said the same about getting that care in a hospital. Despite this, about 60 percent of Americans die in acute care hospitals, 20 percent in nursing homes and only 20 percent at home (Stanford School of Medicine — Palliative Care, 2014).
- Advance directives should be completed while people are healthy, which gives them time to think about the end-of-life care they would choose if they were unable to communicate their own wishes. It also allows time to discuss these wishes with loved ones (NHPCO, 2015).
- As the end of life approaches for people with serious, chronic or progressive illnesses, it is important for health systems and health care workers to provide support and guidance to patients and families on the role of ACP, palliative care and hospice. ACP is an important tool in the clinician-patient-family relationship for ensuring effective and sensitive support at the end of life. Open communication between patient and provider, as well as between the patient and loved ones, can help ensure that all parties are aware of the patient's preferences (*The Five Trajectories: Supporting Patients During Serious Illness*, CSU Institute for Palliative Care, 2018).
- According to *Health Affairs*, creating and utilizing a conversation guide for health care providers and community leaders can raise awareness and educate patients and their loved ones about the importance of ACP (Peters, Kim & Udow-Phillips, 2016).
- According to the Institute of Medicine (IOM), there is a need for public education and engagement about end-of-life planning at several levels, including: the societal level, to build support for public and institutional policies that ensure high-quality, sustainable care; the community and family levels, to raise awareness and elevate expectations about care options, the needs of caregivers, and the hallmarks of quality care; and the individual level, to motivate and facilitate ACP and meaningful conversations with family and caregivers (IOM, 2014).

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 2018 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 care and treatment preference when important health care decisions must be made.

Since 2014, Sharp has offered its own Advance Health Care Directive to guide the public in outlining their health care decisions. The document is publicly available on Sharp's website in both English and Spanish and uses easy-to-read language to describe what an advance directive is and how and why to complete one. The form allows individuals to put their health care wishes into writing and appropriately sign the advance directive. With this witnessed signature, the advance directive becomes a legal document that identifies the appropriate informed substitute decision maker and serves as a tool for health care decision-making. Additional contact information is provided for community members who are interested in speaking with a Sharp ACP facilitator.

Throughout FY 2018, the Sharp ACP team provided approximately 80 phone and in-person consultations to community members seeking guidance with identifying their personal goals of care and health care preferences, appointing an appropriate health care agent, and completing an advance directive.

In FY 2018, the Sharp ACP team engaged more than 1,100 community members in education on ACP and POLST. Education was provided for a variety of senior and caregiver audiences, including SGH's Club 65; Silvercrest Senior Residence; La Costa Glen retirement community; senior community members in collaboration with the SGH Senior Resource Center; East County Senior Health & Information Fair at the La Mesa Community Center; County of San Diego Aging & Independence Services 2018 Aging Summit; Sharp Senior Resource Centers' Senior Health & Information Fair; Caregiver Coalition's Caregiving Conference at St. Paul's Plaza; and Sharp Aging Conferences at the La Mesa Community Center, Fredericka Manor Retirement Community and Point Loma Community Presbyterian Church. Education for additional community groups and sites included City of Chula Vista employees, including the public works and police departments; U.S. Customs and Border Protection employees and their family members; Rotary Club of El Cajon; ACP Community Education Forum at Scripps Mercy Hospital; SDCCEOLC's Practical Planning for End of Life Care event; Salvation Army Escondido Corps; SGH Congestive Heart Failure Class and Support Group; SGH Better Breather's Club; SCVMC Heart Health Expos; annual ACP seminar at SCVMC; and the Sharp Disaster Preparedness Expo.

Sharp HospiceCare honored National Healthcare Decisions Day (NHDD) in FY 2018, which is a nationwide initiative celebrated every April to educate adults of all ages about the importance of ACP. Team members provided NHDD presentations at a variety of community events and sites throughout the month, including the Oasis adult learning center in La Mesa; Oasis San Diego Woman's Club; San Diego LGBT Lesbian, Gay, Bisexual and Transgender) Community Center; La Mesa Adult Enrichment Center; Santa Sophia Catholic Church; Golden Age Garden Apartments; SCHHC Community Wellness Fair; Norman Park Senior Center; Sharp Aging Conference at the La Mesa Community Center and Point Loma Community Presbyterian Church; Wellness Wednesdays at the Dr. William C. Herrick Community Health Care Library; Sharp Women's Health Conference; and the San Diego Post-Acute Care Collaborative. Sharp HospiceCare reached more than 600 community members through these NHDD presentations.

Sharp's ACP team reached an additional 30 community members through free ACP workshops in FY 2018, including a monthly workshop at the David and Donna Long Center for Cancer Treatment at SGH as well as workshops at the Laurel Amtower Cancer Institute at SMH in February and June. During the workshops, individuals impacted by cancer received guidance on identifying their personal health care choices, communicating their wishes to loved ones and developing their advance directive.

Gaps in ACP exist among underserved populations. In FY 2018, Sharp HospiceCare was one of 50 sites across the country selected to receive grant funding from the Hospice Foundation of America (HFA) to provide community outreach aimed at understanding the ACP needs of underserved populations. Using an interactive, end-of-life game called *Hello*, Sharp HospiceCare engaged individuals who face barriers to health care due to socioeconomic, geographic, linguistic, cultural or educational

circumstances. This included 12 transgender and heterosexual women at Christie's Place — a nonprofit organization dedicated to providing education, support and advocacy for women, children, families and individuals affected by human immunodeficiency virus or acquired immunodeficiency syndrome — as well as five community members at the Valencia Park/Malcolm X Library. As a *Hello* game community outreach site, Sharp HospiceCare helped the HFA assess the game's effectiveness and the readiness of underserved groups to engage in further ACP. In addition, in FY 2018, Sharp's ACP team partnered with the CSU Institute for Palliative Care at CSUSM to discuss potential outreach strategies for bringing information about advance health care directives to the county's homeless community.

In FY 2018, Sharp HospiceCare provided film screenings and post-film panel discussions of *Being Mortal* — a documentary that addresses the national dialogue around death and what matters most to patients and families. In partnership with the Sharp Senior Health Center Downtown, events were provided to senior community members at San Diego Square affordable senior housing development and Serving Seniors' Gary and Mary West Senior Wellness Center. *Being Mortal* film screenings and discussions were also provided to senior community members at St. Paul's Senior Services as well as to health providers at Gateway Gardens independent living community.

Throughout the year, Sharp's ACP team educated nearly 600 local, state and national health care professionals on ACP and POLST including, but not limited to, skilled nursing facility administrators through the San Diego Health Care Association; a community health care chaplain; staff at Villa Rancho Bernardo skilled nursing and memory care facility; palliative care leaders from John Muir Health; SDRHCC; Coalition for Compassionate Care of California (CCCC) Annual Palliative Care Summit; CSU Institute for Palliative Care at CSUSM and SDCCC's High Tech High Touch palliative care conference; Tri-City Medical Center professionals; San Diego County Medical Society; SDCCEOLC; and the Caregiver Coalition. In addition, in January, the ACP team served as a speaker and facilitator of a workshop titled The Road Ahead for Serious Illness Care, which engaged more than 50 community providers from nonprofit organizations and health care agencies in planning for better community engagement in ACP and palliative care. Further, in September, education on bioethics at the end of life was provided to 15 members of the Stephen Ministry at St. Paul's Cathedral.

Since FY 2016, Sharp's ACP team has partnered 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 the San Diego Healthcare Information Exchange, a countywide program that securely connects health care providers and patients to private health information exchanges. The Sharp HospiceCare ACP team participates in this initiative — funded by the CHCF and supported by the CCCC and California Emergency Medical Services Authority (EMSA) — to create an electronic POLST registry (POLST eRegistry). When a paper POLST form is not readily available during an emergency, the patient's care may

be hindered or conflict with their wishes. The POLST eRegistry will improve access to critical information through a cloud-based registry for completed POLST forms to be securely submitted and retrieved. Sharp demonstrates community leadership in the effort to establish quick and safe provider access to patient medical orders. In March 2018, Sharp became the first health care system in SDC to begin electronic uploads of patient POLST forms to the POLST eRegistry. As of November 2018, nearly 23,000 POLST forms faxed by Sharp hospitals, Sharp Rees-Stealy Medical Group, Sharp HospiceCare and other patient care departments have been uploaded to the POLST eRegistry.

FY 2019 Plan

Sharp HospiceCare will do the following:

- Provide free ACP and POLST education and outreach to community members through phone and in-person consultations
- Collaborate with community organizations to provide educational classes and events to raise community awareness of ACP
- Both independently and in collaboration with SDCCC and SDCCEOLC, provide community events to promote the importance of ACP in honor of NHDD
- Continue to provide ACP education and outreach to local, state and national health care professionals
- Serve as a community resource regarding the End of Life Option Act
- Continue to collaborate with community partners to provide community members with access to advance directive and POLST forms through the San Diego Healthcare Information Exchange
- Continue to participate in the CHCF's POLST eRegistry initiative with CCCC and EMSA
- As participants in Sharp's ACP Work Group, update Sharp's Advance Health Care Directive to include simplified language and new interactive and video-based components

Identified Community Need: Health Professions and Student Education and Training

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

Rationale

- According to the 2017 San Diego Workforce Partnership (SDWP) *Health Care Priority Sector* report, the health care industry in SDC experienced a 44 percent increase in employment growth between 2006 and 2016, higher than the 38 percent growth rate seen by the state of California (SDWP, 2017).

- In its *Employment Projections – 2016-2026* report, the U.S. Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/ technical occupations will contribute about one-fifth of all new jobs and account for almost half of the 30 fastest growing occupations. Several factors leading to the increased demand for these professions include: projected population growth in the next decade; an aging U.S. population; more people living with chronic conditions, such as diabetes or obesity; improvements in medicine and technology; and federal health insurance reform, which has increased the total number of Americans with health insurance coverage (BLS, 2016).
- Total employment in California is projected to increase by 6.5 percent from 2014 to 2024, adding an additional 9.8 million people. The health care and social assistance sector is expected to be the fastest growing service industry, increasing its employment share from 12 percent in 2014 to 13.6 percent in 2024. Occupations and industries related to health care are projected to add the most new jobs, with an increase of 2.3 million jobs (BLS, 2015).
- Half of the occupations projected to grow fastest in the U.S. from 2016 to 2026 are in the health care sector. Among the top 10 fastest growing occupations in all sectors, BLS projects a 37.3 percent increase in physician assistants, a 36.1 percent increase in nurse practitioners, a 31 percent increase in physical therapist assistants, and a 47.3 percent increase in home health aides. The demand for home health aides will almost double by 2026, driven by an aging population that will require greater assistance with daily activities (BLS, 2018).
- As of 2015, SDC was one of 26 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (*OSHPD Healthcare Atlas*, 2017).
- The BLS projects employment of more than 400,000 RNs in California in 2026, which would be an increase of 15 percent from 2016. Compared to other health care practitioners and technical health care operators, RNs are projected to have the most opportunity for employment in 2020 (BLS, 2018).
- An increased demand for a diverse and culturally and linguistically competent workforce is projected for the health care industry. Therefore, it is important for the industry to start creating a workforce pipeline in collaboration with high schools and postsecondary educational sectors, as well as policy makers, educators, health care leaders and the local community. Long-term investment in creating mentorship, on-the-job shadowing, volunteer and internship opportunities for high school students will help prepare them for college and a career, build a strong and diverse health care workforce, and prevent future industry workforce shortages
- According to the HPNA, professional nurses play a leading role as members of the palliative care and hospice teams, and across the continuum of care, as primary team members who assess, direct, evaluate and coordinate patient needs during the illness experience. Economic models project a significant shortage of between 725,000 and 1.1 million professional nurses in the U.S. by 2030, underscoring the importance of preparing nurses for the future (HPNA, 2015).
- The number of people reaching retirement will double by 2030, accounting for an eight percent increase in the U.S. population needing a wide range of professional health, home care and social services. An estimated 3.5 million additional health

care professionals will be needed by 2030 to care for older adults, while current workforce levels are already stretched. Geriatrics health professions training programs are critical to ensuring there is a skilled eldercare workforce and knowledgeable, well-supported family caregivers available to meet the complex and unique needs of older adults (Eldercare Workforce Alliance, 2018).

- Direct-care workers in California are responsible for providing 70 to 80 percent of the paid, hands-on long-term care for older adults or those living with disabilities or other chronic conditions (Eldercare Workforce Alliance, 2014-2015).
- While the demand for doctors specializing in the medical care of elderly patients is increasing, the interest among medical students for a career in geriatrics is lagging behind. Factors cited for the low interest among these students include the preference for younger patients and acute somatic diseases that can be cured, the complexity of the geriatric population, and the lack of status and financial aspects of the career (*Why Medical Students Do Not Choose a Career in Geriatrics: A Systematic Review, BMC Medical Education, 2015*).
- The American Academy of Hospice and Palliative Medicine (AAHPM) states that high-quality palliative and hospice care improve quality of life as well as patient and family satisfaction, and may prolong survival at a lower cost than typical medical care (AAHPM, 2018).
- AAHPM notes that lack of provider training and knowledge of palliative care results in many patients with serious illness receiving painful or ineffective treatments that do not prolong or enhance their lives. Expanding hospice and palliative care training opportunities can help ensure clinicians across disciplines and specialties who care for people with serious illness are competent in “basic palliative care,” including communication skills, interprofessional collaboration and symptom management (AAHPM, 2018).
- According to AAHPM, in 2015, just 44 percent of hospital palliative care programs met national staffing standards set by the Joint Commission. Current training capacity for hospice and palliative medicine physicians is insufficient to provide hospital-based care and keep pace with growth in the population of adults over 65 years old. If the rate of physicians entering and leaving hospice and palliative medicine maintains, there will be no more than 1 percent absolute growth in this physician workforce in 20 years, by which time the number of persons eligible for palliative care will grow by over 20 percent. Projections show a ratio of one palliative medicine physician for every 26,000 seriously ill patients by 2030 (AAHPM, 2018).
- According to the American Hospital Association, caring for the seriously ill requires a well-coordinated interdisciplinary team that is particularly adept in transitions of care — especially in today’s transforming health care environment. A team-based approach provides additional attention and proactive support to the needs of the patient and the caregiver, whose wellness is affected by the caregiving role (American Hospital Association)

Objectives

- Provide education and training opportunities around end-of-life care and ACP for students and interns

- Through education, training and outreach, guide local, state and national health care organizations in the development and implementation of appropriate services for the needs of the aging population, including individuals in need of AIM
- Maintain active relationships and leadership roles with local and national organizations

FY 2018 Report of Activities

In FY 2018, Sharp HospiceCare provided training opportunities for students studying nursing, pharmacy and ancillary disciplines. Academic institution partners included CSUSM, Chapman University School of Pharmacy, Grand Canyon University, Keck Graduate Institute, Lake Erie College of Osteopathic Medicine, San Diego State University (SDSU), Touro University and Western Governors University. Students shadowed nurses and providers during their work day, including at Sharp HospiceCare's hospice homes.

Sharp HospiceCare supports San Diego's future health care workforce through classroom-based lectures designed to enhance students' understanding of hospice and palliative care. In FY 2018, education was provided to approximately 225 nursing students from Azusa Pacific University, University of San Diego and CSUSM, as well as to more than 50 social work students from SDSU. Topics included ACP, POLST, goals of care, hospice, palliative care, bioethics and bereavement. In addition, in November, the ACP team supported the professional development of a religious studies professor from SDSU through the provision of education on improving communication at the end of life.

Sharp HospiceCare leadership provided education, training and outreach to more than 1,500 local, state and national health professionals throughout the year. These efforts sought to guide industry professionals in achieving person-centered, coordinated care through the advancement of innovative hospice and palliative care initiatives. Audiences included the National Association of ACOs Conference; Baptist MD Anderson Cancer Center; Center to Advance Palliative Care National Seminar; Coalition to Transform Advanced Care National Summit; St. Joseph Home Health; CCCC Annual Summit; Health Insight End of Life Care Summit; San Diego Academy of Family Physicians Annual Symposium; a continuing medical education event hosted by MCE Conferences; and Dignity Health. Presentation topics included palliative care, AIM, geriatric frailty, prognostication and innovative approaches in advanced illness care. In addition, in FY 2018, Sharp HospiceCare leadership continued to serve on the board of directors for NHPCO and CHAPCA.

Underscoring Sharp HospiceCare's commitment to quality end-of-life care for San Diego veterans, the Sharp HospiceCare interdisciplinary team is trained in ELNEC (End-of-Life Nursing Education Consortium) for Veterans. Administered by the American Association of Colleges of Nursing, the ELNEC project is a national education initiative to improve palliative care. Through Train-the-Trainer courses, the ELNEC for Veterans project trains a core of expert nursing educators on how to provide better

palliative care for veterans with life-threatening illness so that they can continue to teach this essential information to practicing nurses and other health care professionals. In March, Sharp HospiceCare partnered with the San Diego County HVP to provide a two-day ELNEC for Veterans Train-the-Trainer course for 50 health professionals, including end-of-life and palliative care staff from the VASDHS as well as individuals from local hospices and community organizations. In addition, as part of its WHV commitment to meet the unique end-of-life needs of veterans and their families, Sharp HospiceCare presented on the WHV program to approximately 150 attendees of the CSU Institute for Palliative Care at CSUSM and SDCCC's High Tech High Touch palliative care conference in June.

FY 2019 Plan

Sharp HospiceCare will do the following:

- Continue to provide education and training opportunities for nursing, pharmacy and other health care students and interns
- Provide students with an end-of-life learning environment in community-based hospice homes
- Continue to provide education, training and outreach to local, state and national organizations to support the development and implementation of specialized services to meet the needs of the aging population
- Maintain active relationships and leadership roles with local and national organizations
- Collaborate with San Diego County HVP to provide ELNEC for Veterans training to community health care professionals

Identified Community Need: Bereavement Counseling and Support

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

Rationale

- The IOM's 2014 report titled *Dying in America: Improving Quality and Honoring Individual Preferences Near the End of Life* indicates that clinical care is not a person's sole priority near the end of life. Patients and families may be deeply concerned with existential or spiritual issues, including bereavement, and with practical matters of coping. Appropriate support in these areas is an essential component of good care.
- Bereavement care is one of the core services provided by hospice. Under Centers for Medicare and Medicaid Services regulations, hospices must provide support to family members for 13 months following the death of a loved one. These services can take a variety of forms, including telephone calls, visits, written materials about grieving and support groups (NHPCO, 2018).

- According to the NHPCO, grief may be experienced in response to physical losses, such as death, or in response to symbolic or social losses, such as divorce or loss of a job. The grief experience can be affected by one's history and support system. Engaging in self-care practices and accessing counseling and support services can be a guide through some of the challenges of grieving as a person adjusts to his or her loss (NHPCO, 2018).
- According to the *Clinical Journal of Oncology Nursing*, risk factors for complicated grief — a state of prolonged grief, where individuals have difficulty accepting death and assimilating to life without the deceased — among bereaved caregivers include fewer years of education, younger age of the deceased and lower satisfaction with social support. Prompt recognition and referral to supportive services and mental health experts can help facilitate early and effective treatment (Toftthagen et al, 2017).
- According to a study titled *Missed Opportunity: Hospice Care and the Family*, caregivers agreed that hospice enabled them to be a caregiver and provide an in-home dying experience for their spouse. However, these caregivers also suggested that hospices could make additional strides to identify and respond to their specific needs for support through the dying and bereavement process (*Journal of Social Work in End-of-Life & Palliative Care*, 2015).
- A 2015 study published in the *Journal of the American Medical Association (JAMA)* surveyed 305 bereaved spouses of decedents who used hospice and 711 bereaved spouses of decedents who did not use hospice. Surviving spouses of individuals who used hospice for at least three days were more likely to have some reduction in depressive symptoms one year after death when compared to those whose spouses did not use hospice at all (*JAMA*, 2015).
- Unpaid caregivers contribute \$450 billion of health care labor each year, often in addition to full- or part-time employment. Over half (55 percent) of caregivers report feeling overwhelmed by the demands of caregiving, and many experience intense feelings of loneliness and social isolation. In the aftermath of a care recipient's death, many caregivers report feeling guilt, depression, lack of purpose and loneliness (Crossroads Hospice Charitable Foundation, 2016).
- A 2016 study published in the *Biomedical Care Journal of Palliative Care* identified two core bereavement issues for family caregivers: the consequences of traumatic deathbed experiences on caregiver grief and feelings of guilt; and a 'void' effect caused by withdrawal of professional support immediately after death. These core issues have implications for clinical practice, emphasizing a need for improved communication between health care professionals and families, including education on broader aspects of the physical dying process as well as more effective engagement and discussion with families on end-of-life care planning and decisions. In addition, health providers must strengthen bereavement support resources for caregivers prior to death, and provide more effective follow-up approaches following the care recipient's death (Harrop et al, 2016).
- According to a study published in the *Journal of Pain and Symptom Management*, caregivers who receive support and resources from health professionals prior to the death of their loved one may report a more positive death experience for the care recipient, as well as greater satisfaction with the clinical care team. Pre-bereavement

interventions may also affect caregivers' level of grief as well as physical and mental health following their loved one's death (Aoun et al, 2018).

Objectives

- Provide bereavement education, resources, counseling and support to community members who have lost loved ones
- Provide individuals and their families with referrals to community services

FY 2018 Report of Activities

Sharp HospiceCare offers a variety of bereavement services to help grieving community members cope with the loss of a loved one. Services include professional bereavement counseling for individuals and families as well as free community education, support groups and monthly newsletter mailings.

In FY 2018, Sharp HospiceCare's licensed clinical therapists with specific training in grief and loss devoted more than 2,600 hours to home, office and phone bereavement counseling with people who have lost loved ones. Referrals to community counselors, mental health services, bereavement support services and other community resources were also provided as needed.

Sharp HospiceCare continued to offer the Healing After Loss and the Widow's and Widower's bereavement support groups, which reached nearly 400 community members in FY 2018. Offered quarterly, the groups consisted of eight-week sessions facilitated by skilled mental health care professionals with a specialization in the needs of the bereaved. The Healing After Loss support group focused on addressing the concerns of adults who were grieving the loss of a loved one. Weekly themes included Introduction to the Grief Process; Strategies for Coping with Grief; Communicating with Family and Friends; Experiencing Anger in Grief; Guilt, Regret and Forgiveness; Differentiating Natural Grief and Depression; Use of Ceremony and Ritual to Promote Healing; and Who Am I Now?/What Does Healing Look Like?. The Widow's and Widower's support group addressed concerns of men and women who lost their spouse or partner. Participants had the opportunity to share their emotional challenges and learn coping skills from group members facing similar life situations.

In recognition of Mother's Day and Father's Day, in May, Sharp HospiceCare hosted classes and support groups for adults who have lost a parent. Held at the Peninsula Family YMCA and the Grossmont Healthcare District, two Remembering Our Parents classes highlighted the unique aspects of parent loss, coping strategies and how to discover a sense of hope. Designed for adults who lost a parent within the past three to 18 months, a three-session Parent Loss support group offered coping strategies and the opportunity for participants to discuss the impact their parents had on their lives. Nearly 30 community members attended these support groups. In addition, in July and August, Sharp HospiceCare provided 30 community members with education on coping skills

during bereavement support groups hosted by the John D. Spreckels Center in Coronado.

Sharp HospiceCare supported approximately 150 community members grieving the loss of a loved one during the 2017 holiday season. In November, Sharp HospiceCare held its annual Healing Through the Holidays event at Sharp's system office, which included presentations on understanding grief, improving coping skills, exploring the spiritual meaning of the holidays in the face of grief, and reviving hope. That same month, two similar events titled Coping with Grief During the Holiday Season were held at the Point Loma Community Presbyterian Church and the Grossmont Healthcare District. These events provided practical suggestions for community members to manage the painful feelings of loss that often arise during the holidays. Additionally, Sharp HospiceCare provided a Support During the Holiday Season bereavement support group on two days in December, which focused on developing skills to promote healing, as well as remembering your loved ones, through the holidays.

Sharp HospiceCare also continued to mail its monthly bereavement support newsletter, *Healing Through Grief*, to community members for 13 months following the loss of their loved one. More than 1,300 newsletters were mailed each month during FY 2018.

FY 2019 Plan

Sharp HospiceCare will do the following:

- Continue to offer individual and family bereavement counseling for community members who have lost a loved one
- Continue to provide referrals to community services
- Continue to provide a variety of free bereavement support groups
- Continue to provide events and support services for individuals grieving the loss of a loved one during the holiday season
- Continue to mail monthly bereavement support newsletters to loved ones of patients who have passed

Sharp HospiceCare Program and Service Highlights

- Advance care planning
- Bereavement care services
- Caregiver and family support
- Homes for Hospice program
- Hospice aides
- Hospice nursing services
- Integrative therapies
- Management for various hospice patient conditions, including:
 - Alzheimer's disease
 - Cancer
 - Debility
 - Dementia
 - Heart disease
 - Human Immunodeficiency Virus
 - Kidney disease
 - Liver disease
 - Pulmonary disease
 - Stroke
- Music therapy
- Social services support
- Spiritual care services
- Volunteer program
- We Honor Veterans program

Providing Comprehensive Medical Care

Sharp Metropolitan Medical Campus

Sharp Metropolitan Medical Campus, centrally located in the County of San Diego, offers a range of specialty hospitals and medical services in one convenient location. The campus is home to Sharp Mary Birch Hospital for Women & Newborns, Sharp Memorial Hospital, Sharp Memorial Outpatient Pavilion, Sharp Mesa Vista Hospital and Sharp McDonald Center.

Section

8 Sharp Metropolitan Medical Campus

The Sharp Metropolitan Medical Campus (SMMC) comprises Sharp Mary Birch Hospital for Women & Newborns, Sharp Memorial Hospital, Sharp Memorial Outpatient Pavilion, Sharp Mesa Vista Hospital and Sharp McDonald Center.

FY 2018 Community Benefit Program Highlights

SMMC provided a total of **\$196,854,683** in community benefit in fiscal year (FY) 2018. See **Table 37** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697), and **Figure 24** for the distribution of SMMC's community benefit among those categories.

**Table 37: Economic Value of Community Benefit Provided
Sharp Metropolitan Medical Campus — FY 2018**

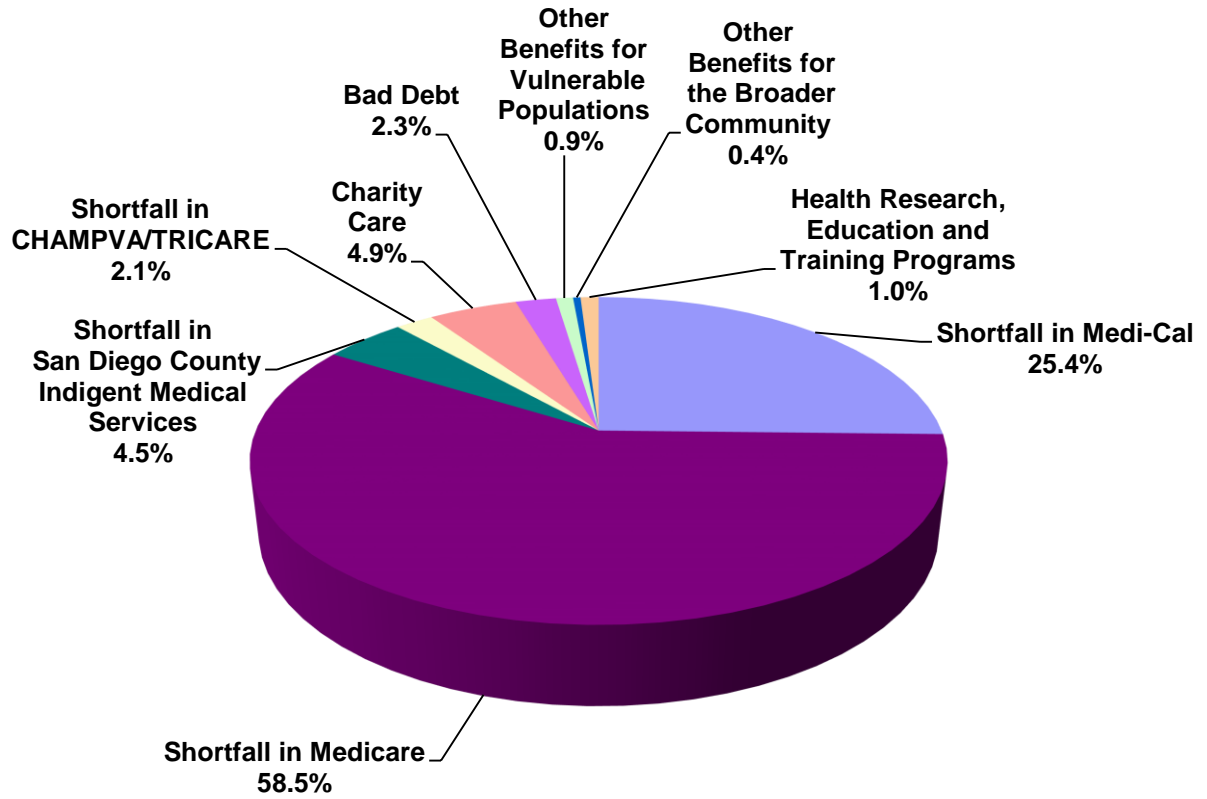
SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2018 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$49,915,986
	Shortfall in Medicare ¹	115,148,357
	Shortfall in San Diego County Indigent Medical Services ¹	8,907,834
	Shortfall in CHAMPVA/TRICARE ¹	4,140,252
	Charity Care ²	9,665,902
	Bad Debt ²	4,431,417
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy ³	1,859,521
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	808,428
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	1,976,986
TOTAL		\$196,854,683

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

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

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

**Figure 24: Percentage of Community Benefit by SB 697 Category
Sharp Metropolitan Medical Campus — FY 2018**





Giving Newborns a Healthy Start

Sharp Mary Birch Hospital for Women & Newborns

Sharp Mary Birch Hospital for Women & Newborns is committed to giving newborns the best possible chance to grow into healthy, school-ready learners. Together, the hospital's Neonatal Research Institute (NRI) and Nemeth NICU Follow-Up Clinic (Nemeth Clinic) support the discovery of life-saving interventions for vulnerable infants and young children throughout the world.

Researchers at the NRI conduct clinical trials to identify and share innovative treatments and practices in newborn care including those that could prevent abnormal brain development in high-risk infants. At the Nemeth Clinic, babies born preterm or at risk for complications at birth are assessed for neurodevelopmental delays that may affect long-term learning and growth. Through its comprehensive assessments, the Nemeth Clinic offers powerful insight into the effectiveness of the NRI's research studies to improve the health of babies for generations to come.

Section

9 Sharp Mary Birch Hospital for Women & Newborns

I would define community as a fellowship of people who have common goals and interests based on their current location, situation, life stage, etc....the variables are endless. Life is not meant to be lived in a vortex. — Courtney Akel, Manager of the Neonatal Intensive Care Unit, Sharp Mary Birch Hospital for Women & Newborns

FY 2018 Community Benefit Program Highlights

Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) provided a total of **\$9,761,499** in community benefit in FY 2018. See **Table 38** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697), and **Figure 25** for the distribution of SMBHWN’s community benefit among those categories.

**Table 38: Economic Value of Community Benefit Provided
Sharp Mary Birch Hospital for Women & Newborns — FY 2018**

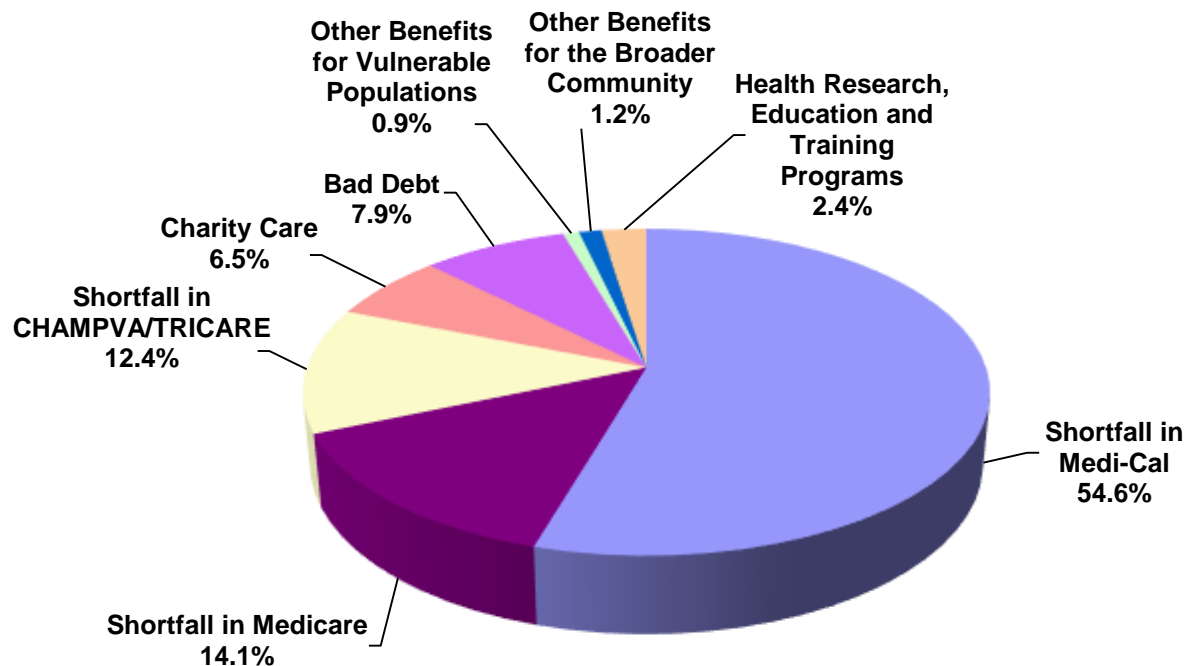
SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2018 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$5,326,184
	Shortfall in Medicare ¹	1,372,646
	Shortfall in CHAMPVA/TRICARE ¹	1,209,502
	Charity Care ²	633,926
	Bad Debt ²	774,467
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy ³	87,059
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	119,237
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	238,478
TOTAL		\$9,761,499

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

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

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

**Figure 25: Percentage of Community Benefit by SB 697 Category
Sharp Mary Birch Hospital for Women & Newborns — FY 2018**



Key highlights:

- **Medical Care Services** included uncompensated care for patients who were unable to pay for services and unreimbursed costs of public programs, such as Medi-Cal, Medicare and CHAMPVA/TRICARE. In FY 2018 the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2017 through June 30, 2019. This resulted in recognition of net supplemental revenues for SMBHWN totaling \$32.1 million in FY 2018. These supplemental revenues were funded through SMBHWN’s traditional Medi-Cal program, which was only in a shortfall position of \$7.9 million prior to the fee. As such, the net impact of the program was to reduce SMBHWN’s shortfall in traditional Medi-Cal to \$0.00 (zero). This reimbursement helped offset prior years’ unreimbursed medical care services; however, the additional funds recorded in FY 2018 understate the true unreimbursed medical care services performed for the past fiscal year.
- **Other Benefits for Vulnerable Populations** included financial assistance for van transportation for patients to and from medical appointments, contribution of time to Stand Down for Homeless Veterans, Mama’s Kitchen, Habitat for Humanity, Ssubi is Hope, the Sharp Humanitarian Service Program and other assistance for vulnerable and high-risk community members.

- **Other Benefits for the Broader Community** included health education and information on a variety of topics, support groups, participation in community health fairs and events, collaboration with local schools to promote interest in health care careers and donation of meeting room space to community groups. SMBHWN staff actively participated in community boards, committees and other civic organizations, such as the American Heart Association (AHA), Council of Women’s and Infants’ Specialty Hospitals (CWISH), Association of Women’s Health, Obstetric and Neonatal Nurses (AWHONN), Postpartum Health Alliance, National Association of Perinatal Social Workers, Association of California Nurse Leaders (ACNL) and the National Institute for Children’s Health Quality (NICHQ) Best Fed Beginnings Learning Collaborative. See **Appendix A** for a listing of Sharp’s involvement in community organizations in FY 2018. The category also included costs associated with planning and operating community benefit programs, such as community health needs assessment (CHNA) development and participation.
- **Health Research, Education and Training Programs** included time devoted to education and training for health care professionals, student and intern supervision, and generalizable health-related research projects that were made available to the broader health care community.

Definition of Community

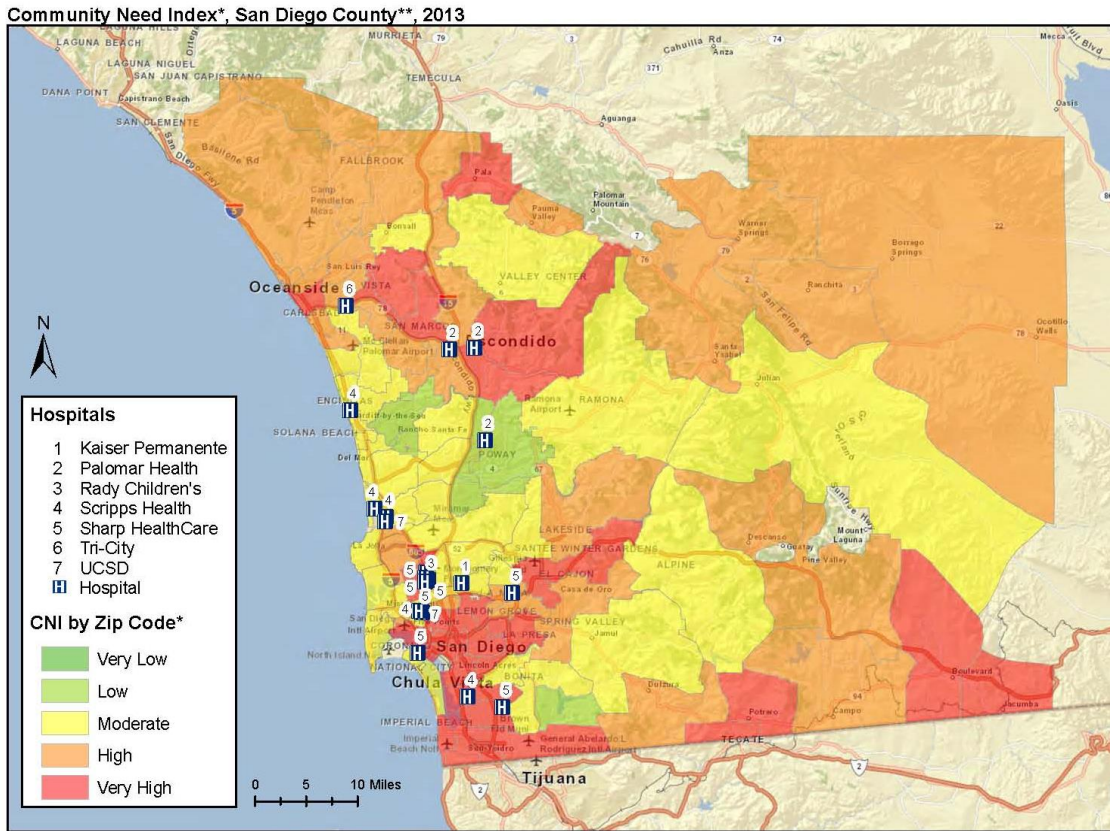
SMBHWN is located at 3003 Health Center Drive in San Diego, ZIP code 92123.

As a specialty hospital, SMBHWN serves the entire county of San Diego; however, the primary communities served by the hospital include the City of San Diego, Chula Vista, the east region and the north inland communities surrounding Rancho Bernardo. See **Appendix B** for a map of community and region boundaries.

For Sharp Memorial Hospital’s (SMH’s) 2016 CHNA process (which included the processes and findings addressing needs identified for communities served by SMBHWN), the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within San Diego County (SDC). The CNI identifies the severity of health disparity for every ZIP code in the United States of America (U.S.) based on specific barriers to health care access, including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations.

According to the CNI, communities served by SMBHWN with especially high need include, but are not limited to, Southeast San Diego, East San Diego, City Heights, North Park and National City. **Figure 26** presents a map of the CNI scores across SDC.

Figure 26: CNI Map — SDC



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



Description of Community Health

In 2016, 14 percent of the SDC population reported living below 100 percent of the federal poverty level (FPL). The county’s unemployment rate was 7.5 percent and 5 percent of households received Supplemental Security Income.¹

According to data from the San Diego Hunger Coalition, one in seven, or 15 percent of the SDC population experienced food insecurity. An additional one in five San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget.² In 2016, 21 percent of households in SDC participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 23.3 percent of those below 138 percent of the FPL were eligible for such benefits.¹ Please refer to **Table 39** for SNAP participation and eligibility in SDC.

¹ County of San Diego HHS, Public Health Services, Community Health Statistics Unit, 2018, Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

² San Diego Hunger Coalition. Hunger Free San Diego Issue Brief: 2016 San Diego County Food Insecurity. San Diego, CA; August 2018.

Table 39: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2016

Food Stamps/SNAP Benefits	
Households	7.0%
Families with Children	7.1%
Eligibility by Federal Poverty Level	
Population ≤130% FPL	19.5%
Population ≤138% FPL	21.0%
Population 139% - 350% FPL	32.7%

Source: County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

In SDC in 2016, 93.8 percent of children ages zero to 17, 80.3 percent of young adults ages 18 to 24, 81.1 percent of adults ages 25 to 44, 87.4 percent of adults ages 45 to 64, and 98.5 percent of seniors ages 65 and older had health insurance.¹ Health insurance coverage for each age group was lower than the Healthy People 2020 (HP2020) national target of 100 percent health insurance coverage for all individuals under age 65.² See **Table 40** for health insurance coverage in SDC in 2016.

Table 40: Health Insurance Coverage in SDC, 2016

Description	Rate	HP2020 Target
Current Health Insurance Coverage		
Children 0 to 17 years	93.8%	100%
Young adults 18 to 24 years	80.3%	100%
Adults 25 to 44 years	81.1%	100%
Adults 45 to 64 years	87.4%	100%
Seniors 65+ years	98.5%	100%

Source: County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

According to the California Health Interview Survey (CHIS), 25.8 percent of SDC's population was covered by Medi-Cal.³ See **Table 41** for details.

¹ County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

² The U.S. Department of Health and Human Services' HP2020 initiative represents the nation's prevention agenda for the second decade of the 21st century. HP2020 has four overarching goals: to attain high quality, longer lives free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and improve the health of all groups; to create social and physical environments that promote good health for all, and to promote quality of life, healthy development, and healthy behaviors across all life stages.

³ 2016-2017 CHIS

Table 41: Medi-Cal (Medicaid) Coverage in SDC, 2016-2017

Description	Rate
Covered by Medi-Cal	25.8%
Not covered by Medi-Cal	74.2%

Source: 2016-2017 CHIS

CHIS data also revealed that 11.7 percent of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 42**).¹

Table 42: Regular Source of Medical Care in SDC, 2016-2017

Regular Source of Medical Care	Rate	HP2020 Target
Has a usual source of care	88.3%	100%
Has no usual source of care	11.7%	100%

Source: 2016-2017 CHIS

In 2016, there were 42,654 live births in SDC overall.¹ The 2016 fetal mortality rate² was 3.2 infant deaths per 1,000 live births in the north inland region, 3.4 in the north coastal region, 3.7 in the east region and SDC overall, 3.8 in the central region, 3.9 in the north central region, and 4.3 in the south region.¹

In 2016, 159 infants died before their first birthday in SDC. Infant mortality was higher among male infants (93 deaths) than female infants (66 deaths). African American/black infants had the highest mortality rate (10.7 infant deaths per 1,000 live births) when compared to infants of all other races and ethnicities. Hispanic infants had the second highest mortality rate of 4.5 deaths per 1,000 live births. In addition, there were 3,628 preterm births (less than 37 weeks gestation) in SDC during 2016. Compared to all other races and ethnicities, Hispanic mothers had the highest total number of births (16,978), 8.2 percent of which were preterm. Despite having fewer total births than Hispanic mothers (1,781), 11.6 percent of births by African American/black mothers were preterm. Similarly, although women ages 25 to 39 had the highest total number of births compared to other age groups, mothers age 40 and above were more likely to give birth preterm compared to younger age groups (45.8 percent preterm births among mothers age 40 and above compared to 15.4 percent preterm births among mothers ages 25 to 39).¹

In 2016, all SDC regions met the HP2020 national targets for prenatal care, preterm births, low birth weight (LBW) infants, very low birth weight (VLBW) infants and infant

¹ County of San Diego, Health and Human Services Agency (HHS), Public Health Services, Maternal, Child, and Family Health Services (MCFHS) Statistics

² Fetal mortality refers to the number of fetuses at least 20 complete weeks of gestation per 1,000 live births and fetal deaths. Reporting of fetal deaths is known to be complete.

mortality.¹ See **Table 43** for a summary of maternal and infant health indicators in SDC in 2016 and **Table 44** for a summary of maternal and infant health indicators by region.

Table 43: Maternal and Infant Health Indicators in SDC, 2016

Maternal and Infant Health Indicator	Rate	HP2020 Target
Early Prenatal Care ²	84.2%	77.9%
Preterm Births ³	8.5%	9.4%
VLBW Infants ⁴	1.2%	1.4%
LBW Infants ⁵	6.7%	7.8%
Infant Mortality ⁶	3.7%	6.0%

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Maternal, Child, and Family Health Services (MCFHS) Statistics

Table 44: Maternal and Infant Health Indicators by Region in SDC, 2016

Indicator	Central	East	North Central	North Coastal	North Inland	South
Prenatal Care	80.3%	81.5%	89.1%	85.6%	82.9%	85.5%
Preterm Births	8.8%	8.7%	8.1%	8.1%	8.5%	8.6%
VLBW Infants	1.2%	1.2%	1.1%	1.0%	1.2%	1.3%
LBW Infants	6.8%	6.6%	7.1%	6.3%	6.7%	6.4%
Infant Mortality	3.8%	3.7%	3.9%	3.4%	3.2%	4.3%

Source: County of San Diego HHSA, Public Health Services, MCFHS Statistics

For additional demographic and health data for communities served by SMBHWN, please refer to the SMH 2016 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>

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

² Early prenatal care is defined as care beginning during the first trimester of pregnancy. This does not account for frequency of care.

³ Preterm birth refers to births prior to 37 completed weeks of gestation.

⁴ Very low birth weight refers to birth weight less than 1,500 grams (approximately 3 pounds, 5 ounces).

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

⁶ Infant mortality refers to the number of deaths of infants under one year of age per 1,000 live births.

Community Benefit Planning Process

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

- Incorporates community priorities and community relations into its strategic plan and develops service-line-specific goals
- Estimates an annual budget for community programs and services based on community needs, the previous years' experience, and current funding levels
- Participates in programs and workgroups to review and implement services that improve the health status and emotional well-being of women and infants

Priority Community Needs Addressed in Community Benefit Report — SMH (SMBHWN) 2016 CHNA

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

In accordance with federal regulations, the SMH 2016 CHNA also includes needs identified for communities served by SMBHWN, as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD).

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

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

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

SMBHWN is a specialty hospital providing care for expectant mothers and newborns as well as women's services. Therefore, in alignment with these identified needs, the following pages detail programs that specifically address high-risk pregnancy, including reducing the incidence of neonatal morbidity and mortality associated with high-risk pregnancy and preterm delivery.

As a specialty hospital, SMBHWN lacks the resources to comprehensively address the elements of community education and support for cardiovascular disease, Type 2 diabetes, obesity, senior health or behavioral health. Consequently, the programs and services that address these health issues are provided through SMH. The community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC. For additional details on SMBHWN programs that specifically address the needs identified in the 2016 CHNA, please refer to SMH's implementation strategy available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

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

- Reducing the incidence of neonatal morbidity and mortality associated with high-risk pregnancy and preterm delivery
- Meeting the needs of new mothers and their families
- Health professions education and training, and collaboration with local schools to promote interest in health care careers

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2018 Report of Activities conducted in support of the objective(s), and FY 2019 Plan.

Identified Community Need: Reducing the Incidence of Neonatal Morbidity and Mortality Associated With High-Risk Pregnancy and Preterm Delivery

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

Rationale

- The SMH 2016 CHNA identified high-risk pregnancy as one of seven priority health issues for community members served by SMBHWN.

- The HASD&IC 2016 CHNA process continued to identify high-risk pregnancy among priority health conditions observed in San Diego hospitals.
- As part of the SMH 2016 CHNA, discussions with Sharp social workers identified the following health-related issues or needs for high-risk pregnant women: anxiety; childcare; depression; diabetes (gestational and brittle); the emotional impact of hospitalization on both the patient and their family; high blood pressure; isolation for non-English speakers; pre-term labor requiring bed rest or hospital stay; and stress, helplessness and lack of control over one's body.
- According to research presented in the SMH 2016 CHNA, risk factors for high-risk pregnancy include: advanced maternal age (ages 35 years and older) lifestyle choices such as smoking, alcohol consumption or the use of illegal drugs; medical history including prior high-risk pregnancies or deliveries, fetal genetic conditions or family history of genetic conditions; underlying conditions such as diabetes, high blood pressure, obesity and epilepsy; and multiple pregnancies.
- A 2017 report from the Children's Initiative titled *San Diego County Report Card on Children and Families* identified the following barriers to utilization of prenatal care: financial barriers, such as a lack of health insurance; the context of care, such as biased treatment from providers or a lack of cultural competence; and issues surrounding access to care, such as transportation, difficulty obtaining an appointment or inconvenient hours. Personal attitudes and behaviors may also be barriers to obtaining prenatal care.
- Proven strategies to increase the use of prenatal care include: affordable health coverage; expedited health coverage for uninsured pregnant women; insurance coverage that includes health education and risk counseling; outreach and assistance with enrolling in health coverage and accessing affordable prenatal services; use of safety net health providers; culturally and linguistically appropriate prenatal services; home visits for high-risk pregnant women; coaching and support from trained and certified doulas and community health workers; group care approaches to reduce costs and enhance care; and transportation assistance (Children's Initiative, 2017).
- According to the Centers for Disease Control and Prevention (CDC), maternal health conditions that are not addressed before pregnancy can lead to complications for the mother and the infant. Health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, obesity and heart disease, smoking during pregnancy, and high blood pressure (CDC, 2018).
- Factors associated with preterm birth include maternal age, race, socioeconomic status, tobacco and alcohol use, substance abuse, stress, high blood pressure, prior pre-term births, carrying more than one baby, infection and delayed prenatal care (CDC, 2017).
- According to 2017 CHIS data, 20.4 percent of women ages 18 to 65 years in SDC were obese (Body Mass Index > 30), which is lower than the state of California overall (26 percent).
- According to the CDC, being overweight increases the risk of complications during pregnancy, and may lead to negative health outcomes for both mother and child after birth. Nearly half of women are overweight or obese when they become pregnant. Additionally, nearly half of women gain more weight than is recommended

during pregnancy, which can lead to future obesity for both mother and child (CDC, 2017).

- According to March of Dimes data, the rate of preterm births — the largest contributor to infant death in the U.S. — increased for the second consecutive year in 2016 to 9.8 percent. Racial minorities continue to experience early labor at higher rates when compared to white women. Black women are 49 percent more likely to deliver preterm than white women, while American Indian/Alaska Native women are 18 percent more likely to deliver preterm (March of Dimes, 2017).
- Data presented by the California Health Care Almanac indicates that 82 percent of pregnant women initiated prenatal care in their first trimester. Prenatal care has been shown to improve pregnancy outcomes, particularly by increasing birthweight and decreasing risk of delivery before 37 weeks (California Health Care Foundation (CHCF), 2016).
- Preterm birth results in \$26 billion in avoidable medical and societal costs each year (March of Dimes, 2017).
- Strategies for decreasing preterm birth rates include: expansion of scientific research; increased education for women of childbearing age as well as health professionals; stronger advocacy for and creation of policies that prioritize the health of women and babies; and improvement of clinical care programs and practice (March of Dimes, 2017).

Objectives

- Develop, coordinate and provide educational programs for the community on preterm labor and births, and prenatal and women’s health
- Provide education as needed to high-risk populations, including pregnant teens
- Educate community members about available hospital resources through participation in community events
- Identify and disseminate evidence-based best practices to improve outcomes of at-risk newborns through the Sharp Mary Birch Neonatal Research Institute (NRI)

FY 2018 Report of Activities

In FY 2018, SMBHWN conducted a variety of efforts to support healthy pregnancies for expectant mothers, including teenagers and other high-risk populations, and improve outcomes for at-risk newborns.

The hospital offered a free, monthly Preterm Birth Prevention class, which taught approximately 200 expecting parents about the warning signs of preterm labor and how to help prevent a premature birth. Through Sharp’s health and wellness partnership with the City of San Diego, SMBHWN’s perinatal educator led a session of the Preterm Birth Prevention class at the Mira Mesa Branch Library in May and at the Carmel Mountain Ranch/Sabre Springs Recreation Center in September, reaching approximately 15 members of the community. Additional prenatal education was offered throughout the year on the Sharp Metropolitan Medical Campus (SMMC) as well as at the new Sharp Mary Birch Education Center in Carlsbad. Class topics included, but were not limited to:

how the body prepares for birth and delivery; sibling preparation; hospital procedures; medication choices; caesarean delivery; labor comfort and relaxation skills; basic infant care; breastfeeding; preparing for multiple births; and prenatal fitness and yoga.

SMBHWN continued to support Miracle Babies, a volunteer-driven nonprofit organization that provides support and financial assistance to families with critically ill newborns in the neonatal intensive care unit (NICU) as well as education, prevention and medical care to enhance the well-being of women, children and families. In FY 2018, SMBHWN raised approximately \$6,200 for the organization through participation in the annual Miracle Babies 5K Walk. SMBHWN also provided financial support to March of Dimes, a nonprofit organization dedicated to preventing birth defects, premature birth and infant mortality through community and global outreach programs and research. SMBHWN provided fundraising support for the AHA 2018 San Diego Heart & Stroke Walk, while hospital leadership helped organize the annual AHA Go Red for Women Luncheon to support greater research and action to address women's heart health. In April, SMBHWN team members provided information about the hospital's community programs and services at the annual Sharp Women's Health Conference.

In 2013, the Sharp Mary Birch NRI was launched to discover new, leading-edge treatments and practices in newborn care, and disseminate its research findings to improve outcomes for at-risk newborns throughout the world. Led by a multidisciplinary team of physicians, nurses, respiratory therapists, researchers and data analysts, the NRI has completed more than 30 clinical trials with over 1,800 newborns participating. This included a study demonstrating that delayed umbilical cord clamping provides babies with additional health benefits, which contributed to a recommendation by The American Congress of Obstetricians and Gynecologists to standardize the practice.

The NRI values the community's perspective in shaping the future of care provided in the NICU. Through its Parent Advisory Board, parents and grandparents of infants who have been in the NICU offer the NRI their unique point of view as parents of a NICU baby, including feedback on proposed and current clinical trials to help ensure that other parents understand and feel comfortable participating in them.

The NRI shares its expertise and groundbreaking research developments throughout the greater health care and research communities. In April 2018, the NRI spoke at the XVIII Update of Neonatology event in Florence, Italy, regarding umbilical cord management for newborns who may need additional support at birth. The NRI continued to offer a Bedside Ultrasound Training for Neonatologists course — a multi-week training that consists of hands-on, one-on-one training sessions and expert lectures on theoretical and practical ultrasound technique for neonatologists. Open to local, regional, national and international neonatologists, the course is one of only a few similar training programs in the country. The NRI's medical discoveries have been featured on multiple news networks, including ABC, CBS, CNN, KNSD, KPBS, KSWB, and more, while its research findings have been shared in several distinguished medical journals, including *Journal of Pediatrics*, *American Journal of Perinatology*, and *Frontiers in Pediatrics*, among others.

The NRI has received funding support from personal donations as well as from various foundations and organizations including Gerber Foundation, Hartwell Foundation, Thrasher Research Fund, Little Giraffe Foundation and Will Rogers Institute. In addition, the NRI has received four grants from the National Institutes of Health, 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 needing resuscitation at birth. This is the largest and most comprehensive study of its kind and has the potential to improve how babies are cared for worldwide.

In addition to its groundbreaking research, the NRI works closely with SMBHWN's Nemeth NICU Follow-Up Clinic, which provides neurodevelopmental assessments, testing and early interventions to promote optimal growth and success for babies born preterm or with other conditions that place them at risk for developmental delay. The services and interventions provided by the Nemeth NICU Follow-Up Clinic help validate the results of the NRI's innovative research studies.

FY 2019 Plan

SMBHWN will do the following:

- Offer monthly Preterm Birth Prevention classes
- Continue to provide fundraising support for March of Dimes
- Provide education and outreach at community health fairs and events
- Continue the work of the NRI to identify and disseminate evidence-based best practices for newborn care to the health care community

Identified Community Need: Meeting the Needs of New Mothers and Their Families

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

Rationale

- According to discussions with Sharp social workers as part of the SMH 2016 CHNA, patients with high-risk pregnancies expressed the following reasons for not adopting healthy behaviors: challenges with taking care of children or other household needs while on bed rest; cultural barriers related to food; financial constraints to buying healthy food; domestic violence; homelessness; less obligation to follow bed rest orders during surrogacy or adoption situations; perceived need and/or benefit of bed rest; and substance abuse.
- Sharp social worker discussions also identified strategies to help meet the needs of high-risk pregnant patients, such as: education; empathy for what patients are

experiencing; focusing on mom and baby; and strategizing with patients about how to deal with issues.

- According to the 2017 *San Diego County Report Card on Children and Families*, breastfeeding enhances immunity to disease, decreases the rate and severity of infections in children, is associated with improved development and decreased risk of childhood obesity, and reduces lifelong risks for chronic health problems. Mothers who breastfeed may have a reduced risk of breast, ovarian, and uterine cancers, quicker postpartum recovery time, and less work missed due to child illness (Children's Initiative, 2017).
- The American Academy of Pediatrics 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 (American Academy of Pediatrics, 2017).
- In 2016, SDC ranked 18th out of 50 California counties for in-hospital exclusive breastfeeding at 80.9 percent. (California Women, Infants and Children (WIC) Association and UC Davis Human Lactation Center, *A Policy Update on California Breastfeeding and Hospital Performance*, 2017).
- Data presented in the report titled *A Policy Update on California Breastfeeding and Hospital Performance* show that mothers who experience more supportive practices (such as early breastfeeding initiation and limited supplementation) are more likely to breastfeed exclusively in the hospital and beyond. In California, 94 percent of mothers begin breastfeeding in the hospital, however, 27 percent also feed their infants formula during their stay (California WIC Association and UC Davis Human Lactation Center, 2016).
- The same report indicates that in-hospital lactation support is crucial to mothers' breastfeeding success in the hospital and following discharge. Hospitals that have instituted Baby-Friendly policies have high rates of breastfeeding, no matter where they are located or what populations they serve (California WIC Association and UC Davis Human Lactation Center, 2016).
- According to 2015 breastfeeding data presented in the CDC's 2018 *Breastfeeding Report Card*, 66.7 percent of mothers in California were breastfeeding at six months, while only 26.3 percent were exclusively breastfeeding at six months (CDC, 2018).
- While most women plan to breastfeed, only half of working mothers in California receive the support they need in the workplace to continue doing so. Mothers with workplace support for breastfeeding are twice as likely to be exclusively breastfeeding at three months postpartum. Lower income mothers are less likely to have workplace support for breastfeeding compared to mothers with higher incomes (CDPH, 2018).
- According to a 2017 report from the California Task Force on the Status of Maternal Mental Health Care, about one in five new or expectant mothers will experience a mental health disorder during pregnancy or the first year of childbirth. Up to 50 percent of low-income mothers may be affected.
- Findings from the CDPH's 2018 *Maternal and Infant Health Assessment* indicated that in 2015, 20.5 percent of California mothers experienced depressive symptoms during pregnancy or postpartum. Black and Latina women, women with low socioeconomic status, and Medi-Cal insured women are all at higher risk for

depressive symptoms during pregnancy and the postpartum period (California Task Force on the Status of Maternal Mental Health Care, 2018).

- Maternal depression is the most common pregnancy complication, occurring more frequently than gestational diabetes and preeclampsia combined. Untreated maternal mental health disorders have serious consequences, including adverse birth outcomes, impaired bonding between mother and infant, childhood behavioral problems, and increased stress on families (California Task Force on Status of Maternal Mental Health Care, 2017).
- Screening for maternal mental health disorders is currently not routine, and treatment for identified cases occurs less than 15 percent of the time. Untreated maternal depression costs California an estimated \$2.25 billion each year in lost income and productivity and negative health outcomes for children (California Task Force on Status of Maternal Mental Health Care, 2017).
- The American Psychological Association (APA) identifies several risk factors for developing postpartum depression, including: a change in hormone levels after birth; prior experience with or family history of depression, anxiety or mental illness; stress related to caring for a newborn; having a baby who is difficult to comfort, or who has challenging sleep and hunger needs; having a baby with special needs; first-time, very young or older motherhood; emotional stressors such as the death of a loved one or family problems; financial or employment problems; and isolation or lack of social support (APA, 2016).
- The “fourth trimester” refers to the transition period after childbirth when infants are adjusting to life outside the womb and mothers are adjusting to new parenthood. This critical period is marked by significant biological, psychological, and social changes, which are currently insufficiently supported. Issues may overlap and include maternal mood and emotional well-being; infant care and feeding; sexuality, contraception and birth spacing; sleep and fatigue; physical recovery from childbirth; and medications, substances and exposures. By addressing these needs, service providers can improve health across two generations.
- A 2018 committee opinion paper from the American College of Obstetricians and Gynecologists 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 (American College of Obstetricians and Gynecologists, 2018).

Objectives

- Demonstrate best practices in breastfeeding and maternity care
- Provide education and support to new mothers on the importance of breastfeeding
- Provide postpartum education and support to new mothers and their families
- Provide NICU-specific support services to new mothers and their families

FY 2018 Report of Activities

In November 2015, SMBHWN received Baby-Friendly USA Designation through the Baby-Friendly Hospital Initiative — a global program launched by the World Health Organization and the United Nations Children’s Fund to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother-baby bonding. The hospital earned the five-year designation through participation in the NICHQ Best Fed Beginnings Learning Collaborative, supported by the CDC, and through implementation of the 10 Steps to Successful Breastfeeding and the International Code of Marketing of Breast-milk Substitutes. SMBHWN received this designation in partnership with First 5 San Diego, which provided grant funding needed to fulfill the staff training hours required for the designation. The Baby-Friendly USA Designation requires specific competency training for registered nurses (RNs) who work with both mothers and babies. As of September 2018, nearly two-thirds of the hospital's RNs have completed this training, representing 100 percent of the RNs currently employed at SMBHWN who are required to do so. From the time of designation, a total of 635 SMBHWN RNs have completed Baby-Friendly USA competency training. Since SMBHWN started its Baby-Friendly journey in 2011, the rate of exclusive breastfeeding at discharge has increased from a baseline average of 47 percent to 62.6 percent as of August 2018.

In FY 2018, SMBHWN served approximately 1,700 new mothers through a free breastfeeding support group. Facilitated by an experienced lactation educator, the group was offered three times per week to teach participants techniques to improve breastfeeding and allow participants to share their personal breastfeeding joys and challenges. SMBHWN continued to provide its free weekly NICU breastfeeding support group — the Mother’s Milk Club — for all mothers in the community whose baby spent any length of time in the NICU. Approximately 60 mothers received support and counseling for topics of concern, including milk supply, latching, sleeping, the stress of having a baby who is experiencing problems and any other concerns of the group. The mothers also had the opportunity to share their own experiences, feed and show off their babies, and measure and track their baby’s growth.

SMBHWN continued to offer the Baby and Me Time support group to ensure new parents safely transition from giving birth at the hospital to returning home. Understanding that it can be difficult to retain information received at the hospital, this free weekly support group provides valuable resources to help new parents adjust once leaving the hospital. The group provides an opportunity to share the experiences and responsibilities of new parenthood as well as develop new friendships. All parents from the community are invited to participate in Baby and Me Time, which includes a mix of working moms, military families with a parent stationed overseas, single parents and stay-at-home parents. Serving more than 230 new parents in FY 2018, this unique support group has evolved into a community-centered place of support during an often-challenging time.

In FY 2018, SMBHWN provided specialized education and support to approximately 400 mothers through its free weekly postpartum support group. Led by licensed clinical social workers, the group provided emotional support to mothers in the community with babies of newborn age up to 12 months who were dealing with feelings of anxiety or depression related to the challenges associated with new motherhood. A monthly postpartum support group for couples was also offered, which engaged approximately 40 mothers and fathers in discussion about postpartum mood disorders.

Throughout the year, SMBHWN offered a variety of educational classes for new mothers and their families covering numerous aspects of postpartum care, including infant sleep patterns and strategies, infant massage, and mom and baby yoga and Pilates. Additionally, SMBHWN staff devoted nearly 550 hours to daily Family Home Care classes that provided critical information and support to approximately 4,200 new mothers and family members. Topics included car seat safety, sudden infant death syndrome, shaken baby syndrome, breastfeeding, jaundice, and signs and symptoms of illness among mothers and babies. Free NICU cardiopulmonary resuscitation education was also provided to approximately 700 family and friends of the hospital's NICU babies.

Scientific evidence shows that exclusive breastmilk feeding provides the healthiest start for a newborn's life, especially very premature babies. However, exclusive breastfeeding is not possible for mothers who experience challenges with breastmilk supply and feeding. Pasteurized donor human milk can make breastfeeding possible for these mothers. For more than 13 years, SMBHWN has been a donor breastmilk depot, regularly shipping donated breastmilk to the Mother's Milk Bank in San Jose, CA, where it is screened, pasteurized and distributed to community hospitals for infants whose mothers have an insufficient breastmilk supply. In 2015, SMBHWN started SDC's first Donor Breastmilk Drive to help increase the supply of breastmilk for the Mother's Milk Bank. During the FY 2018 milk drive, 30 community members donated 67 gallons of breastmilk, which is expected to provide nearly 35,000 feedings to premature infants and others with specialized health needs. To date, the annual drive has collected approximately 290 gallons of breastmilk from more than 150 donors.

SMBHWN expands its support for community mothers and families through the New Beginnings Boutique & Gift Shop. Located within the hospital, the boutique provides easy access to needed supplies, such as nursing bras and breastfeeding pumps. The boutique's lactation educators are available to answer questions and provide breastfeeding resources and support to anyone who calls or visits the shop. In FY 2018, the New Beginnings Boutique & Gift Shop donated \$975 in breast pump supplies to support nursing mothers at San Diego Family Care's Linda Vista Women's Clinic.

In October, SMBHWN hosted its annual NICU Little Graduate Reunion at the Naval Training Center in Liberty Station. For the past 22 years, the hospital has hosted this special event for families to reunite with the team members who cared for their child during their stay in the NICU, and celebrate the health of their child. The same families often return to the reunion year after year, with many of the graduates now in their

teens. In FY 2018, more than 600 parents, grandparents, siblings and NICU graduates attended the reunion where they enjoyed food, games and activities while reuniting with SMBHWN team members.

In summer 2015, SMBHWN launched a program to evaluate eligibility for Supplemental Security Income (SSI) for newborns who have been diagnosed with a disabling medical condition or extremely LBW. This benefit is offered to both unfunded patients as well as insured families to assist with the cost of care for their newborn within and outside of the hospital. Since the inception of the program, Public Resource Specialists have assisted nearly 250 families through the SSI application process.

FY 2019 Plan

SMBHWN will do the following:

- Continue to implement evidence-based breastfeeding practices as a Baby-Friendly USA designated hospital
- Continue to offer free postpartum, breastfeeding and new-parent support groups to new mothers and their families
- Continue to offer a variety of educational classes for new mothers and their families
- Continue to evaluate eligibility of high-risk newborns for SSI benefits and provide referrals for application assistance

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

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

Rationale

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

positions to fill. The most frequently cited reason for hiring difficulties were lack of experience, small applicant pools, and insufficient non-technical skills (SDWP, 2017).

- According to SDWP, a major challenge faced by education and training programs in the health care sector is accommodating the number of clinical training hours required for students in California to become certified. In addition, training sites are limited, and those licensed in other states often cannot work in California due to stricter requirements (SDWP, 2017).
- The 2017 SDWP *Nonprofit Sector Employment Trends and Career Opportunities* report recommends that nonprofit sector health care training and education programs in SDC emphasize soft skills such as teamwork, interpersonal and communication skills, problem solving, adaptability, and big-picture thinking with the ability to plan and forecast. It also recommends enhancing curriculum with more training on data management and technology to help graduates meet the needs of this increasingly data-driven sector.
- In its *Employment Projections – 2016-2026* report, the U.S. Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/ technical occupations will contribute about one-fifth of all new jobs and account for almost half of the 30 fastest growing occupations. Several factors leading to the increased demand for these professions include: projected population growth in the next decade; an aging U.S. population; more people living with chronic conditions, such as diabetes and obesity; improvements in medicine and technology; and federal health insurance reform, which has increased the total number of Americans with health insurance coverage (BLS, 2016).
- Total employment in California is projected to increase by 6.5 percent between 2014 and 2024, adding an additional 9.8 million people. The health care and social assistance sector is expected to be the fastest growing service industry, increasing its employment share from 12 percent in 2014 to 13.6 percent in 2024. Occupations and industries related to health care are projected to add the most new jobs, with an increase of 2.3 million jobs (BLS, 2015).
- Half of the occupations projected to grow fastest in the U.S. from 2016 to 2026 are in the health care sector. Among the top 10 fastest growing occupations in all sectors, BLS projects a 37.3 percent increase in physician assistants, a 36.1 percent increase in nurse practitioners, a 31 percent increase in physical therapist assistants, and a 47.3 percent increase in home health aides. The demand for home health aides will almost double by 2026, driven by an aging population that will require greater assistance with daily activities (BLS, 2018).
- As of 2015, SDC was one of 26 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (OSHPD *Healthcare Atlas*, 2017).
- The U.S. Department of Health and Human Services Bureau of Health Workforce (BHW) projects that California will face a shortage of 44,500 full-time nurses by 2030 if current levels of health care are maintained — the most severe shortage among all states (BHW, 2017).
- The California Health Care Almanac reported that in 2015, 44 percent of the employed RN workforce was over the age of 50. As this age group approaches

retirement, it will be critical to train younger RNs to handle the turnover (CHCF, 2017).

- The BLS projects employment of more than 400,000 RNs in California in 2026, which would be an increase of 15 percent from 2016. Compared to other health care practitioners and technical health care operators, RNs are projected to have the most opportunity for employment in 2020 (BLS, 2018).
- According to forecasts performed by the Healthforce Center at the University of California, San Francisco (UCSF), the demand for primary care clinicians in California will increase 12 to 17 percent by 2030. These forecasts predict that the southern border region will experience some of the highest levels of clinician shortages in the state. UCSF recommends a comprehensive and holistic targeted strategy to enhance the education pipeline, improve recruitment and retention, maximize the existing workforce, and leverage workforce data (UCSF, 2017-2018).
- An increased demand for a diverse and culturally and linguistically competent workforce is projected for the health care industry. Therefore, it is important for the industry to start creating a workforce pipeline in collaboration with high schools and postsecondary educational sectors, as well as policy makers, educators, health care leaders and the local community. Long-term investment in creating mentorship, on-the-job shadowing, volunteer and internship opportunities for high school students will help prepare them for college and a career, build a strong and diverse health care workforce, and prevent future industry workforce shortages (*Employer-Defined Value: Improving the Connection Between Health Care Employers and Schools to Increase Work-Based Learning Opportunities for High School Students*, California Hospital Association, 2015).

Objectives

- Collaborate with local schools, colleges and universities to provide opportunities for students to explore and train for a variety of health care professions
- Provide education and training for students interested in health care careers
- Provide obstetrical, gynecological and neonatal education and training for health care professionals
- Participate in local and national organizations to share specialty expertise and enhance learning for the broader health care community

FY 2018 Report of Activities

In FY 2018, SMBHWN served as a training site for more than 170 nursing students as well as seven ancillary students who spent more than 19,500 hours on the SMBHWN campus. Academic institution partners included Concorde Career College, Grand Canyon University, Grossmont College, Keck Graduate Institute, MiraCosta College, Point Loma Nazarene University, San Diego State University (SDSU), Touro University, University of San Diego, University of San Francisco, University of Victoria and the U.S. Department of Veterans Affairs Dietetic Internship Program. In addition, in March, hospital leadership presented on health care administration to 25 graduate students at SDSU.

In FY 2018, SMBHWN completed its 12th year of participation in the Health Sciences High and Middle College (HSHMC) program, providing valuable health care experience, including job requirements and career ladder development, to ninth through 12th grade students. During the school year, 25 HSHMC students devoted 4,320 hours to rotations with maternal infant services, the post-anesthesia care unit, the NICU and the transport team.

In September, SMBHWN collaborated with SMH to provide the Nursing Career and Professional Development Expo to support the professional development of students who are interested in pursuing a career in nursing as well as nurses within the community. Held at the SMMC, the fair provided more than 130 attendees with advice and coaching from professional nurses as well as information on financial aid and scholarships, clinical certifications, student loan forgiveness and medical library services. In addition, representatives from California and State universities offered information about their nursing and allied health programs.

In FY 2018, SMBHWN continued to share its expertise in women's and newborn care with local and national health professionals. In September, the hospital participated in Sharp's 2018 Adult and Neonatal Pulmonary Care Conference, an annual event providing expert education on current trends and advances in pulmonary and critical care medicine. In addition, SMBHWN team members participated in organizations such as AWHONN, CWISH, National Association of Perinatal Social Workers, ACNL, Postpartum Health Alliance and the NICHQ Best Fed Beginnings Learning Collaborative.

FY 2019 Plan

SMBHWN will do the following:

- Continue to collaborate with colleges and universities on internships, externships and other professional training opportunities for students
- Continue to participate in the HSHMC program
- Continue to participate in local and national collaboratives and share specialty expertise at professional conferences

SMBHWN Program and Service Highlights

- Antenatal Diagnostic Center
- Breastmilk donor program in collaboration with the Mother's Milk Bank
- Cord blood banking
- Doula program
- Gynecologic oncology
- High-risk pregnancy care (Perinatal Special Care Unit)
- Inpatient hearing screening program
- Lactation services (inpatient and outpatient)
- Labor and delivery
- Level III Neonatal Intensive Care Unit
- Maternal Infant Services Unit
- Mindful Café, offering healthy and nutritious food options for patients, family and staff
- Nemeth NICU Follow-Up Clinic
- Neonatal Research Institute
- Newborn critical congenital heart disease screenings
- New Beginnings Boutique & Gift Shop
- Obstetrical and women's triage services
- Postpartum support groups
- Pregnancy, childbirth and parent education programs
- Prenatal Diagnostic Center
- Sharp Baby mobile pregnancy tracking app
- Spiritual care services, including Arts for Healing program
- Women's and infants' pathology services
- Women's surgery, including minimally invasive robotic gynecology surgery



Reducing Food Waste and Hunger

Sharp Memorial Hospital

Sharp Memorial Hospital understands the important role it plays in protecting the environment and as a result, human health. Through ongoing food recovery initiatives, the hospital demonstrates its commitment to creating a greener, healthier community and utilizing food items efficiently to prevent waste.

In collaboration with the San Diego Rescue Mission, Sharp Memorial Hospital donates food that is perfectly healthy and edible but can no longer be used in its kitchens to more than 45 hunger relief organizations. In addition, café menus include pickled and fermented ingredients to extend the life of seasonal and local foods, and visually unappealing yet perfectly edible fruits and vegetables are purchased from the hospital's produce supplier, which would otherwise be sent to the landfill. The hospital was also one of the first in the county to participate in the City of San Diego's food scraps composting program. As a result of these efforts, Sharp Memorial Hospital preserves the community's environmental resources while addressing hunger across the county.

Section

10 Sharp Memorial Hospital

I'm proud to work with people who know they are helping improve the lives of San Diegans. I appreciate our nurses, physicians, clinicians, staff and volunteers for all that they do. They recognize that their work, their care, even their smiles, have an impact on those they serve every day. Together, we are making a difference in our community. — Tim Smith, Chief Executive Officer, Sharp Memorial Hospital

FY 2018 Community Benefit Program Highlights

Sharp Memorial Hospital (SMH) provided a total of **\$167,314,062** in community benefit in fiscal year (FY) 2018. See **Table 45** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697), and **Figure 27** for the distribution of SMH's community benefit among those categories.

**Table 45: Economic Value of Community Benefit Provided
Sharp Memorial Hospital — FY 2018**

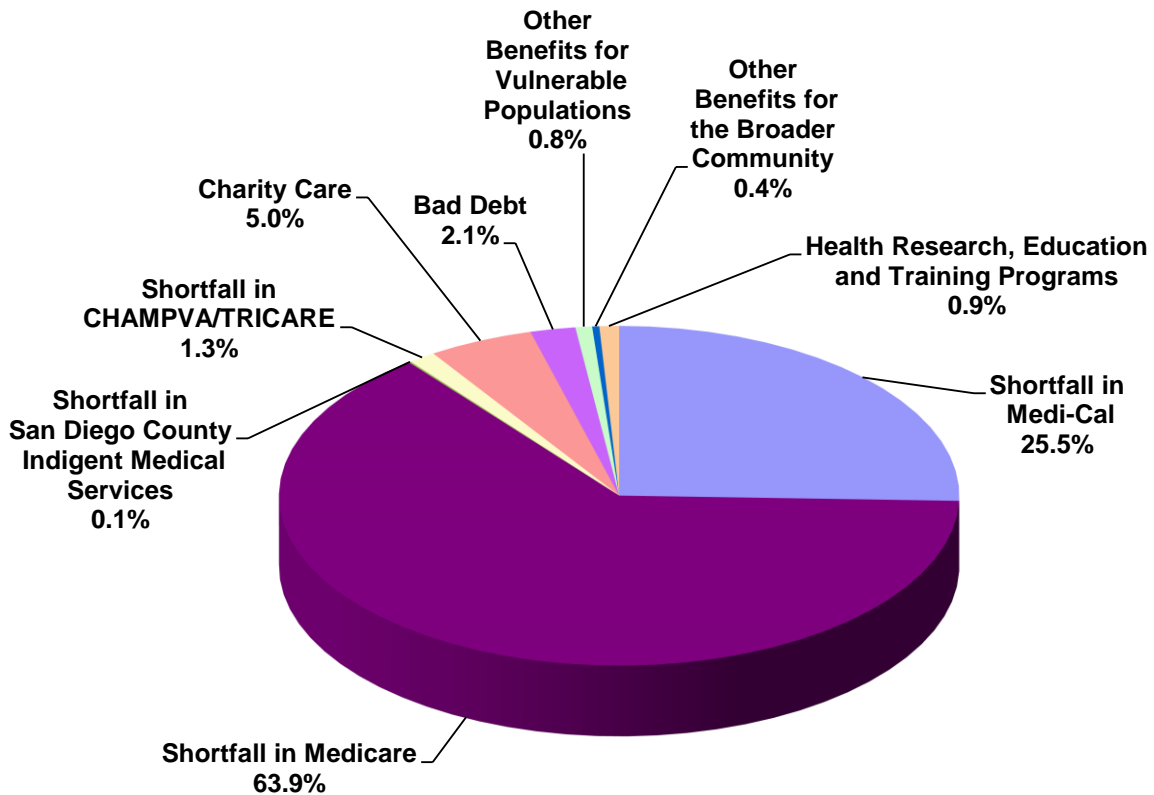
SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2018 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibility forms ¹	\$42,653,267
	Shortfall in Medicare ¹	106,894,288
	Shortfall in San Diego County Indigent Medical Services ¹	177,713
	Shortfall in CHAMPVA/TRICARE ¹	2,179,904
	Charity Care ²	8,373,912
	Bad Debt ²	3,588,668
Other Benefits for Vulnerable Populations	Patient transportation, Project HELP and other assistance for the needy ³	1,323,591
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	561,771
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	1,560,948
TOTAL		\$167,314,062

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

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

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

**Figure 27: Percentage of Community Benefit by SB 697 Category
Sharp Memorial Hospital — FY 2018**



Key highlights:

- **Medical Care Services** included uncompensated care for patients who are unable to pay for services and unreimbursed costs of public programs, such as Medi-Cal, Medicare and CHAMPVA/TRICARE. In FY 2018, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2017, through June 30, 2019. This resulted in recognition of net supplemental revenues for SMH totaling \$15.0 million in FY 2018. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2018 understate the true unreimbursed medical care services performed for the past fiscal year.
- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; flu vaccinations and specialized education and information for seniors offered by the SMH Senior Resource Center and Sharp Senior Health Centers; Project HELP; contribution of time to Stand Down for Homeless Veterans, Ssubi is Hope, Habitat for Humanity, Mama's Kitchen, Feeding San Diego and the San Diego Food Bank (Food Bank); the Sharp Humanitarian Service Program; support services for discharged homeless patients in partnership

with San Diego Rescue Mission (SDRM); and other assistance for vulnerable and high-risk community members.

- **Other Benefits for the Broader Community** included education and resources on a variety of health topics; participation in community health fairs and events; support groups; health screenings for diabetes, stroke, osteoporosis, blood pressure, mental health, body composition, hearing, hand health, musculoskeletal health; and community education and resources provided by the Laurel Amtower Cancer Institute at SMH patient navigator program. In addition, SMH donated meeting room space to community groups as well as collaborated with local schools to promote student interest in health care careers. SMH staff actively participated in community boards, committees and other civic organizations, including the Health Sciences High and Middle College (HSHMC) Board, American College of Healthcare Executives, San Diego Organization of Healthcare Leaders, Association of California Nurse Leaders, Emergency Nurses Association – San Diego Chapter, Association for Clinical Pastoral Education, San Diego County Stroke Consortium, Adult Protective Services, Serving Seniors, Community Center for the Blind and Visually Impaired, Caregiver Coalition of San Diego, San Diego County Council on Aging (SDCCOA), and various universities and colleges in San Diego County (SDC). See **Appendix A** for a listing of Sharp HealthCare’s (Sharp’s) involvement in community organizations in FY 2018. The category also incorporated costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation.
- **Health Research, Education and Training Programs** included time devoted to education and training of health care professionals, student and intern supervision, and time devoted to generalizable health-related research projects that were made available to the broader health care community.

Definition of Community

- *SMH is located at 7901 Frost Street in San Diego, ZIP code 92123.*
- *Sharp Memorial Outpatient Pavilion (OPP) is located at 3075 Health Center Drive in San Diego, ZIP code 92123.*
- *Clairemont Senior Health Center is located at 4320 Genesee Ave., Suite 104 in San Diego, ZIP code 92117*
- *Downtown Senior Health Center is located at 956 10th Ave. in San Diego, ZIP code 92101*

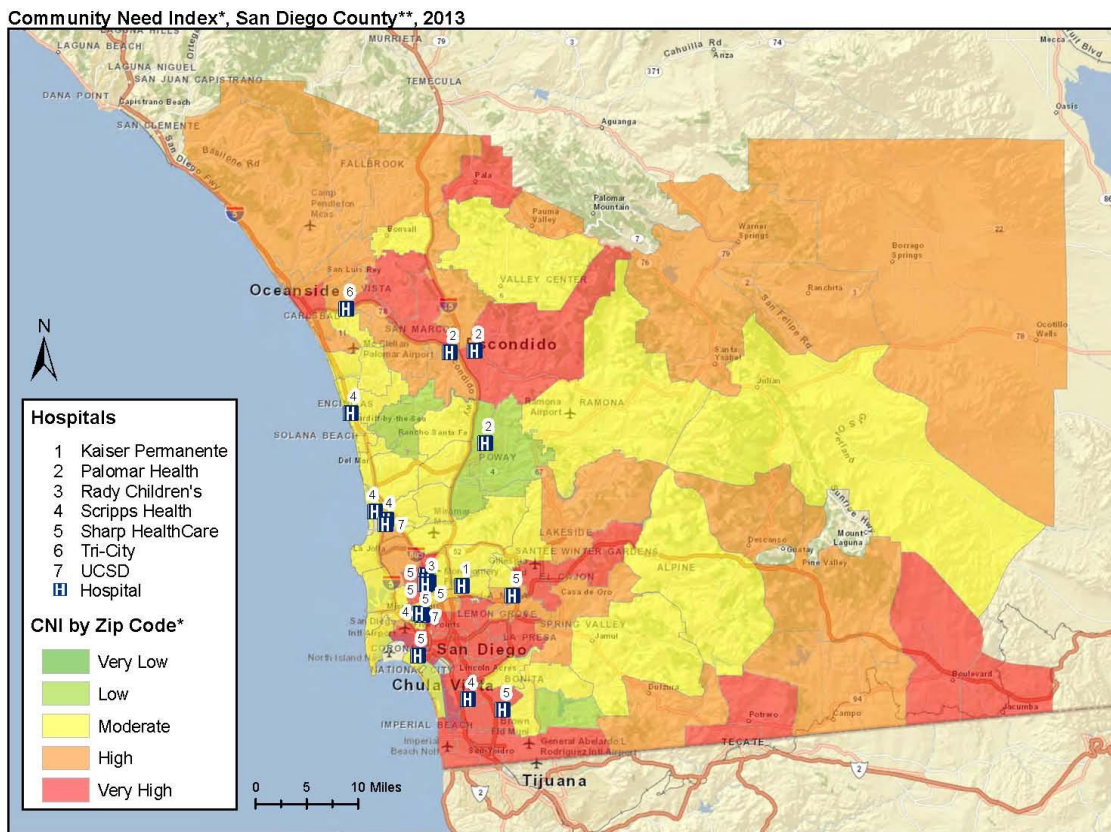
SMH serves the entire county of San Diego; however, the primary communities served by the hospital include the City of San Diego, Chula Vista, the East County region and North Inland communities surrounding Rancho Bernardo. See **Appendix B** for a map of community and region boundaries in SDC.

For SMH’s 2016 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county. The CNI

identifies the severity of health disparity for every ZIP code in the United States of America (U.S.) based on specific barriers to health care access, including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations.

According to the CNI, communities served by SMH with especially high need include, but are not limited to, East San Diego, City Heights, North Park, the College Area and Downtown San Diego. **Figure 28** presents a map of the CNI scores across SDC.

Figure 28: CNI Map — SDC



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

HOSPITAL ASSOCIATION
 of San Diego & Imperial Counties

iph
 INSTITUTE OF PREVENTIVE HEALTH

Description of Community Health

In 2018, there were 485,911 residents ages 65 and older in SDC, representing 14.6 percent of the population. Between 2018 and 2023, it is anticipated that SDC's senior population will grow by 22.6 percent.¹

¹ Sharp Healthcare, San Diego County Market Assessment 2018-2023, 2018.

In 2016, 14 percent of the SDC population reported living below 100 percent of the federal poverty level (FPL). The county’s unemployment rate was 7.5 percent and 5 percent of households received Supplemental Security Income.¹

According to data from the San Diego Hunger Coalition, one in seven, or 15 percent of the SDC population experienced food insecurity. An additional one in five San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget.² In 2016, 21 percent of households in SDC participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 23.3 percent of those below 138 percent of the FPL were eligible for such benefits.¹ Please refer to **Table 46** for SNAP participation and eligibility in SDC.

Table 46: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2016

Food Stamps/SNAP Benefits	
Households	7.0%
Families with Children	7.1%
Eligibility by Federal Poverty Level	
Population ≤130% FPL	19.5%
Population ≤138% FPL	21.0%
Population 139% - 350% FPL	32.7%

Source: County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

In SDC in 2016, 93.8 percent of children ages zero to 17, 80.3 percent of young adults ages 18 to 24, 81.1 percent of adults ages 25 to 44, 87.4 percent of adults ages 45 to 64, and 98.5 percent of seniors ages 65 and older had health insurance.³ Health insurance coverage for each age group was lower than the Healthy People 2020 (HP2020) national target of 100 percent health insurance coverage for all individuals under age 65.⁴ See **Table 47** for health insurance coverage in SDC in 2016.

¹ County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018, Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

² San Diego Hunger Coalition. Hunger Free San Diego Issue Brief: 2016 San Diego County Food Insecurity. San Diego, CA; August 2018.

³ County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

⁴ The U.S. Department of Health and Human Services' HP2020 initiative represents the nation's prevention agenda for the second decade of the 21st century. HP2020 has four overarching goals: to attain high quality, longer lives free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and improve the health of all groups; to create social and physical environments that promote good health for all, and to promote quality of life, healthy development, and healthy behaviors across all life stages.

Table 47: Health Insurance Coverage in SDC, 2016

Description	Rate	HP2020 Target
Current Health Insurance Coverage		
Children 0 to 17 years	93.8%	100%
Young adults 18 to 24 years	80.3%	100%
Adults 25 to 44 years	81.1%	100%
Adults 45 to 64 years	87.4%	100%
Seniors 65+ years	98.5%	100%

Source: County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

According to the California Health Interview Survey (CHIS), 25.8 percent of SDC's population was covered by Medi-Cal.¹ See **Table 48** for details.

Table 48: Medi-Cal (Medicaid) Coverage in SDC, 2016-2017

Description	Rate
Covered by Medi-Cal	25.8%
Not covered by Medi-Cal	74.2%

Source: 2016-2017 CHIS

CHIS data also revealed that 11.7 percent of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 49**).¹

Table 49: Regular Source of Medical Care in SDC, 2016-2017

Regular Source of Medical Care	Rate	HP2020 Target
Has a usual source of care	88.3%	100%
Has no usual source of care	11.7%	100%

Source: 2016-2017 CHIS

Cancer and diseases of the heart were the top two leading causes of death in SDC in 2016.² See **Table 50** for a summary of leading causes of death in SDC. For additional demographic and health data for communities served by SMH, please refer to the SMH 2016 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

¹ 2016-2017 CHIS

² County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Community Health Statistics Unit, 2018.

Table 50: Leading Causes of Death in SDC, 2016

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	5,096	24.1%
Diseases of the Heart	4,808	22.7%
Alzheimer’s Disease	1,403	6.6%
Cerebrovascular Diseases	1,363	6.4%
Accidents/Unintentional Injuries	1,071	5.1%
Chronic Lower Respiratory Diseases	1,027	4.8%
Diabetes Mellitus	734	3.5%
Chronic Liver Disease and Cirrhosis	412	1.9%
Intentional Self-Harm (Suicide)	407	1.9%
Essential Hypertension and Hypertensive Renal Disease	400	1.9%
All Other Causes	4,463	21.1%
Total Deaths	21,184	100.0%

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Community Health Statistics Unit, 2018

Community Benefit Planning Process

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

- Incorporates community priorities and community relations into its strategic plan and develops service-line-specific goals
- Estimates an annual budget for community programs and services, based on community needs, previous years’ experience and current funding levels
- Consults with representatives from a variety of departments to discuss, plan and implement community activities

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

SMH completed its most recent CHNA in September 2016. SMH’s 2016 CHNA was significantly influenced by the collaborative HASD&IC 2016 CHNA process and findings, and details on those processes are available in **Section 3: Community Benefit Planning Process** of this report.

In accordance with federal regulations, the SMH 2016 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women & Newborns (SMBHWN), as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD).

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

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

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

The following pages detail SMH programs, activities and services that specifically address cardiovascular disease (as part of health education and wellness; includes stroke), cancer, diabetes and senior health.

SMH does not have the resources to comprehensively address the elements of community education and support in behavioral health. Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC), which are the major providers of behavioral health and chemical dependency services in SDC. SMH, SMV and SMC are all conveniently located on the Sharp Metropolitan Medical Campus (SMMC).

High-risk pregnancy services are addressed at SMBHWN, a specialty hospital providing care for expectant mothers, newborns and women in SDC. Please see **Section 9** of this report for details on SMBHWN's activities that address this identified community need.

Obesity is addressed through general nutrition and exercise education and resources provided at SMH as well as programs that address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise. Sharp Rees-Stealy Medical Centers (SRSMC) throughout SDC provide structured weight management and health education programs to community members, such as smoking cessation and stress management; long-term support for weight management and fat loss; and personalized weight-loss programs. For additional details on SMH programs that specifically address the needs identified in the 2016 CHNA,

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

In addition, through further analysis of SMH's community programs and consultation with SMH's service line leaders and other team members, this section also addresses the following priority health needs for community members served by SMH:

- General community health education and wellness
- Prevention of unintentional injuries
- Health professions education and training, and promotion of interest in health care careers
- Support during the transition of care for high-risk, underserved patients with complex needs

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2018 Report of Activities conducted in support of the objective(s), and FY 2019 Plan.

Identified Community Need: Diabetes Education and Screening

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

Rationale

- The SMH 2016 CHNA continued to identify Type 2 diabetes as one of seven priority health issues affecting members of the communities served by SMH.
- The HASD&IC 2016 CHNA continued to identify Type 2 diabetes as one of the top four priority health issues affecting community members in SDC.
- Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to diabetes in more vulnerable communities within SDC, such as City Heights and Downtown (Dignity Health, San Diego Geographic Information Source (SanGIS), OSHPD & SpeedTrack Inc., 2015).
- Sharp diabetes educator discussions conducted as part of the SMH 2016 CHNA process identified several challenges to health improvement among their diabetes patients, including: accessing a physician; finding support programs; meeting outpatient needs (i.e., appointments with psychologists or endocrinologists); and a lack of diabetes education coverage under Medi-Cal.
- The Sharp diabetes educator discussions also identified the following barriers to adopting healthy behaviors among diabetes patients: affordability of glucose testing strips; unmet behavioral health needs; food insecurity; and knowledge of benefits.
- According to data presented in the SMH 2016 CHNA, diabetes is a major cause of heart disease and stroke.

- The Centers for Disease Control and Prevention (CDC) identify diabetes as the seventh leading cause of death in the U.S., as well as the leading cause of kidney failure, non-traumatic lower-limb amputations and new cases of blindness among adults. The number of adults diagnosed with diabetes in the U.S. has more than tripled in the last 20 years (CDC, 2017).
- According to SMH diabetes discharge data, among SDC patients with a primary diagnosis of a diabetes-related ICD-10 code in 2017, 'Type 2 Diabetes Mellitus Without Complications' was the top inpatient primary diagnosis related to Type 2 diabetes for individuals ages 15 to 24. Among individuals ages 25 to 44, the top inpatient primary diagnosis was 'Type 2 Diabetes Mellitus With Hyperglycemia,' and among those ages 45 and older, the top inpatient primary diagnosis was 'Type 2 Diabetes With Diabetic Chronic Kidney Disease'.
- In 2016, diabetes was the seventh leading cause of death in SDC.
- In 2016, there were 734 deaths due to diabetes in SDC overall¹, a 3.7 percent increase when compared to 2015 (708 deaths). The age-adjusted death rate due to diabetes was 20.7 per 100,000 population.
- In 2016, there were 4,132 hospitalizations due to diabetes in SDC. The age-adjusted rate of hospitalization was 120.9 per 100,000 population in 2016, which was slightly lower than the age-adjusted rate in 2015 (123.1 per 100,000 population).
- In 2016, there were 5,168 diabetes-related ED discharges in SDC, an 8 percent increase from 2015 (4,783 ED discharges). The age-adjusted rate of diabetes-related ED discharges was 151.9 per 100,000 population in 2016, which was higher than the age-adjusted rate in 2015 (143.5 per 100,000 population).
- According to 2016-2017 CHIS data, 8.6 percent of adults living in SDC indicated that they had ever been diagnosed with diabetes, which was lower than the state of California (9.9 percent). Diabetes rates among seniors were particularly high, with 18.8 percent of SDC adults over 65 reporting that they had ever been diagnosed with diabetes.
- According to 2016-2017 CHIS data, 12.3 percent of SDC residents had been told by their doctor that they have pre- or borderline diabetes.
- According to the CDC's 2017 *National Diabetes Statistics Report*, 87.5 percent of adults diagnosed with diabetes were overweight or obese. To prevent or delay the onset of diabetes, the CDC recommends lifestyle changes such as losing weight, eating healthier, and getting regular physical activity.
- The CDC estimates that 30.3 million people in the U.S. have diabetes. Of those individuals, 1 in 4 is not aware they have the disease (CDC *National Diabetes Statistics Report*, 2017).
- A study by the University of California, Los Angeles (UCLA) Center for Health Policy Research found that 13 million adults in California (46 percent) are estimated to have prediabetes or undiagnosed diabetes, while another 2.5 million (9 percent)

¹ The 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 2016. 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*." (Peña, M., County of San Diego HHS Public Health Services, Community Health Statistics Unit, 2018; Heron, M., Deaths: Leading causes for 2016. National Vital Statistics Reports; vol 67 no 6. Hyattsville, Maryland: National Center for Health Statistics, 2018.)

have already been diagnosed with diabetes (UCLA Center for Health Policy Research, 2016).

- The CDC-approved Diabetes Prevention Program (DPP) is an evidence-based, cost-effective intervention to help people decrease their risk of developing diabetes by making healthy lifestyle changes. According to the California Department of Public Health (CDPH), in 2018, California mandated the DPP be covered under Medi-Cal for all beneficiaries who have prediabetes or a high risk of developing Type 2 diabetes. By funding the DPP, California will help create partnerships between community-based organizations, private insurers, health care providers, employers, academia and government agencies with the goal to reduce the incidence of prediabetes and Type 2 diabetes statewide (CDPH, 2018).

Objectives

- Provide diabetes education and screening in SDC
- Collaborate with community organizations and projects to provide diabetes education to SDC's vulnerable populations
- Participate in local and national professional conferences to share best practices in diabetes treatment and control with the broader health care community

FY 2018 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 provides individuals and their support systems with the skills needed to successfully self-manage various conditions, including prediabetes, gestational diabetes, and Type 1 and Type 2 diabetes. Small group and one-on-one education options are offered in English and Spanish.

In FY 2018, the Sharp Diabetes Education Program provided diabetes education and support to approximately 1,000 attendees at the Sharp Women's Health Conference. This included diabetes risk assessments using the ADA's Diabetes Risk Test questionnaire as well as resources on prediabetes; navigating the road to prevention; the signs, symptoms and complications of diabetes; and diabetes self-management. In addition, two diabetes educators presented on controlling blood sugar levels, prediabetes, and diabetes risk factors, symptoms and complications. Attendees were also educated about metabolic syndrome — a group of conditions including increased blood pressure, high blood sugar, abnormal cholesterol levels, and excess body fat around the waist that occur together, increasing an individual's risk of heart disease, stroke and diabetes. The Sharp Diabetes Education Program also provided fundraising and team participation for the ADA's Step Out Walk to Stop Diabetes held at the Embarcadero Marina Park South in October.

The SMH Diabetes Education Program provided education and lectures to a variety of

community groups in FY 2018. Through Sharp's partnership with the City of San Diego, the SMH Diabetes Education Program provided two lectures to community members at Golden Hills Recreation Center and the Pacific Beach Taylor Branch Library. Topics included diabetes and the power of lifestyle change, including prevention and treatment methods, and creating an active lifestyle. At the Peninsula Family YMCA in Point Loma, the SMH Diabetes Education Program provided diabetes awareness education to more than 15 community members.

The SMH Diabetes Education Program is actively involved with San Diego's renal health community. In FY 2018, the SMH Diabetes Education Program collaborated with the Balboa Institute of Transplantation to provide ongoing education and support to community members who have undergone kidney transplant or experienced kidney disease.

In addition, the Sharp Diabetes Education Program continued to collaborate with Family Health Centers of San Diego (FHCS) to provide education to diabetic patients at multiple FHCS sites, including those in the central region of SDC, through the organization's Diabetes Management Care Coordination Project (DMCCP). DMCCP provides FHCS diabetic patients with weekly group health and nutrition education, healthy cooking demonstrations, physical activity classes, and one-on-one support from a nurse practitioner. Further, project "graduates" offer peer support and education to current enrollees in both English and Spanish. The project monitors participants' physical activity as well as their A1C and blood glucose levels, which it has proven to successfully maintain and lower. At FHCS's Logan Heights and City Heights locations, the Sharp Diabetes Education Program provided 21 lectures in English and Spanish to more than 150 community members. Topics included creating an active lifestyle; nutrition (including the effect of food groups and serving sizes on blood sugar levels); and diabetes risk factors, symptoms, treatment, self-management and goal-setting. In 2018, participants with more severe cases of diabetes (i.e., higher blood glucose levels) experienced a 30 percent decrease in blood glucose levels compared to the group overall.

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 (diabetes developed during pregnancy) how to manage their blood sugar levels. In collaboration with community clinics, in FY 2018, the team provided these patients with a variety of education and resources to support a healthy pregnancy while diabetic. 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 nearly 380 underserved pregnant 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 blood sugar levels. In addition, live interpreter services were available in more than 200 languages via the Stratus Video Interpreting iPad application. Further, Sharp team members themselves received education regarding the different cultural needs of diverse communities.

In FY 2018, the Sharp Diabetes Education Program supported the professional health care community through participation in various conferences and meetings. At the Liberty Station Conference Center in May, the Sharp Diabetes Education Program presented to more than 150 health professionals during Sharp's Obesity Crisis Conference titled Practical Approaches to the Care of the Obese Patient. The team's presentation covered insulin use in the obese patient, including the origin and purpose of insulin, the effects of different kinds of insulin, the significance of accurate timing of insulin administration, and treatment options. In June, the Sharp Diabetes Education Program attended the ADA's 78th Scientific Sessions conference in Orlando, Florida. The conference theme was Diabetes Breakthroughs Happen Here, which taught more than 14,000 international attendees about the most significant advances in diabetes care and research. Also in June, the Sharp Diabetes Education Program provided a poster presentation to approximately 75 attendees at Sharp's fourth annual Interprofessional Research & Innovation Conference. The presentation, titled Designing and Implementing a Competency-Based Skills Fair to Improve Home Health Nurses' Knowledge, highlighted a project aimed at improving patient care and diabetes knowledge among nurses. In addition, in August the Sharp Diabetes Education Program presented on The Diabetes Injectable Pen Laboratory – A Novel Approach to Improve Home Health Nurses' Diabetes Knowledge to approximately 60 health professionals at the American Association of Diabetes Educators' 2018 Annual Conference in Baltimore, Maryland. The presentation described a study that demonstrated statistically significant improvements in knowledge and confidence levels among registered nurses (RNs) and licensed vocational nurses using diabetes medication pens.

In November, the Sharp Diabetes Education Program hosted a diabetes conference for physicians, nurses, pharmacists, laboratorians, clinical and managerial leaders and other community health professionals interested in optimizing inpatient diabetes care.

The conference provided 150 participants with specific tools and strategies for creating a culture that supports and encourages emerging therapeutic trends in glycemic management in a hospital setting. Topics included the advantages and disadvantages of pump therapy; pump therapy as a method of insulin delivery; differences in the treatment of Type 1 and Type 2 diabetes; diabetes risk factors; causes of diabetes patients not taking their medications; and the interventions required to improve patient handover from hospital to primary care. Further, in FY 2018 the Sharp Diabetes Education program provided diabetes education to 20 nurse practitioner students at San Diego State University (SDSU), while the SMH Diabetes Education Program mentored a dietetic intern from the San Diego Women, Infants and Children program and a Capella University Master of Science in Nursing student.

FY 2019 Plan

The SMH Diabetes Education Program will do the following:

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

Identified Community Need: Education, Support and Screening for Stroke

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

Rationale

- The SMH 2016 CHNA continued to identify cardiovascular disease (including cerebrovascular disease/stroke) as one of seven priority health issues affecting members of the communities served by SMH.
- The HASD&IC 2016 CHNA continued to identify cardiovascular disease (including cerebrovascular disease/stroke) as one of the top four priority health issues for community members in SDC.
- According to data presented in the SMH 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. About half of all Americans (47 percent) have at least one of these three risk factors. Additional risk factors include alcohol use, obesity, physical inactivity, poor diet, diabetes and genetic factors (CDC, 2015).
- In 2016, cerebrovascular diseases including stroke were the fourth leading cause of death for SDC overall.
- In 2016, there were 1,362 deaths due to stroke in SDC¹, a 17.2 percent increase from 2015. The age-adjusted death rate due to stroke was 38.3 per 100,000 population, which was higher than the HP2020 target of 34.8 deaths per 100,000.
- In 2016, there were 6,346 hospitalizations for stroke in SDC, with an age-adjusted rate of 183 per 100,000 population. The rate of hospitalization for stroke increased 2.8 percent from 2015 to 2016 — the first increase since 2011, when SDC recorded a stroke rate of 218.4 per 100,000 population.
- In 2016, there were 2,371 stroke-related ED visits in SDC. The age-adjusted rate of ED visits was 68.9 per 100,000 population.
- According to 2016-2017 CHIS data, an estimated 23.9 percent of adults in SDC were obese, 9.7 percent smoked cigarettes and 62.0 percent did not regularly walk for transportation, fun, or exercise. In 2016, 16.3 percent of adults in SDC reported eating fast food four or more times in the past week.
- The National Institute of Neurological Disorders and Stroke (NINDS) reports that 25 percent of people who recover from their first stroke will have another stroke within five years (NINDS, 2016).
- The CDC estimates that up to 80 percent of strokes are preventable through the recognition of early signs/symptoms and the elimination of stroke risk factors.
- According to the CDC, healthy lifestyle choices can help prevent stroke. Behaviors that can mitigate the risk of stroke include choosing a healthy diet full of fruits and

¹ The 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 2016. 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*." (Peña, M., County of San Diego HHS Public Health Services, Community Health Statistics Unit, 2018; Heron, M., Deaths: Leading causes for 2016. National Vital Statistics Reports; vol 67 no 6. Hyattsville, Maryland: National Center for Health Statistics. 2018.)

vegetables, maintaining a healthy weight, engaging in at least 2.5 hours of moderate-intensity aerobic physical activity each week, refraining from or quitting smoking, and limiting alcohol intake (CDC, 2018).

Objective

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

FY 2018 Report of Activities

SMH is certified by the Joint Commission as an Advanced Primary Stroke Center (recertified in 2017). The program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate. SMH is also a recipient of the American Heart Association (AHA)/American Stroke Association's (ASA) Get With The Guidelines® (GWTG) — Stroke Gold Plus Quality Achievement Award for excellence in stroke care as well as the Target: Stroke Elite Honor Roll designation. The AHA/ASA's GWTG is a national effort focused on ensuring the use of evidence-based therapies to improve outcomes for stroke patients. The AHA/ASA's Target: Stroke Elite Honor Roll designation focuses on improving the timeliness of intravenous tissue plasminogen activator (IV t-PA) administration to eligible patients.

In April, Sharp's systemwide stroke program participated in Strike Out Stroke Night at the Padres, held at Petco Park. This annual event is organized by the San Diego County Stroke Consortium, the HHSA, the San Diego Padres and other key partners to promote stroke awareness and celebrate stroke survivors. During the baseball game, Sharp offered stroke and blood pressure screenings, education about the warning signs of stroke and how to respond using FAST (Face, Arms, Speech, Time) — an easy way to detect and enhance responsiveness to a stroke. Free giveaways were provided throughout the evening, while stroke education was displayed on the JumboTron to the entire stadium of more than 34,600 community members.

In FY 2018, SMH participated in Sharp's partnership with the City of San Diego to provide stroke education and resources to employees and residents in the city's nine districts. In May, July and August, three classes led by a stroke program nurse provided more than 20 community members with education on preventing and recognizing the signs of a stroke, emergency treatment options, and minimizing risk. The latter topic focused on education for maintaining a healthy weight, abstaining from or limiting drinking and smoking, and taking medications as directed. The lectures were held at various locations throughout San Diego, including North University Community Branch Library, Oak Park Branch Library and City Heights Recreation Center. In addition, in October, SMH provided approximately 60 community members with stroke education, including the warning signs and symptoms and what to do in the event of a stroke, at a senior health and resource fair at Point Loma Presbyterian Church. Attendees were also screened according to their personal risk factors.

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. Education topics included brain function, coping skills, adjustment, disaster preparedness, driving, health and wellness, medications, stress management, family and intimacy, work and school re-entry, and support. Approximately 25 to 30 community members attended the YESS support group each month in FY 2018.

In addition, SMH actively participated in the quarterly San Diego County Stroke Consortium, a collaborative effort to improve stroke care and discuss issues impacting stroke care in SDC. SMH also continued its 13-year collaboration with the County of San Diego Emergency Medical Services (EMS) to provide data for the SDC stroke registry.

FY 2019 Plan

The SMH Stroke Center will do the following:

- Participate in stroke screening and education events in SDC, including events targeting seniors and high-risk adults
- Provide a community presentation on stroke education and prevention featuring a Sharp physician
- Provide education for individuals with identified stroke risk factors
- Continue to participate in Strike Out Stroke Night at the Padres
- Continue to participate with other SDC hospitals in the San Diego County Stroke Consortium
- Continue to provide data to the SDC stroke registry
- Continue to offer stroke support groups through the SMH Rehabilitation Center
- Continue to participate in Sharp's partnership with the City of San Diego to provide stroke education and resources to employees and residents in the city's nine districts

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

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

Rationale

- The SMH 2016 CHNA continued to identify senior health as one of seven top priority health issues affecting members of the communities served by SMH.
- The HASD&IC 2016 CHNA continued to identify dementia and Alzheimer's disease among the top 15 priority health conditions seen in SDC hospitals.

- As part of the SMH 2016 CHNA, discussions with nurses and social workers at Sharp's Senior Health Centers identified the following challenges to improving the health of seniors in SDC: access to care issues due to aging, decreased driving or loss of support system; difficulty purchasing medications due to financial issues, lack of transportation or lack of motivation; difficulty understanding medical instructions; inability to recognize a health problem exists; memory issues; and the perception that health issues and loneliness are a normal part of aging.
- Sharp senior health discussions held as part of the SMH 2016 CHNA process identified the most common health-related issues or needs for seniors as: anxiety; cardiac disease; cognitive impairment and dementia; depression; diabetes; psychosis and chronic mental illness (specific to the population served by the Downtown Sharp Senior Health Center); hypertension; increased need for caregivers; isolation, contributing to poor diet, bad habits and depression; loss of purpose; and substance abuse, particularly with prescription drugs.
- Seniors participating in the SMH 2016 CHNA Health Access and Navigation Survey prioritized the following barriers to accessing health care: understanding health insurance, including confusing terms; knowing where to go for care, especially understanding when to use the emergency department (ED), urgent care and primary care; using health insurance, including understanding health care costs/bills and knowing what services are covered; getting health insurance; and follow-up care, including understanding next steps and finding available appointments.
- In 2016, Alzheimer's disease was the third leading cause of death in SDC.
- In 2016, the top 10 leading causes of death among adults ages 65 and older in SDC were (in rank order): overall cancer, Alzheimer's disease and other dementias (ADOD), coronary heart disease (CHD), stroke, chronic obstructive pulmonary disease (COPD)/chronic lower respiratory diseases, overall hypertensive diseases, diabetes, unintentional injuries, Parkinson's disease and falls.
- In 2016, hospitalization rates among seniors were higher than the general population due to CHD, stroke, COPD, nonfatal unintentional injuries (including falls), overall cancer and arthritis.
- The top three causes of ED utilization among SDC residents ages 65 and older in 2016 were unintentional injuries, falls and arthritis/other rheumatic conditions.
- Seniors in SDC use the 911 system at higher rates than any other age group. The most common complaints include general medical, altered neurological state, respiratory distress, cardiac chest pain and trauma to the extremities (HHSA, 2015).
- According to the CDC, 2.8 million older adults, or more than one in four, 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 with each fall, the chance of falling again doubles. These injuries may result in serious mobility issues and difficulty with everyday tasks or living independently. The direct medical costs for fall injuries are estimated at \$31 billion annually (CDC, 2018).
- In 2013, an estimated 62,000 San Diegans ages 55 and older were living with Alzheimer's disease and other dementias (ADOD), which accounted for 8.3 percent of this age group. Assuming current trends continue, by 2030, nearly 94,000 residents 55 years and older will be living with ADOD, which is a 51 percent increase

from 2013 (*Alzheimer's Disease and Other Dementias in San Diego County*, HHSA, 2016).

- In 2016, an estimated 71.4 percent of SDC residents ages 65 and older reported that they were vaccinated for influenza in the past 12 months (CHIS, 2016). In 2016, 26 of the 46 recorded influenza deaths in SDC occurred among residents ages 65 and older. The age-adjusted rate of influenza death among this group was 6.0 per 100,000 (HHSA, 2016).
- Research shows that caregiving can have serious physical and mental health consequences. According to findings from the Stress in America survey described in a report titled *Valuing the Invaluable*, caregivers to older relatives report poorer health and higher stress levels than the general population. Fifty-five percent of surveyed caregivers reported feeling overwhelmed by the amount of care their family member needs (AARP Public Policy Institute, updated July 2015).
- According to AARP, more than 40 million people in the U.S. act as unpaid caregivers to people ages 65 and older. More than 10 million of these caregivers are Millennials with separate full- or part-time jobs, and one in three employed Millennial caregivers earns less than \$30,000 per year (AARP, 2018).
- According to a report from the National Alliance for Caregiving (NAC) and AARP titled *Caregiving in the U.S. 2015*, 60 percent of unpaid caregivers are female, and nearly 1 in 10 caregivers are ages 75 or older (AARP and NAC, 2015).
- The UCLA Center for Health Policy Research conducted a study highlighting the plight of California's "hidden poor," finding 772,000 seniors who live in the gap between the FPL and the Elder Economic Security Standard. The highest proportion of seniors living in this gap includes renters, Latinos, women and grandparents raising grandchildren (Padilla-Frausto & Wallace, 2015).

Objectives

- Provide a variety of senior health education and screening programs
- Produce and mail quarterly activity calendars to community members
- In collaboration with community partners, offer seasonal flu vaccinations for seniors and other high-risk populations
- Provide education and community resources to family caregivers
- Maintain and grow partnerships with community organizations to expand community outreach and provide seniors and caregivers with updated information on available services and resources

FY 2018 Report of Activities

Sharp Senior Resource Centers meet the unique needs of seniors and their caregivers by connecting them to a variety of free and low-cost programs and services through phone and in-person consultations. The Sharp Senior Resource Centers' compassionate staff and volunteers provide personalized support and clear, accurate information regarding health education and screenings, community referrals and caregiver resources. In FY 2018, the SMH Senior Resource Center developed and mailed quarterly calendars of its programs and services to more than 3,000 households

in San Diego, as well as distributed 2,500 Vials of Life, which are small vinyl sleeves that can be magnetically placed on a refrigerator to provide emergency personnel with critical medical information for seniors and disabled people.

In FY 2018, the SMH Senior Resource Center provided more than 20 free health education programs to more than 350 community seniors, caregivers and loved ones of the elderly. Programs were presented by experts from community organizations as well as Sharp professionals with expertise in nursing, advance care planning (ACP), physical therapy, rehabilitation, finance, research, neurology, hospice and library services. Educational topics included arthritis of the knee, diabetes, Medicare, memory loss and driving, memory loss conversations, estate planning and reverse mortgages, wills and trusts, bereavement and coping with grief, increasing back strength, eating well in the new year, tools and resources for caregivers, the aging process, age-related eye conditions, fall prevention, heart failure, maintaining a healthy voice, understanding hospice, maximizing brain health, hearing loss, and Alzheimer's disease research and clinical trials. Programs were offered at Sharp office locations, Peninsula Family YMCA, Point Loma/Hervey Branch Library, All Souls Episcopal Church, Clairemont Lutheran Church, Point Loma Community Presbyterian Church and 2-1-1 San Diego. Further, the SMH Senior Resource Center provided presentations to more than 400 community members on senior services, Vials of Life, caregiver tools, improving the health care experience and talking to a health care provider. Presentations were delivered at locations in various communities throughout SDC, including but not limited to Point Loma, City Heights, Mission Valley, North Park and the City of San Diego.

The SMH Senior Resource Center provided health screenings to more than 50 community seniors at five health fairs and events during the year. Screenings included hearing, mental health, stroke, and hand health (arthritis, carpal tunnel syndrome, trigger finger, etc.). In addition, free monthly blood pressure screenings were provided to more than 430 members of the senior community. As a result of these screenings, more than 20 seniors were referred to physicians for follow-up care. Screenings took place at the Point Loma Community Presbyterian Church, Peninsula Family YMCA and the War Memorial building at Balboa Park.

In FY 2018, the SMH Senior Resource Center reached a total of nearly 1,600 individuals through participation in nine community health fairs, conferences and seminars. In October, the SMH Senior Resource Center hosted its annual Senior Health and Information Fair at Point Loma Community Presbyterian Church. The event offered free flu shots, health screenings, health information, Vials of Life and community resources to approximately 200 seniors and family caregivers. In May, the SMH Senior Resource Center provided Vials of Life and caregiver and community resources to 50 lesbian, gay, bisexual and transgender (LGBT) seniors at the San Diego LGBT Community Center's Senior Resource Fair. In addition, the SMH Senior Resource Center provided information, referrals to community programs and services, transportation resources, and outreach to more than 100 seniors in Point Loma at the Games Day event at All Souls Episcopal Church, an annual fundraiser for the Peninsula

Shepherd Center.

In April, the SMH Senior Resource Center collaborated with Sharp HospiceCare to host a Healthy Aging Conference at Point Loma Community Presbyterian Church. The conference educated more than 80 community members on how to plan for a healthy, safe and mindful future, as well as provided valuable resources to help manage and promote healthy aging. In June, the SMH Senior Resource Center served approximately 700 community members at the County of San Diego Aging and Independence Services (AIS) Aging Summit 2018 conference held at Town and Country San Diego. Presentation topics included health and community support, housing, social participation, transportation and dementia, as well as offered resource exhibitors, including information from the SMH Senior Resource Center on Vials of Life, health screening events and programs for seniors and caregivers.

In August, the SMH Senior Resource Center offered health, wellness and community resources to nearly 90 community members at the San Diego Community Action Network (SanDi-CAN) and South County Community Action Network's Interactive Technology and Health Fair at the George L. Stevens Senior Center. The event featured presentations, an interactive resource fair, health screenings and technology. Also in August, the SMH Senior Resource Center and Sharp Senior Health Centers provided senior resources to nearly 70 community members at the Annual Aging Conference: Healthy & Safe Aging, hosted by SCVMC and Sharp HospiceCare, which was held at Fredericka Manor in Chula Vista. In October, the SMH Senior Resource Center participated in SanDi-CAN's End of Life Decisions: Crucial Conversations Navigating Your Way conference at Balboa Park. More than 30 seniors and their family members attended the free conference and resource fair where they learned how to identify their end-of-life values and goals of care and acquire the communication skills necessary to make informed health care decisions.

The SMH Senior Resource Center and Sharp Senior Health Centers continued to provide seasonal flu vaccines for seniors, caregivers and high-risk adults with limited access to care in a variety of community settings through activity calendars, collaborative outreach conducted by the flu clinic site, paper and electronic newspaper notices, and Sharp.com. In FY 2018, the SMH Senior Resource Center and the Sharp Senior Health Centers sponsored five community seasonal flu clinics, serving nearly 250 seniors and other vulnerable community members with chronic illness. Flu clinics were held at the Senior Health Fair at Point Loma Community Presbyterian Church, Orchard Apartments low-income senior housing, Holy Trinity Catholic Church (homeless outreach), and Serving Seniors sites, including the Potiker Family Senior Residence and the Gary and Mary West Senior Wellness Center. At many of these sites, the SMH Senior Resource Center also provided activity calendars detailing upcoming blood pressure screenings, flu clinics and other community events and programs for seniors as well as offered Vials of Life. In addition, the Sharp Senior Health Centers provided education on advance directives and depression to flu clinic attendees.

In response to the hepatitis A outbreak in San Diego, the Sharp Senior Health Centers

partnered with the County of San Diego Public Health Services to provide more than 170 vaccinations to vulnerable community members, including homeless individuals, throughout the year. Locations included the San Diego County Probation Department's Work Furlough Facility; Sharp Mesa Vista outpatient facilities; Mental Health Systems; Potiker Family Senior Residence; Legal Aid Society of San Diego; Catalyst, a program serving transitional age youth with mental illness who are either homeless or at risk of homelessness; and facilities that serve individuals with mental illness, including Broadway Home and Chipper's Chalet.

Sharp Senior Health Centers are committed to connecting with underserved seniors in San Diego through educational presentations and the provision of referrals to community resources and support services. Throughout FY 2018, the Sharp Senior Health Centers provided health education, as well as referrals for housing, transportation, food, depression, social services, senior centers and other community resources, to more than 1,200 community seniors at the San Diego Square Senior Apartments, Westminster Manor Apartment Homes, Potiker Family Senior Residence and through a Sharp Speaker Series at the Gary and Mary West Wellness Center. Presentation topics included, memory care, insurance, how to get the most out of a 15-minute doctor visit, Medicare benefits (including drug plans and open enrollment), Medi-Cal, Vials of Life, Alzheimer's disease, dementia, depression, fall prevention, vaccines, shingles, how to find reliable health information online, bedbugs and scabies, end-of-life planning (including advance directives and resources), diabetes, eye health, isolation and loneliness, peripheral artery disease, heart failure, safety, elder abuse and reporting, finding healthy food and healthy eating. In addition, Sharp Senior Health Centers provided on-site education to approximately 45 community seniors on achieving emotional and physical wellness while aging, coping with life's transitions, caregiving, navigating medical insurance, safety and ACP.

Sharp Senior Health Centers provided education and resources, including advance directives and information for seniors at numerous community events in FY 2018, including the Sharp Senior Resource Centers' Senior Health & Information Fair at Point Loma Community Presbyterian Church; Caring for the Caregiver Conference at Point Loma Community Presbyterian Church; Senior Resource Fair at the San Diego LGBT Community Center; Caring for the Caregiver (Cuidando al Cuidador) — an annual Spanish-language conference at the Logan Heights Public Library; and Sharp Disaster Preparedness Expo. The Sharp Senior Health Centers and SMH Senior Resource Center also provided resources to more than 100 attendees at the SDCCOA's Staying Healthy expo, an event for seniors, social workers and case managers at the Jackie Robinson YMCA in September. In addition, the Sharp Senior Health Centers educated approximately 20 seniors on understanding insurance at the North Park Senior Apartments as well as provided resources and education on Medicare open enrollment to 150 community seniors at Paradise Village in National City. Lastly, the Sharp Senior Health Centers participated in Sharp's partnership with the City of San Diego by educating Ocean Beach community members on heart failure in August.

In FY 2018, the Sharp Senior Health Center Downtown and Sharp HospiceCare

provided film screenings and post-film panel discussions of *Being Mortal* — a documentary that addresses the national dialogue around death and what matters most to patients and families. Events were provided to senior community members at San Diego Square affordable senior housing development and Serving Seniors' Gary and Mary West Senior Wellness Center.

In partnership with the Food Bank, Sharp Senior Health Centers continued to host quarterly Senior Nutrition & Wellness Classes at the Sharp Senior Health Center Clairemont. Instructed by the Food Bank's nutrition and wellness educator, the six-week program consisted of hour-long classes that taught seniors the fundamentals of nutrition, including how to read nutrition labels, prepare healthy meals on a budget, and reduce salt and sugar intake, as well as senior-friendly exercises. In addition to receiving vital health and nutrition education, the Food Bank provided attendees with free fresh produce and referrals to Food Bank programs as needed. In FY 2018, 19 seniors graduated from the Senior Nutrition & Wellness Classes. Classes utilized an evaluation tool that included pre- and post-survey questions — in English and Spanish — using validated items specific to the class population. The program has demonstrated a great impact on the health behaviors of class graduates: 92 percent reported increased consumption of fresh fruits and vegetables since taking the classes; 62 percent reported a decrease in sugary beverage intake; 12 percent reported increasing their exercise frequency to more than five times per week; and approximately 33 percent reported that the classes improved their exercise habits. In addition, every participant agreed that they would recommend the classes to a friend. Lastly, six percent of participants were identified as food insecure (lack of access to healthy food) through a validated, two-item food insecurity screening tool. As a result of this program, Sharp Senior Health Centers began providing food insecurity screenings as part of annual wellness visits and nutritious resources for those in need.

Sharp Senior Health Centers collaborated with the Health Insurance Counseling and Advocacy Program (HICAP), which ensures ongoing networking among community professionals and quality programs for seniors. The collaboration included the provision of ongoing counseling and education by a HICAP representative to nearly 100 community members at the Sharp Senior Health Center Clairemont. HICAP staff offered objective counseling on Medicare rights, benefits and insurance policy options to address seniors' questions and concerns.

Throughout the year, the SMH Senior Resource Center and Sharp Senior Health Centers maintained active relationships with numerous community organizations, including the Peninsula Shepherd Senior Center, Serving Seniors (including the Potiker Family Senior Residence and the Gary and Mary West Senior Wellness Center), Bayside Community Center, Westminster Manor (senior housing), Jewish Family Service of San Diego (JFS), Caregiver Coalition of San Diego, AIS, Adult Protective Services, Southern Caregiver Resource Center, Alzheimer's San Diego, SanDi-CAN, SDCCOA, National Active and Retired Federal Employees Association, Community Center for the Blind and Visually Impaired, Cabrillo Credit Union Supervisory Committee and HICAP. New connections and active relationships have been established with

Paradise Village, Peninsula Family YMCA, Point Loma/Hervey Library, San Diego Square, Clairemont Lutheran Church and St. Paul's PACE.

In addition, the Sharp Senior Health Centers provided internships to eight nurse practitioner students from various universities including SDSU, University of San Diego (USD) and Azusa Pacific University (APU) in FY 2018.

FY 2019 Plan

The SMH Senior Resource Center and the Sharp Senior Health Centers will do the following:

- Provide information, resources and support to address relevant concerns of seniors and caregivers in the community, including senior mental health issues, ACP, memory loss, advanced illness management, caregiving, senior services, nutrition, healthy aging, and balance and fall prevention
- Provide community health information and resources through educational programs, monthly blood pressure clinics and a variety of health screening opportunities
- Produce and distribute quarterly calendars for approximately 3,000 San Diego households, highlighting events of interest to seniors and family caregivers
- Provide 2,500 Vials of Life to community seniors
- Provide seasonal flu vaccinations at four sites to seniors and community members who face challenges in accessing care, specifically high-risk adults
- Continue to provide hepatitis A education and vaccinations in partnership with the County, as well as provide hepatitis A information to flu clinic attendees
- Participate in community health fairs and conferences, including the SanDi-CAN end-of-life conference
- In collaboration with the Caregiver Coalition of San Diego, coordinate a conference dedicated to family caregiver issues
- In collaboration with Sharp HospiceCare, host an aging conference for seniors in Point Loma
- Continue to participate in Sharp's partnership with the City of San Diego to provide senior health education and resources to employees and residents in the city's nine districts
- In collaboration with SMV's Senior Intensive Outpatient Program, provide education on holiday blues and depression as well as senior behavioral health
- Collaborate with Serving Seniors and SMV to provide depression screenings and education
- Maintain active relationships with organizations that serve seniors in Point Loma, SDC's north central and central regions, and downtown San Diego
- Continue to participate in a monthly Sharp HealthCare Speaker Series at the Gary and Mary West Senior Wellness Center
- Explore a collaboration with Serving Seniors and the dental clinic at the Gary and Mary West Senior Wellness Center
- Explore opportunities for medication screenings by a pharmacist for vulnerable seniors

- Expand programs offered to senior residences in the downtown area
- Continue collaboration with the Food Bank to provide quarterly Senior Nutrition & Wellness Classes at both Sharp Senior Health Center locations
- Provide quarterly educational presentations to community seniors at Sharp Senior Health Center Clairemont and Potiker Family Senior Residence
- Continue to serve lunch to community seniors at Serving Seniors
- Explore educational opportunities with Paradise Village Retirement Community
- Collaborate with the San Diego Futures Foundation — a nonprofit organization that provides underserved individuals with technology — to provide an educational information technology event for seniors
- Provide free education to new Medicare enrollees at various SDC locations, including Pacific Beach and North Park
- Provide a presentation to community members in collaboration with Harmony Home Medical

Identified Community Need: Health Education and Wellness

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

Rationale

- The SMH 2016 CHNA identified behavioral health, cardiovascular disease, Type 2 diabetes, obesity, cancer, high-risk pregnancy and senior health among seven priority health issues affecting members of the communities served by SMH.
- The HASD&IC 2016 CHNA process continued to identify the following among the top priority health conditions in SDC hospitals: diabetes, obesity, cardiovascular disease and stroke, mental health and mental disorders, unintentional injury, high-risk pregnancy, asthma, cancer, back pain, infectious disease and respiratory diseases.
- The HASD&IC and SMH 2016 CHNA community engagement activities emphasized 10 social determinants of health (SDOH) as having a serious impact on the four priority health issues in SDC (cardiovascular disease, Type 2 diabetes, behavioral health and obesity). These 10 social determinants are: food insecurity and access to healthy food; access to care or services; homeless/housing issues; physical activity; education/knowledge; cultural competency; transportation; insurance issues; stigma; and poverty.
- Key informant interviews conducted as part of the HASD&IC 2016 CHNA suggested several health improvement strategies to address the four priority health issues identified for SDC. These strategies include: behavioral health prevention and stigma reduction; education on disease management and food insecurity; integrating physical and mental health care; better coordination of care; greater cultural competence and diversity; and engagement of patient navigators and case managers in the community.
- Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to cardiovascular disease and obesity within SDC's more vulnerable communities,

such as City Heights and Downtown (Dignity Health, SanGIS, OSHPD & SpeedTrack Inc., 2015).

- According to data presented in the SMH 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. According to the CDC, about half of Americans (47 percent) have at least one of these three risk factors. Additional risk factors include alcohol use, obesity, diabetes and genetic factors (CDC, 2015).
- The HHSA's Live Well San Diego (LWSD) 3-4-50 initiative identified three behaviors (poor diet, physical inactivity and tobacco use) that contribute to four chronic conditions (cancer, heart disease/stroke, Type 2 diabetes and pulmonary diseases), which result in more than 50 percent of deaths worldwide. In 2015, 54 percent of all deaths in SDC were attributed to 3-4-50 conditions.
- In 2016, cancer was the leading cause of death and diseases of the heart were the second leading cause of death for SDC.
- According to 2017 CHIS data, the self-reported obesity rate for adults ages 18 and older in SDC was 22.5 percent.
- In 2016, 16.3 percent of adults ages 18 and older in SDC self-reported eating at fast-food restaurants four or more times each week (CHIS, 2016).
- In 2017, between 25 and 30 percent of adults in California self-reported being obese. Obesity levels decreased as education levels increased, indicating a need for health education as a tool for reducing obesity rates (CDC, 2017).
- Obesity has been linked to environmental factors, such as accessibility and affordability of fresh foods, park availability, social cohesion and neighborhood safety (UCLA Center for Health Policy Research, 2015).
- According to data from the 2016 National Study of Children's Health, nearly one-third of children in California are obese. California has one of the highest childhood obesity rates in Western states (The State of Obesity, 2018).
- According to the CDC, some of the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes and certain types of cancer. In 2016, 39.8 percent of Americans were obese (CDC, 2017).
- In 2016, the number of arthritis-related hospitalizations in SDC totaled 9,698 — an age-adjusted rate of 273.25 per 100,000 population.
- According to the National Institutes of Health (NIH), more than 53 million people in the U.S. either already have osteoporosis or are at high risk due to low bone mass. Along with the financial costs, osteoporosis can reduce quality of life for many people who suffer 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, 2016-2017).
- Health literacy is a key health determinant: it is one's ability to find, understand and act upon health care information whether it is communicated verbally, in writing or through technology. A recent survey by the U.S. Department of Education found that over a third of U.S. adults have basic or below-basic health literacy, while only 12 percent of Americans are proficient in health literacy (University of Pittsburgh Medical Center, 2018).

- Low health literacy is linked to poor health outcomes including higher hospitalization rates and lower preventive service utilization, both of which are associated with higher health care costs. Older adults, racial/ethnic minorities, people with less than a high school degree, those with low socioeconomic status, non-native English speakers, and individuals with compromised health status are at risk for low health literacy. It is the responsibility of public health professionals, the government and health care systems to work together to improve health literacy skills (U.S. Department of Health and Human Services (DHHS), Office of Disease Prevention and Health Promotion, 2005).

Objectives

- Host educational classes and support groups for the community on a variety of health and wellness topics
- Offer health literacy resources through the Cushman Wellness Center Community Health Library and outreach at community events
- Participate in community-sponsored events and support nonprofit health organizations

FY 2018 Report of Activities

Throughout the year, the OPP and various SMH departments offered a range of community health education classes and support groups. In FY 2018, classrooms were booked for nearly 1,000 hours and served thousands of patients and community members. Educational classes covered various aspects of health and wellness, including diabetes, cancer, integrative medicine topics (e.g., tai chi, qi gong, reflexology, stress management, food as medicine), suicide awareness and prevention, and parenting and childbirth. Support groups provided an outlet for community members to share their personal experiences and advice for coping with various challenges, including cancer, stroke, heart transplantation, heart failure, breastfeeding, postpartum mood disorders, and nutrition and support following bariatric surgery.

At the Sharp Allison deRose Rehabilitation Center, Sharp Rehabilitation Services (Sharp Rehab) offered weekly rehabilitative tai chi and adaptive yoga classes for individuals with physical limitations. Sharp Rehab also hosted free support groups, including Women on Wheels (WOW), the Sharp Players and the Men's Spinal Cord Injury (SCI) support groups.

Facilitated by two Sharp Rehab social workers, the WOW support group strives to empower women with mobility impairments. In FY 2018, approximately 70 group members gathered monthly to share their thoughts and feelings about their current life challenges, victories and visions. WOW also arranged art therapy sessions, summer parties, lunch outings and museum visits for its members. With a network of numerous disabled women and community partners, WOW is the only support group strictly for women with mobility impairments in SDC.

Twenty-five individuals participated in the Sharp Players weekly support group in FY 2018, which uses music and drama to facilitate emotional healing and support for individuals with a range of conditions, including brain injury, SCI, spina bifida, cerebral palsy, post-encephalitis, multiple sclerosis, amputation, mental illness, blindness, cancer and stroke. Throughout the year, members performed for approximately 175 community members at St. Paul's Villa assisted living community, San Diego Brain Injury Foundation, Merrill Gardens Senior Living and the Point Loma Community Presbyterian Church senior program. Further, the monthly Men's SCI support group offered guest speakers and special outings for its members in FY 2018, including a trip to a Padres game. Group members also offered their own peer support to recently injured patients at SMH. The group served approximately 75 meeting attendees in FY 2018 and included an additional 100 community members through an electronic resource and support network.

The OPP offers the Cushman Wellness Center Community Health Library, which features DVDs, CDs, books, pamphlets and internet access to help patients and community members locate reliable health information in various languages. The library is led by a consumer health librarian with specialized training in community health as well as a store manager with expertise in health-related gifts, assistive devices and community health resources. To keep the public regularly informed of pertinent health news and information, the library publishes and distributes a quarterly newsletter, including a calendar of community education classes and support groups offered at the OPP. Approximately 400 newsletters were mailed and approximately 200 newsletters were electronically delivered to community members each quarter in FY 2018. The library also provides health resources to all Sharp entities. Community members can learn more about the Cushman Wellness Center Community Health Library through Sharp.com and may contact the consumer health librarian by email, phone or through the library's webpage.

Outreach to the community is a high priority for the Cushman Wellness Center Community Health Library. In FY 2018, the consumer health librarian provided education and resources on health literacy topics as well as health-related giveaways, including hot/cold gel packs, women's monthly planners and nutrition guide magnets to library visitors as well as to more than 500 individuals at community health fairs and events. This included the Sharp Senior Resource Centers' Senior Health & Information Fair at Point Loma Community Presbyterian Church, San Diego LGBT Community Center Senior Resource Fair, and the San Diego Council on Literacy's annual Eat. Drink. Read. culinary fundraiser which supports literacy for all. The consumer health librarian also provided health literacy education to more than 100 seniors and other vulnerable community members in partnership with the SMH Senior Resource Center and the San Diego Center for the Blind.

The consumer health librarian shares health literacy best practices with industry professionals through presentations and journal articles. In January, this included a presentation to medical librarians at a regional meeting of the Medical Library Association on the importance of orally presenting medical information to patients to

improve their understanding of their diagnosis and reasons for hospitalization. The consumer health librarian also published an article on this topic in the *Journal of Consumer Health*.

Throughout the year, SMH provided health screenings, resources and support to hundreds of individuals at community-sponsored health fairs and events. SMH's emergency medical services team provided first-aid services at the Padres Pedal the Cause: Cycling Fundraiser for Cancer Research in November and the San Diego Crew Classic in March. At the Sharp Senior Health & Information Fair in October, Sharp Rehab occupational therapists provided screenings to detect medical conditions of the hands, wrists, elbows and fingers (e.g., carpal tunnel syndrome, arthritis, dislocations). Sharp Rehab also shared information about its adaptive sports and recreation programs and community support groups at the Challenged Athletes Foundation's 24th annual Aspen Medical Products San Diego Triathlon Challenge in October, the San Diego Brain Injury Foundation Walk for Recovery in March, and the San Diego Festival of the Arts in June. In addition, SMH provided coordination, support and related fundraising activities for the 2018 AHA Heart & Stroke Walk.

SMH also supported Sharp-sponsored community events in FY 2018. In October and April, employee safety team members assisted with Sharp's Drug Take Back, Document Shredding and E-Waste Event, which provided a safe and confidential opportunity to dispose of prescription drugs, paperwork and electronics. In April, various hospital departments provided community members with a range of health education and screenings during the annual Sharp Women's Health Conference. This included screenings and assessments for body fat, sleep apnea, osteoporosis and musculoskeletal conditions; integrative therapies (including acupuncture and chair massage); education on posture, sports-related injury, and repetitive strains and sprains; osteoporosis education (including calcium and Vitamin D requirements and exercise for treatment and prevention); education on heart health, breast health and building lean muscle mass through exercise and nutrition; and breast self-exam demonstrations.

FY 2019 Plan

SMH will do the following:

- Continue to offer educational classes to the community on a variety of health and wellness topics
- Continue to provide support groups for community members on issues such as cancer, rehabilitation, stroke, heart transplantation and heart failure
- Develop and distribute quarterly newsletters and calendars highlighting community health education and screening events
- Continue to partner with local and national organizations to provide health literacy education and resources at a variety of community sites, and share health literacy best practices with industry professionals

- Continue to increase awareness of the Cushman Wellness Center Community Health Library and its resources
- Provide health education, screenings and first-aid services at community events
- Provide coordination, support and fundraising activities for local nonprofit organizations

Identified Community Need: Cancer Education and Patient Navigator Services

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

Rationale

- The SMH 2016 CHNA identified cancer as one of seven top priority health issues for community members served by SMH.
- The HASD&IC 2016 CHNA continued to identify various types of cancer among the top priority health conditions seen in SDC hospitals.
- Sharp cancer navigator discussions conducted as part of the SMH 2016 CHNA process identified the following chief concerns for cancer patients in SDC: cultural differences and language barriers between patient and provider; health literacy; financial issues; knowing where to go for care; availability of reliable transportation; difficulty with end-of-life conversations; and lack of advance care directives.
- The cancer key informant interview conducted as part of the SMH 2016 CHNA process identified access to insurance, access to appropriate care and language barriers for non-English speakers as major difficulties facing oncology patients. Additional challenges include financial, legal and survivorship issues; emotional, sexual and body image issues; lack of a social network leading to increased need for transportation, in-home support and other treatment-related resources; and end-of-life or palliative care issues.
- The cancer key informant interview recommended the following strategies to address barriers of care for those with cancer: the provision of lay navigators, including integration of navigators into the care process; community coordinators with knowledge of hospital needs and community resources; greater hospital and community partnerships; resources to educate providers on end-of-life and palliative care issues; personnel within the health care system to identify resources and answer questions; financial assistance for co-pays, prescriptions, child care and other bills; and survivorship clinics.
- As part of the SMH 2016 CHNA process, cancer support group patients participating in the Health Access and Navigation Survey suggested the following areas for improvement in cancer care: more time with doctors; more comprehensive educational groups; a navigator staff member or case manager for all oncology patients, not just newly diagnosed; help navigating health insurance options to identify the best coverage for individual needs; and tours specifically for patients who have a serious illness requiring multiple treatments.

- According to 2017 Sharp oncology data, 15 percent of the 1,122 SMH cancer patients who received the cancer psychosocial distress screening scored at a range of moderate to severe distress, and were referred to internal or external resources such as social workers or community cancer resources.
- The most frequently observed cancers at SMH in 2017 were (in rank order): breast, gynecological, lung, prostate and colorectal cancers. In total, there were 2,339 new cases of cancer at SMH in 2017.
- In 2016, cancer was the leading cause of death for SDC residents and was responsible for 24.1 percent of all deaths.
- There were 5,096 deaths due to cancer (all types) in SDC in 2016¹. The age-adjusted death rate due to cancer was 146.6 deaths per 100,000 population in SDC.
- In 2016, 19.3 percent of all cancer deaths in SDC were due to lung cancer, 9.3 percent to colorectal cancer, 7.4 percent to female breast cancer, 7.2 percent to pancreatic cancer, 6.7 percent to prostate cancer, 5.7 percent to liver and female reproductive cancers, and 3.6 percent to Leukemia.
- According to the American Cancer Society (ACS) 2017 *California Cancer Facts & Figures* report, in 2014 there were 13,625 observed new cancer cases and 4,868 cancer deaths in SDC.
- According to the ACS Cancer Statistics Center, in 2018 there will be an estimated 29,360 new cases of breast cancer and 4,500 breast cancer deaths for females in California.
- In 2016, the age-adjusted mortality rate of breast cancer in SDC was 20.0 per 100,000 women. This falls slightly below the HP2020 target of 20.7 breast cancer deaths per 100,000 women.
- According to the 2015 *Susan G. Komen for the Cure® San Diego Affiliate Community Profile Report*, in SDC there were 46.1 late-stage cases of breast cancer per 100,000 women, exceeding the HP2020 target of 42.4 cases per 100,000 women. The report projects that SDC will meet the HP2020 target within five years.
- The 2015 *Susan G. Komen for the Cure® San Diego Affiliate Community Profile* also reported that, in 2013, breast cancer mortality rates in SDC were highest among African American women, at 27.7 deaths per 100,000. This exceeded the mortality rate for Caucasian (23.9), Latina (17.3) and Asian/Pacific Islander (13.2).
- According to the ACS 2017 *California Cancer Facts & Figures* report, 72.4 percent of breast cancer cases among non-Hispanic white women in SDC were diagnosed at an early stage, compared to 69.3 percent of African American cases, 68.1 percent of Hispanic cases and 70.4 percent of Asian/Pacific Islander cases. Data suggests that early breast cancer detection resources are needed in minority communities.
- According to 2015-2016 CHIS data, 85.6 percent of women in SDC between the ages of 50 to 74 reported having a mammogram in the past two years. This exceeds the HP2020 target of 81.1 percent for breast cancer screenings. Approximately 2.9

¹ The County of San Diego HHSAs' 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 2016. 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*." (Peña, M., County of San Diego HHSAs Public Health Services, Community Health Statistics Unit, 2018; Heron, M., Deaths: Leading causes for 2016. National Vital Statistics Reports; vol 67 no 6. Hyattsville, Maryland: National Center for Health Statistics. 2018.)

percent of women in this age range in SDC reported that they had never had a mammogram.

- According to findings from the ACS 2018 *Cancer Facts & Figures* report, screening offers the ability for secondary prevention by detecting cancer early. For example, the 39 percent decrease in the female breast cancer death rate between 1989 and 2015 is attributed to improvements in early detection, namely screening and increased awareness. In addition, over the past three decades, five-year relative survival rates for all cancers combined increased by 20 percent among whites and 24 percent among blacks, reflecting earlier diagnosis for some cancers as well as improvements in treatment (ACS, 2018).
- Study findings from the 2015 Susan G. Komen for the Cure® *San Diego Affiliate Community Profile* indicate a critical need for culturally competent outreach, especially for Hispanic, Middle Eastern and African American women (Susan G. Komen, 2015).
- A recent study by the ACS found that 42 percent of newly diagnosed cancer cases in the U.S. are potentially avoidable. Many of the known causes of the cancer — and other noncommunicable diseases — are attributable to behavioral factors including tobacco use and excess body weight due to poor dietary habits and lack of physical activity (ACS, 2018).
- The American Society of Clinical Oncology (ASCO) emphasizes the importance of patient navigators as part of a multidisciplinary oncology team with the goal of reducing mortality among underserved patients. A patient navigator may assist with various tasks, including: psychosocial support; assistance with treatment decisions; assistance with insurance issues; arrangement of transportation; coordination of additional services (i.e., fertility preservation); and tracking of interventions and outcomes. The navigator works with the patient across the care continuum, ensuring coordination and efficiency of care, and removal of barriers to care (ASCO, 2016).
- According to the NIH, clinical trials, a part of clinical research, are at the heart of all medical advances. Clinical trials look at new ways to prevent, detect or treat disease by determining the safety and efficacy of a new test or treatment. Greater clinical trial enrollment benefits medical research and increases the health of future generations as well as improves disease outcomes, quality of life and health of trial participants.

Objectives

- Provide cancer education and support to patients and community members
- Provide cancer resources and education at community events
- Provide cancer patient navigation and support services to the community

FY 2018 Report of Activities

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

accredited by the American College of Surgeons Commission on Cancer as an Integrated Network Cancer Program, demonstrating its commitment to meet rigorous standards and improve the quality of care for patients with cancer.

In FY 2018, the Laurel Amtower Cancer Institute at SMH reached hundreds of community members, patients and their loved ones through the provision of various support groups and educational classes, as well as through participation in community events.

Free cancer support groups provided a safe environment for more than 380 attendees to discuss their experience with cancer and tools for coping. Monthly groups were offered for friends and family members of cancer patients; individuals living with a brain tumor or brain cancer and their family and caregivers; and young cancer patients (ages 20 through early 40s). Bimonthly groups were available for individuals living with breast cancer and those with advanced cancer.

Additional emotional support was offered to those with cancer through free classes focused on healing through art, movement and relaxation exercises. This included the monthly Cancer and the Arts class, which served as an outlet to cope through creativity, as well as the weekly Relaxation Skills and Chair Yoga workshop, which taught physical and mental exercises to help participants release stress brought on by their cancer diagnosis. Together, these classes served nearly 750 attendees in FY 2018. In addition, approximately 50 people attended free Lunch and Learn workshops designed to address the emotional aspects of cancer. This included a monthly workshop for those who were newly diagnosed with cancer, and a monthly workshop for individuals undergoing or nearing the completion of treatment.

Throughout the year, 65 individuals were reached through classes designed to support the nutritional needs of those with cancer. This included free nutrition classes offered twice a month for individuals who were currently receiving or just finished treatment for breast cancer. The classes utilized resources and guidelines from the National Cancer Institute (NCI), American Institute for Cancer Research, ACS and the Environmental Working Group, a nonprofit organization that educates consumers on making safe and informed product purchases. The classes provided education on healthy eating and nutrition before and during breast cancer treatment; addressed common diet- and nutrition-related questions and concerns; and shared the most current breast cancer diet and physical activity guidelines. In addition, a free class on maintaining optimal nutrition for the cancer patient was offered in January, May and September, while a class on nutrition and prostate cancer was offered in November.

The Laurel Amtower Cancer Institute provided free monthly educational classes on lymphedema — a condition where part of the body swells due to fluid accumulation resulting from obstructed, impaired or absent lymphatic vessels. Led by a certified lymphedema therapist, the classes were open to anyone in the community with or at risk of developing lymphedema, as well as their caregivers and partners. Approximately 30 people attended the classes in FY 2018, which provided an overview of lymphedema

and information on risk reduction and treatment options. Participants also received educational resources, including a guide to local medical vendors for the purchase of a compression garment to help manage their condition. In addition, 485 individuals attended free weekly Healthy Steps classes. Utilizing the Lebed Method — an effective therapeutic program of exercise and movement — Healthy Steps classes help increase range of motion and prevent lymphedema among breast cancer survivors, seniors and individuals battling other chronic health conditions.

The Laurel Amtower Cancer Institute provided specialized breast cancer education for individuals with an existing diagnosis as well as community members interested in reducing their risk. In October, March and July, free physician-led breast cancer education forums helped more than 20 individuals with a recent breast cancer diagnosis understand their pathology reports, the various stages of their particular cancer and treatment options. In February and June, the Laurel Amtower Cancer Institute partnered with Sharp HospiceCare to provide free ACP workshops during which Sharp's ACP professionals educated community members about the ACP process and basic tools for developing an advance health care directive.

The Laurel Amtower Cancer Institute continued to provide meeting space for local organizations to host classes and workshops for those affected by cancer. This included Veg-Appeal, a San Diego-based vegan cooking and nutrition class provider that offers classes focused on the power of food for preventing and fighting cancer, as well as the ACS' Look Good Feel Better program, which helps women manage the appearance-related side effects of cancer treatment to promote increased self-confidence.

Throughout the year, staff provided cancer education and resources to hundreds of community members at the Sharp Senior Resource Centers Senior Health & Information Fair, NuVasive employee health fair and the Sharp Women's Health Conference. The team also walked in and provided fundraising support for the annual ACS Making Strides Against Breast Cancer Walk. In addition, the Laurel Amtower Cancer Institute recognized National Cancer Survivors Day[®] in June by hosting a three-day celebratory community event for cancer patients and survivors.

One in eight women will be diagnosed with breast cancer in her lifetime. During Breast Cancer Awareness month in October, SMH hosted a special community event titled One In Eight: An Inspirational Evening for Breast Awareness to educate community members about breast health and steps to take to lower their risk of breast cancer. The free event provided approximately 40 community members with the opportunity to work with a genetic counselor to calculate personal breast cancer risk; education on healthy lifestyle habits; nutritious snacks, mini massages, and exercise, Reiki and relaxation demonstrations; and information about participation in clinical trials for breast cancer.

In FY 2018, the Laurel Amtower Cancer Institute supported the educational development of 50 community health professionals through participation in continuing education conferences, including A New Era of Defining Breast Cancer in June and Advances in Lung Cancer Screening and Treatment in September.

The Laurel Amtower Cancer Institute includes the Breast Health Center and the Neuro-Oncology Center, with designated licensed clinical social workers (LCSWs), nurse patient navigators, genetic counselors and dietitians who support and guide cancer patients and their families from the time of diagnosis through the course of treatment. In FY 2018, the LCSWs provided free psychosocial counseling and support as well as referrals to community organizations for more than 900 patients and family members. Nurse navigators provided ongoing guidance for patients and families impacted by all cancer diagnoses, including breast, brain and spinal tumors, leukemia and lymphomas, melanoma, sarcoma, head and neck, lung, pancreas, bladder, colorectal, renal, prostate, and gynecological. This included the facilitation of appointment scheduling; explanation of procedures and test results; provision of educational resources and supportive services; assistance with financial resources; and referrals to multiple community agencies, including but not limited to: San Diego Homecare, Mama's Kitchen, Meals on Wheels San Diego County, JFS, Cancer Angels of San Diego, Nine Girls Ask, Support for People with Oral and Head and Neck Cancer, Informed Prostate Cancer Support Group, Pancreatic Cancer Action Network, Wigs by Patti Joyce, Hair Unlimited, Women's Health Boutique, My Brighter Side boutique, Free to Breathe, San Diego Brain Tumor Foundation, American Brain Tumor Association, Shades of Pink Foundation California, Head and Neck Cancer Alliance, Oral Cancer Foundation, Leukemia and Lymphoma Society, ACS, NCI, Breast Cancer Angels, and the Cancer Project.

The Sharp Cancer Centers (SCVMC, SGH and SMH) conduct oncology clinical trials to support the discovery of new and improved treatments to help individuals overcome cancer and to enhance scientific knowledge for the larger health and research communities. In FY 2018, the Sharp Cancer Centers approached and evaluated 3,680 patients for participation in oncology clinical trials. As a result, 207 patients were enrolled in cancer research studies. In FY 2018, clinical trials focused on multiple types of cancer, including but not limited to brain, breast, colon, head and neck, lung, lymphoma, melanoma, ovarian and prostate.

FY 2019 Plan

The Laurel Amtower Cancer Institute at SMH will do the following:

- Continue to provide classes on topics including nutrition, exercise, art and relaxation for patients and community members impacted by cancer
- Provide one educational class on nutrition for prostate cancer
- Provide monthly lymphedema classes for patients and community members
- Provide monthly ACP classes for patients and community members
- Provide a brain tumor workshop for patients and community members
- Continue to provide support groups for community members, patients and their loved ones, including groups for breast cancer, brain tumors and brain cancer, advanced cancer, young cancer patients, and friends and family of cancer patients
- Provide a new monthly support group for head and neck cancer

- Continue to participate in community walks, health fairs and events
- Provide a free community event to educate community members about breast health, lifestyle choices for reducing breast cancer risk, and holistic approaches to healing
- Participate in oncology-related continuing education opportunities for community physicians and other health care professionals
- Through philanthropic support, expand transportation services for cancer patients in need of assistance to and from treatment appointments
- Conduct clinical trials to discover cancer treatments and inform the broader health and research community
- Continue to seek funding to support the Laurel Amtower Cancer Institute

Identified Community Need: Prevention of Unintentional Injuries

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

Rationale

- The HASD&IC 2016 CHNA continued to identify unintentional injury as one of the top 15 priority health conditions among SDC hospitals.
- In 2016, accidents (unintentional injuries) were the fifth leading cause of death for SDC overall. Unintentional injuries (i.e., motor vehicle accidents, falls, pedestrian-related, firearms, fire/burns, drowning, explosions, poisoning (including drugs and alcohol, gas, cleaners and caustic substances), choking/suffocation, cut/pierce, exposure to electrical current/radiation/fire/smoke, natural disasters and workplace injuries) are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region.
- Between 2012 and 2016, more than 5,700 San Diegans died from unintentional injuries.
- In 2016, there were 1,071 deaths due to unintentional injury in SDC¹. The county's age-adjusted death rate due to unintentional injury was 31.1 deaths per 100,000 population. In 2016, unintentional injury accounted for 5.1 percent of total deaths in SDC.
- In 2016, there were 20,247 hospitalizations related to unintentional injury in SDC. The age-adjusted rate of hospitalizations due to unintentional injury was 589.4 per 100,000 population.
- In 2016, there were 169,017 ED discharges related to unintentional injury in SDC. The age-adjusted rate of discharges due to unintentional injury was 5,160.3 per 100,000 population.

¹ The 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 2016. 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*." (Peña, M., County of San Diego HHS Public Health Services, Community Health Statistics Unit, 2018; Heron, M., Deaths: Leading causes for 2016. National Vital Statistics Reports; vol 67 no 6. Hyattsville, Maryland: National Center for Health Statistics. 2018.)

- CDPH injury data reports that in 2016, unintentional injuries caused over 13,000 deaths, 200,000 non-fatal hospitalizations, and 2.3 million non-fatal ED visits (CDPH, Safe and Active Communities Branch, 2016).
- In 2015, the CDC recorded approximately 30.8 million ED visits in the U.S. for unintentional injuries (CDC, 2015).
- In 2016, unintentional injury was the third leading cause of death across all age groups in the U.S., accounting for over 160,000 deaths. Unintentional injury was the leading cause of death in the U.S. for people ages 1 to 44, and the seventh leading cause of death for those over age 65 (CDC, 2018).
- According to data from NCHS, in 2016, over 130,000 deaths in the U.S. were attributed to three causes: poisoning (26 percent), motor vehicle traffic accidents (16.9 percent), and falls (16.5 percent).
- Unintentional injuries are the leading cause of death among children in the U.S., while nonfatal unintentional injuries can result in children having long-term disabilities (*LWSD Report Card on Children, Families, and Community*, 2017).
- SDC has made strides to decrease deaths from unintentional injuries as well as non-fatal unintentional injury rates, though non-fatal unintentional injury rates continue to exceed state and federal rates. SDC has focused injury prevention efforts on the most vulnerable populations, including children of all ages (especially older children), Native American and rural children. Successful interventions include safety campaigns, educational strategies and changes in parenting practices (*LWSD Report Card on Children, Families, and Community*, 2017).
- Traumatic injury is the leading cause of death among children, with many survivors enduring the consequences of brain and spinal cord injuries. The physical, emotional, psychological and learning problems that affect injured children, along with the associated costs, make reducing traumatic injuries a high priority for health and safety advocates throughout the nation. Educational programs like ThinkFirst increase knowledge and awareness of the causes and risk factors of brain and SCI, injury prevention measures, and the use of safety habits at an early age (www.thinkfirst.org/kids, 2015).
- According to HP2020, most events resulting in injury, disability or death are predictable and preventable. There are many risk factors for unintentional injury and violence, including individual behaviors and choices, such as alcohol use or risk-taking; physical environment both at home and in the community; access to health services and systems for injury-related care; and social environment, including individual social experiences (e.g., social norms, education and victimization history), social relationships (e.g., parental monitoring and supervision of youth, peer group associations and family interactions), community environment (e.g., cohesion in schools, neighborhoods and communities) and societal factors (e.g., cultural beliefs, attitudes, incentives and disincentives, laws and regulations).

Objectives

- Offer an injury and violence prevention program for children, adolescents and young adults throughout SDC

- Offer talks and opportunities to Health and Science Pipeline Initiative (HASPI) high school students around injury and violence prevention and health care career readiness

FY 2018 Report of Activities

Sharp's ThinkFirst/Sharp on Survival program is a chapter of the ThinkFirst National Injury Prevention Foundation, a nonprofit organization dedicated to preventing brain, spinal cord, and other traumatic injuries through education, research and advocacy.

With the partnership and financial support of the Health and Science Pipeline Initiative (HASPI), ThinkFirst/Sharp on Survival provided injury prevention education to students from schools throughout SDC. HASPI is a collaborative network of educators, community organizations and health care industry representatives all working together to increase health and medical career awareness, improve science proficiency in schools and prepare students for future health care careers. Through the partnership and financial support from HASPI, the ThinkFirst/Sharp on Survival program offered 95 students from Mar Vista High School and Castle Park High School a variety of services including classroom presentations, small assemblies and offsite learning expos. HASPI school-site programs consisted of one- to two-hour classes that covered topics such as the modes of injury, disability awareness, and the anatomy and physiology of the brain and spinal cord. These programs were enhanced by powerful personal testimonies from individuals with traumatic brain injury (TBI) or SCI, known as Voices for Injury Prevention (VIPs).

In addition, 15 Castle Park High School HASPI students interested in pursuing careers in physical rehabilitation participated in a half-day, interactive tour of the SMH Rehabilitation Center. Students rotated through five stations that provided hands-on experiences in adapted dressing techniques, wheelchair mobility and various memory and problem-solving activities used in therapy. The experience allowed them to gain a better understanding of physical rehabilitation, as well as the challenges that patients face following a life-changing event.

ThinkFirst/Sharp on Survival also presented on injury prevention, TBI, SCI and disability awareness to approximately 900 college students in SDSU's Disability in Society course. The class is open to a variety of majors, enabling ThinkFirst/Sharp on Survival to reach a broad audience of young adults. After the presentation, students had the opportunity to ask questions related to the challenges nonprofit organizations face when conducting public health education and outreach.

FY 2019 Plan

ThinkFirst/Sharp on Survival will do the following:

- With grant funding, provide educational programming and presentations for local schools and organizations

- With grant funding, increase community awareness of ThinkFirst/Sharp on Survival through attendance and participation at community events and health fairs
- Continue to evolve program curricula to meet the needs of health career pathway classes as part of the HASPI partnership
- Grow partnership with HASPI through participation in conferences and roundtable events
- As appropriate and with funding, explore opportunities to incorporate concussion education into school and community-based presentations
- As grant funding allows, continue to build HASPI partnerships and expand educational presentations to schools in North County, South Bay and Coronado
- Explore further opportunities to provide education to health care professionals and college students interested in health care careers, including public health students at SDSU
- With grant funding, continue to expand program to reach new populations, including throughout SDC's east region and Imperial County
- With grant funding, continue linking injury prevention with career readiness and career paths
- Assist with planning and providing guest speakers for the 2019 ThinkFirst National Injury Prevention Foundation Conference

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

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

Rationale

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

- According to SDWP, a major challenge faced by education and training programs in the health care sector is accommodating the number of clinical training hours required for students in California to become certified. In addition, training sites are limited, and those licensed in other states often cannot work in California due to stricter requirements (SDWP, 2017).
- The 2017 SDWP *Nonprofit Sector Employment Trends and Career Opportunities* report recommends that nonprofit sector health care training and education programs in SDC emphasize soft skills such as teamwork, interpersonal and communication skills, problem solving, adaptability, and big-picture thinking with the ability to plan and forecast. It also recommends enhancing curriculum with more training on data management and technology to help graduates meet the needs of this increasingly data-driven sector.
- In its *Employment Projections – 2016-2026* report, the U.S. Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/ technical occupations will contribute about one-fifth of all new jobs and account for almost half of the 30 fastest growing occupations. Several factors leading to the increased demand for these professions include: projected population growth in the next decade; an aging U.S. population; more people living with chronic conditions, such as diabetes and obesity; improvements in medicine and technology; and federal health insurance reform, which has increased the total number of Americans with health insurance coverage (BLS, 2016).
- Total employment in California is projected to increase by 6.5 percent between 2014 and 2024, adding an additional 9.8 million people. The health care and social assistance sector is expected to be the fastest growing service industry, increasing its employment share from 12 percent in 2014 to 13.6 percent in 2024. Occupations and industries related to health care are projected to add the most new jobs, with an increase of 2.3 million jobs (BLS, 2015).
- Half of the occupations projected to grow fastest in the U.S. from 2016 to 2026 are in the health care sector. Among the top 10 fastest growing occupations in all sectors, BLS projects a 37.3 percent increase in physician assistants, a 36.1 percent increase in nurse practitioners, a 31 percent increase in physical therapist assistants, and a 47.3 percent increase in home health aides. The demand for home health aides will almost double by 2026, driven by an aging population that will require greater assistance with daily activities (BLS, 2018).
- As of 2015, SDC was one of 26 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (OSHPD *Healthcare Atlas*, 2017).
- The U.S. DHHS Bureau of Health Workforce (BHW) projects that California will face a shortage of 44,500 full-time nurses by 2030 if current levels of health care are maintained — the most severe shortage among all states (BHW, 2017).
- The California Health Care Almanac reported that in 2015, 44 percent of the employed RN workforce was over the age of 50. As this age group approaches retirement, it will be critical to train younger RNs to handle the turnover (California Health Care Foundation (CHCF), 2017).
- The BLS projects employment of more than 400,000 RNs in California in 2026, which would be an increase of 15 percent from 2016. Compared to other health care

practitioners and technical health care operators, RNs are projected to have the most opportunity for employment in 2020 (BLS, 2018).

- According to forecasts performed by the Healthforce Center at the University of California, San Francisco (UCSF), the demand for primary care clinicians in California will increase 12 to 17 percent by 2030. These forecasts predict that the southern border region will experience some of the highest levels of clinician shortages in the state. UCSF recommends a comprehensive and holistic targeted strategy to enhance the education pipeline, improve recruitment and retention, maximize the existing workforce, and leverage workforce data (UCSF, 2017-2018).
- An increased demand for a diverse and culturally and linguistically competent workforce is projected for the health care industry. Therefore, it is important for the industry to start creating a workforce pipeline in collaboration with high schools and postsecondary educational sectors, as well as policy makers, educators, health care leaders and the local community. Long-term investment in creating mentorship, on-the-job shadowing, volunteer and internship opportunities for high school students will help prepare them for college and a career, build a strong and diverse health care workforce, and prevent future industry workforce shortages (*Employer-Defined Value: Improving the Connection Between Health Care Employers and Schools to Increase Work-Based Learning Opportunities for High School Students*, California Hospital Association, 2015).

Objectives

- In collaboration with local schools, colleges and universities, offer opportunities for students to explore and train for a vast array of health care professions
- Provide training for local, national and international health care professionals

FY 2018 Report of Activities

SMH offered students and interns throughout SDC various placement and professional development opportunities. In FY 2018, nearly 400 nursing students and 275 ancillary students from a variety of colleges and universities spent more than 116,000 hours at SMH. Program partners included Alliant International University, Arcadia University, APU, Boston University, California College San Diego, Capella University, California State University (CSU) Fresno, CSU Long Beach, California State University San Marcos, Chapman University, Concorde Career College, Creighton University, EMSTA College, George Fox University, Grand Canyon University, Grossmont College, Grossmont Health Occupations, Institute of Ultrasound Diagnostics, Iowa State University, Keck Graduate Institute, LECOM, Loma Linda University, Metropolitan State University, MiraCosta College, Mount St. Mary's University, National University, Nova Southeastern University, Palomar College, Pima Medical Institute, Point Loma Nazarene University, San Diego Fire-Rescue Department, San Diego Mesa College, San Francisco State University, San Jose State University, SDSU, Sodexo Dietetic Internship Program, South University, Southwestern College (SWC), Touro University, University of California, San Diego Extension, University of Redlands, USD, University

of San Francisco, University of Southern California, University of St. Augustine for Health Sciences, University of Utah, Utah State University, West Coast Ultrasound Institute, Western Governors University, Western Michigan University, Western University of Health Sciences and WestMed College.

In addition, various departments at SMH provided educational presentations to students. Team members from SMH's Clinical Pastoral Education program presented on spiritual care in the hospital setting to 50 nursing students from SDSU, while Sharp Rehab provided education on psychological adjustment to SCI to approximately 50 students from the University of St. Augustine for Health Sciences.

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 38 community paramedic interns in FY 2018. Each student completed 147 hours of clinical training primarily in the ED, with scheduled rotations in the trauma bay, catheterization lab, operating room, labor and delivery, and pulmonary services. ED staff contributed nearly 5,600 hours of clinical training and supervision to these specialized community programs in FY 2018.

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

SMH continued to participate in the HSHMC program to provide early professional development for high school students. During the school year, 79 students in ninth through 12th grade were supervised for approximately 14,200 hours between SMH and the OPP. Students shadowed staff in a variety of hospital departments as well as learned about the hospital's commitment to person-centered care and the culture of a professional work environment. In addition to placement at SMH, 18 HSHMC students devoted 3,240 hours to shadowing pediatric, orthopedic and electrocardiogram services at the SRSMG facility located adjacent to SMMC.

Sharp Rehab provided free professional development opportunities for community and Sharp professionals in FY 2018, including one Compassion Cultivation Training (CCT) course and two Mindful Self-Compassion (MSC) courses. Developed by the Center for Compassion and Altruism Research and Education at the Stanford University School of Medicine, CCT is a nine-week course designed to help professionals develop compassion for themselves and others. Through lectures, guided exercises and group discussions, CCT can improve communication, increase resilience to stress and enhance participants' feelings of well-being. Designed by professionals at the University

of Texas and Harvard Medical School — Cambridge Health Alliance, MSC is an eight-week course that teaches mindfulness, self-kindness and self-compassion skills to help health professionals recognize difficult situations and respond with greater stress resilience. More than 70 health professionals received training through the CCT and MSC courses in FY 2018. In addition, in April, Sharp Rehab partnered with the Southern California Chapter of the United Spinal Association to provide an educational course on current advances for living with SCI, which was attended by 65 health professionals and members of the community.

In September, SMH collaborated with SMBHWN to provide the Nursing Career and Professional Development Expo to support the professional development of students who are interested in pursuing a career in nursing as well as nurses within the community. Held at SMMC, the fair provided more than 130 attendees with advice and coaching from professional nurses as well as information on financial aid and scholarships, clinical certifications, student loan forgiveness and medical library services. In addition, representatives from California and State universities offered information about their nursing and allied health programs.

SMH is a Planetree Person-Centered Hospital Designated with Distinction, representing the highest level of person-centered care. The Planetree philosophy upholds that care should be organized first and foremost around the needs of the patient. With this recognition, SMH provides hospital tours to share its experience in person-centered care upon request from various local, national and international hospitals, nonprofit organizations and universities. Guests may use lessons learned during the tours to improve service delivery and customer experience within their own organizations. In FY 2018, SMH provided approximately 12 tours during which guests observed various hospital units as well as the Cushman Wellness Center Community Health Library to learn about the hospital's unique programs and design properties that promote person-centered care, a healing environment, workforce efficiency and effective use of technology. SMH team members also shared their expertise in the Planetree philosophy of care at the annual Planetree International Conference on Patient-Centered Care in Baltimore, Maryland. Presentations from SMH team members focused on improving staff engagement through virtual staff meetings, harnessing staff voices in ongoing improvement, and how a culture of patient safety supports a culture of patient centeredness.

FY 2019 Plan

SMH will do the following:

- Continue to provide professional development opportunities for health professions students and interns throughout SDC
- Continue to collaborate with HSHMC to provide opportunities for high school students to explore careers in health care
- Continue to offer CCT and MSC courses for community health professionals

- Continue to provide education and hospital tours for the local, national and international health care community on the Planetree philosophy of care
- Provide continuing education lectures to community physicians, residents, interns and Navy personnel at the SMH Hip Preservation Center

Identified Community Need: Support During the Transition of Care Process for High-Risk, Underserved Patients With Complex Medical Needs

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

Rationale

- As part of the SMH 2016 CHNA process, discussions with Sharp's Community-based Care Transitions Program/Care Transitions Intervention staff identified the following strategies for improving the health of SDC's vulnerable, high-risk, or medically underserved patients: coaching; educating patients about their disease and the health care system; providing education tailored to specific cultural and linguistic groups; providing transportation, support, hope and love; and providing a personal health record with resources and information about their medications.
- A key informant interview conducted as part of the SMH 2016 CHNA process identified the home environment, transportation and medication management as challenges for vulnerable patients. Recommendations included connecting patients to community resources as part of their transition from hospital to home, expediting services for discharged patients with immediate needs, and developing methods to finance hospital/community partnerships for expedited services.
- The HASD&IC 2016 CHNA identified 10 SDOH that impact the four priority health needs in SDC (behavioral health, cardiovascular disease, obesity and Type 2 diabetes). These social determinants are: food insecurity and access to healthy food; access to care or services; homeless/housing issues; physical activity; education/knowledge; cultural competency; transportation; insurance issues; stigma; and poverty.
- Key informant interviews conducted as part of the HASD&IC 2016 CHNA suggested the following strategies for improving health and removing barriers to care: behavioral health prevention and stigma reduction; education on disease management and food insecurity; improving diversity and cultural competency; coordinating services across the continuum; integrating physical and mental health; and engaging case managers and patient navigators in the community and incorporating them as a routine part of the continuum of care.
- Participants in the HASD&IC 2016 CHNA community partner discussions recommended strengths-based case management, greater availability of multicultural providers and translators, and better coordination of discharge procedures as strategies for improving and maintaining health in SDC.
- Members of Sharp's Patient Family Advisory Council participating in the SMH 2016 CHNA's Health Access and Navigation survey identified the following top barriers to

care: understanding health insurance; making an appointment for care; follow-up care and/or appointments; using health insurance; knowing where to go for care; and picking up prescriptions. Overall, these findings were aligned with feedback collected through the HASD&IC 2016 CHNA's Health Access and Navigation Survey.

- As of September 2018, the overall unemployment rate in SDC was 3.2 percent, which was below the unemployment rate for the state of California (3.9 percent) and the national rate (3.7 percent) during the same period (Labor Market Information, State of California Employment Development Department, 2018).
- The Regional Taskforce for the Homeless' January 2018 *WeAllCount* campaign estimated that there were 8,576 homeless individuals in SDC, roughly 58 percent of whom were unsheltered. The most commonly cited cause of homelessness among the unsheltered population was loss of a job (23.4 percent), followed by money issues (16.2 percent), "other" (12.7 percent), cost of housing (11.7 percent) and disability (8 percent).
- The same report found that 31 percent of current SDC homeless are accessing health services, while 18 percent are not.
- According to results from the Kaiser Family Foundation's *Employer Health Benefits Survey*, the average annual premium for employer-sponsored health insurance in 2018 was \$6,896 for a single adult and \$19,616 for a family. On average, workers contributed 18 percent to single coverage premiums and 29 percent for family coverage premiums — an increase of 3 percent for singles and 5 percent for families compared to 2017. The survey also found that the average dollar amount workers contribute to single and family premiums has risen 65 percent since 2008.
- According to a report from the CHCF titled *Mental Health in California: For Too Many, Care Not There*, the prevalence of serious mental illness varies by income level, with lower-income individuals experiencing higher rates of mental illness. Although the number of adults with mental health coverage in California increased nearly 50 percent between 2012 and 2015 because of Medi-Cal expansion, in 2015, approximately two-thirds of Californian adults with mental illness and adolescents who experienced major depressive episodes did not receive treatment (CHCF, 2018).
- According to the same report, ED visits resulting in inpatient psychiatric admissions increased 30 percent from 2010 to 2015. More robust community behavioral health services for low-income and uninsured patients may decrease unnecessary ED use (CHCF, 2018).

Objectives

- Collaborate with community organizations to provide follow-up medical care, financial assistance, and psychiatric and social services to chronically homeless individuals
- Assist economically disadvantaged individuals through transportation and pharmaceutical assistance

FY 2018 Report of Activities

SMH provides post-acute care facilitation for high-risk patients, including those who are homeless or lack a safe home environment. Advocacy for safe discharge from the hospital is a top priority, regardless of funding.

SMH continues to collaborate with the SDRM to provide a safe discharge plan for chronically homeless patients who require a stable living environment for their continued recovery. Through the partnership, in FY 2018, SMH referred and funded 13 homeless patients to the Recuperative Care Unit (RCU) at the SDRM, which is a temporary shelter program that addresses the needs of homeless men and women who are newly released from the hospital yet still in need of a safe place to recuperate. Through the RCU, these patients receive case management, social work and counseling services as well as referrals for community-based medical and psychiatric services, long-term housing, and other community support programs.

SMH supported the homeless population through a variety of other programs and services in FY 2018. This included the provision of assessments for those at risk for psychiatric and developmental disorders and substance use issues, as well as referrals for housing, medication management and supportive community services as needed. In addition, in April, SMH joined 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. Further, each year the SMH Auxiliary provides approximately 200 new items of clothing to homeless individuals upon discharge, in addition to funding an initiative to provide clothing to any patient who lacks clothing when leaving the hospital.

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. The hospital may also provide uninsured patients with financial assistance for medication and medical equipment. In FY 2018, SMMC assisted economically disadvantaged individuals through the provision of nearly \$170,000 in free medications and transportation through its Project HELP program.

FY 2019 Plan

SMH will do the following:

- Continue to collaborate with community organizations that provide medical care and case management services to the homeless
- Continue to partner with the Whole Person Wellness program to provide care management to homeless Medi-Cal patients who are high users of medical services
- Continue to administer funds to those in need of transportation assistance or financial support for medications
- With funding from the SMH Auxiliary, provide 200 items of clothing to patients who lack usable clothing at discharge, including the homeless

- Continue to provide financial assistance for prescription copayments and other personal items

SMH Program and Service Highlights

Sharp Memorial Hospital:

- 24-hour Emergency and Trauma Center, including heliport and base station
- Acute care, including a dedicated inpatient oncology unit
- Bioethics consultation
- Cardiovascular rehabilitation
- Catheterization lab, including a hybrid procedure room
- Clinical trials, including cancer, heart and vascular
- Community Care Partner Program
- Chest Pain Center, specializing in emergency chest pain treatment
- Congestive Heart Failure Management Program
- Critical care
- Electrocardiogram
- Electroencephalography
- Health Information Ambassadors
- Heart and vascular care, including mechanical circulatory support devices and heart transplantation
- Heart Valve Surgery Center
- Home health¹
- Home infusion services
- Hospice²
- Imaging services, including interventional radiology
- Intensive Care Unit
- Interpreter services
- Laboratory services
- 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 Center
- Palliative care
- Pathology services
- Pharmacy services for inpatients
- Pre-Anesthesia Evaluation services
- Robotic surgery
- Senior Resource Center
- Sharp Allison deRose Rehabilitation Center, including inpatient and outpatient physical, occupational and speech therapy
- Sharp and Children's MRI Center
- Sleep Disorders Center
- Spiritual care services, including Arts for Healing and Integrative Healing

¹ Provided through Sharp Home Health, located at: 8080 Dagget Street in San Diego, ZIP code 92111.

² Provided through Sharp HospiceCare.

- Stroke care — recognized by the AHA
- Surgical services, including thoracic (lung) and head and neck surgery
- Van transportation services
- Warfarin management
- Weight Loss (Bariatric) surgery
- Wound and Ostomy Inpatient Center

Sharp Memorial Outpatient Pavilion:

- Cancer services, including nutrition and genetic counseling, nurse navigators, licensed clinical social workers, radiation therapy, infusion services and diagnostic imaging
- Cushman Wellness Center, including:
 - Cushman Wellness Center Community Health Library
 - Health assessments and screenings
 - Executive Health Program
 - Holistic therapies, including acupuncture, guided imagery, Healing Touch, massage, and Reiki
 - Fitness assessments
- Diabetes education and management — recognized by the ADA
- Laurel Amtower Cancer Institute, including the Breast Health Center for breast cancer and other breast conditions, and Neuro-Oncology Center for brain and spinal cord cancer
- Oncology Associates of San Diego
- Outpatient Imaging Center, including computed tomography (CT) scan, virtual CT colonoscopy, and digital and 3-D tomosynthesis mammography
- Outpatient Surgery Center, including pre-anesthesia evaluation services
- SRSMG Surgical Eye Consultants, including ophthalmology and optometry
- Summerfelt Endoscopy Center
- Vision Laser Center, including ophthalmology, diagnostic and laser treatment

Sharp Senior Health Center Downtown:

- Community health education programs
- Community health screenings services
- Primary and comprehensive physical and mental health care services for seniors

Sharp Senior Health Center Clairemont:

- Community health education programs
- Community health screenings and services
- Primary and comprehensive physical and mental health care services for seniors



Behavioral Health Support for Young Adults

Sharp Mesa Vista Hospital and Sharp McDonald Center

The transition from adolescence to adulthood is difficult for many young people, especially those with a mental health condition. Sharp Mesa Vista Hospital empowers transitional age youth to overcome behavioral health challenges and live a positive, productive life.

Staff from the hospital's Transitional Age Youth (TAY) Program and Sustainable Early Episode Clinic (SEEC) provide community services and support to address the unique behavioral health needs of young adults. Team members share behavioral health resources at fairs and events, provide free education on illness and recovery, and participate on boards and committees that address behavioral health needs in the community.

Through these efforts, Sharp Mesa Vista's TAY Program and SEEC help eliminate stigma while giving young adults the foundation to reach their full potential.

Section

11 Sharp Mesa Vista Hospital and Sharp McDonald Center

To impact our community, partnerships are essential. Together, we can positively affect our community by providing quality, community specific services and improving access through collaboration and stigma reduction. — Lisa Mills, Business Development Specialist, Sharp Mesa Vista Hospital

FY 2018 Community Benefit Program Highlights

Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) provided **\$19,779,122** in community benefit in fiscal year (FY) 2018. See **Table 51** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697) and **Figure 29** for the distribution of SMV and SMC's community benefit among those categories.

**Table 51: Economic Value of Community Benefit Provided
Sharp Mesa Vista Hospital and Sharp McDonald Center — FY 2018**

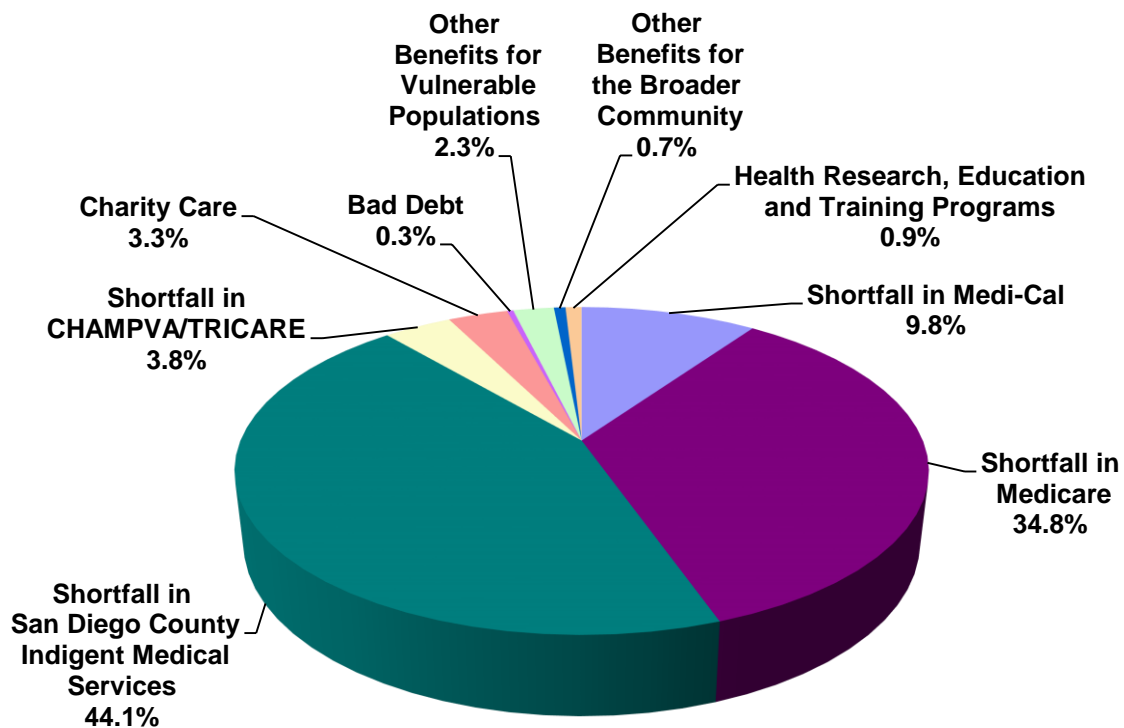
SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2018 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$1,936,535
	Shortfall in Medicare ¹	6,881,423
	Shortfall in San Diego County Indigent Medical Services ¹	8,730,121
	Shortfall in CHAMPVA/TRICARE ¹	750,846
	Charity Care ²	658,064
	Bad Debt ²	68,282
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy ³	448,871
Other Benefits for the Broader Community	Health education and information, support groups, participation in community events, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	127,420
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	177,560
TOTAL		\$19,779,122

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

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

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

**Figure 29: Percentage of Community Benefit by SB 697 Category
Sharp Mesa Vista Hospital and Sharp McDonald Center — FY 2018**



Key highlights:

- **Medical Care Services** included uncompensated care for patients who were unable to pay for services and unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services and CHAMPVA/TRICARE.
- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; free psychiatric assessments and referrals; programs to address barriers to mental health services for disadvantaged, culturally diverse urban seniors; contribution of time to Stand Down for Homeless Veterans, Feeding San Diego and Ssubi is Hope; and other assistance for community members facing inequities.
- **Other Benefits for the Broader Community** included health education and information on a variety of behavioral health and chemical dependency topics, participation in community health and behavioral health events, and collaboration with local schools to promote interest in health care careers. SMV also offered meeting room space at no charge to community groups. In addition, staff at the hospital actively participated in community boards, committees and other civic organizations, such as National Alliance on Mental Illness (NAMI), Community

Health Improvement Partners (CHIP) Behavioral Health Work Team, CHIP Suicide Prevention Council, San Diego Military Family Collaborative (SDMFC), San Diego Mental Health Coalition, San Diego County Older Adult Behavioral Health System of Care Council, Alzheimer's Project Safety Workgroup, Employee Assistance Professionals Association (EAPA), A New PATH (Parents for Addiction Treatment and Healing), Psychiatric Emergency Response Team (PERT) and VA (United States of America (U.S.) Department of Veterans Affairs) San Diego Mental Health Council. See **Appendix A** for a listing of Sharp HealthCare's (Sharp's) involvement in community organizations in FY 2018. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessment (CHNA) development and administration.

- **Health Research, Education and Training Programs** included education and training of health care professionals and student and intern supervision.

Definition of Community

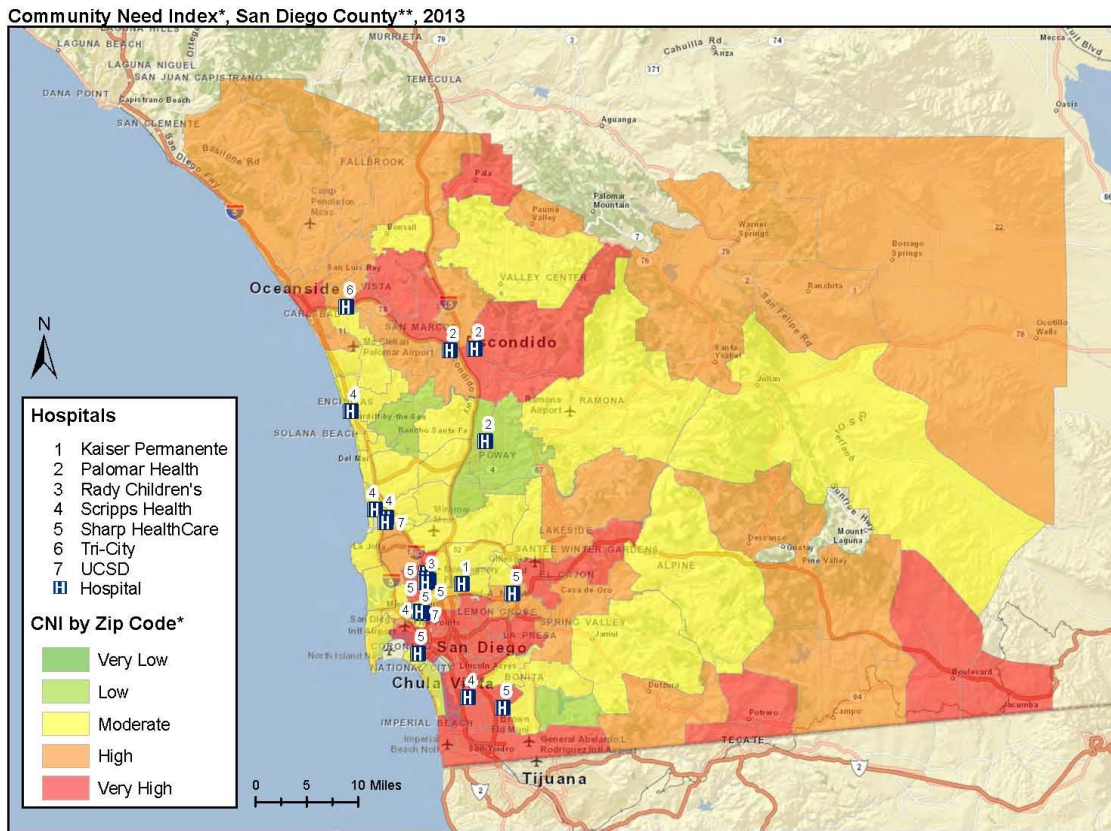
- *SMV is located at 7850 Vista Hill Avenue in San Diego, ZIP code 92123.*
- *SMC is located at 7989 Linda Vista Road in San Diego, ZIP code 92111.*
- *SMV Mid-City Outpatient Programs are located at 4275 El Cajon Boulevard, Suite 100 in San Diego, ZIP code 92105; SMV East County Outpatient Programs are located at 1460 East Main Street in El Cajon, ZIP code 92021.*

As specialty hospitals, SMV and SMC serve the community of San Diego County (SDC). The primary communities served by SMV and SMC include the City of San Diego, Chula Vista, the east region, and north inland communities surrounding Rancho Bernardo. See **Appendix B** for a map of community and region boundaries in SDC.

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

According to the CNI, communities served by SMV with especially high need include but are not limited to East San Diego, City Heights, North Park, the College Area, and Downtown San Diego. **Figure 30** presents a map of the CNI scores across SDC.

Figure 30: CNI Map — SDC



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



Description of Community Health

In 2018, there were 485,911 residents ages 65 and older in SDC, representing 14.6 percent of the population. Between 2018 and 2023, it is anticipated that SDC’s senior population will grow by 22.6 percent.¹

In 2016, 14 percent of the SDC population reported living below 100 percent of the federal poverty level (FPL). The county’s unemployment rate was 7.5 percent and 5 percent of households received Supplemental Security Income.²

According to data from the San Diego Hunger Coalition, one in seven, or 15 percent of the SDC population experienced food insecurity. An additional one in five San Diegans were food secure but relied on supplemental nutrition assistance to support their food

¹ SpeedTrack Inc.; U.S. Census Bureau

² County of San Diego HHS, Public Health Services, Community Health Statistics Unit, 2018, Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

budget.¹ In 2016, 21 percent of households in SDC participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 23.3 percent of those below 138 percent of the FPL were eligible for such benefits.² Please refer to **Table 52** for SNAP participation and eligibility in SDC.

Table 52: Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2016

Food Stamps/SNAP Benefits	
Households	7.0%
Families with Children	7.1%
Eligibility by Federal Poverty Level	
Population ≤130% FPL	19.5%
Population ≤138% FPL	21.0%
Population 139% - 350% FPL	32.7%

Source: County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

In SDC in 2016, 93.8 percent of children ages zero to 17, 80.3 percent of young adults ages 18 to 24, 81.1 percent of adults ages 25 to 44, 87.4 percent of adults ages 45 to 64, and 98.5 percent of seniors ages 65 and older had health insurance.⁷ Health insurance coverage for each age group was lower than the Healthy People 2020 (HP2020) national target of 100 percent health insurance coverage for all individuals under age 65.³ See **Table 53** for health insurance coverage in SDC in 2016.

¹ San Diego Hunger Coalition. Hunger Free San Diego Issue Brief: 2016 San Diego County Food Insecurity. San Diego, CA; August 2018.

² County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

³ The U.S. Department of Health and Human Services' HP2020 initiative represents the nation's prevention agenda for the second decade of the 21st century. HP2020 has four overarching goals: to attain high quality, longer lives free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and improve the health of all groups; to create social and physical environments that promote good health for all, and to promote quality of life, healthy development, and healthy behaviors across all life stages.

Table 53: Health Care Access in SDC, 2016

Description	Rate	Year 2020 Target
Current Health Insurance Coverage		
Children 0 to 17 Years	93.8%	100%
Young adults 18 to 24 years	80.3%	100%
Adults 25 to 44 years	81.1%	100%
Adults 45 to 64 years	87.4%	100%
Seniors 65+ years	98.5%	100%

Source: County of San Diego HHSA, Public Health Services, Community Health Statistics Unit, 2018. Demographic Profiles, 2016, and U.S. Census Bureau, American Community Survey 2012-2016.

According to the California Health Interview Survey (CHIS), 25.8 percent of SDC's population was covered by Medi-Cal.¹ See **Table 54** for details.

Table 54: Medi-Cal (Medicaid) Coverage in SDC, 2016-2017

Description	Rate
Covered by Medi-Cal	25.8%
Not covered by Medi-Cal	74.2%

Source: 2016-2017 CHIS

CHIS data also revealed that 11.7 percent of individuals in SDC did not have a usual place to go when sick or in need of health advice (see **Table 55**).⁹

Table 55: Regular Source of Medical Care in SDC, 2016-2017

Regular Source of Medical Care	Rate	HP2020 Target
Has a usual source of care	88.3%	100%
Has no usual source of care	11.7%	100%

Source: 2016-2017 CHIS

Among SDC adults ages 18 to 64 surveyed in 2015, 38.9 percent reported an episode of binge drinking in the past year. In 2016, five percent of SDC teens reported an episode of binge drinking during the previous month. In 2017, 23.5 percent of adults ages 18 to 64 reported needing help for emotional or mental health problems or use of alcohol/drugs. Of those needing help, 62.9 percent received treatment. Overall, 19.3 percent of SDC adults ages 18 to 64 reported seeing a health care provider for mental-emotional or drug-alcohol issues. Among SDC seniors, 8.3 percent of those surveyed in 2016-2017 reported needing help for mental, emotional or alcohol-drug issues in the

¹ 2016-2017 CHIS

past year.

In 2016, 5,692 individuals were discharged from the emergency department (ED) for self-inflicted injury in SDC, an age-adjusted rate of 173.20 per 100,000 population. This included 191 individuals ages 65 and older, an age-adjusted rate of 44.37 per 100,000 population. Of these seniors, 90 were hospitalized (20.91 per 100,000 population). During the same year, the age-adjusted death rate due to suicide in SDC was 11.89 deaths per 100,000 population, or 406 deaths. The rate for seniors was much greater at 18.35 deaths per 100,000 population. Both rates are higher than the HP2020 target of no more than 10.2 deaths per 100,000 population.

An analysis of 2016 mortality data for SDC revealed Alzheimer’s disease and suicide as the third and ninth leading causes of death for SDC, respectively. See **Table 56** for a summary of leading causes of death in SDC. For additional demographic and health data for communities served by SMV and SMC, please refer to the 2016 CHNAs for these entities, available at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

Table 56: Leading Causes of Death in SDC, 2016

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant Neoplasms (Overall Cancer)	5,096	24.1%
Diseases of the Heart	4,808	22.7%
Alzheimer’s Disease	1,403	6.6%
Cerebrovascular Diseases	1,363	6.4%
Accidents/Unintentional Injuries	1,071	5.1%
Chronic Lower Respiratory Diseases	1,027	4.8%
Diabetes Mellitus	734	3.5%
Chronic Liver Disease and Cirrhosis	412	1.9%
Intentional Self-Harm (Suicide)	407	1.9%
Essential Hypertension and Hypertensive Renal Disease	400	1.9%
All Other Causes	4,463	21.1%
Total Deaths	21,184	100.0%

Source: County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Community Health Statistics Unit, 2018

Community Benefit Planning Process

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

- Incorporate community priorities and community relations into their strategic plans and develop specific programmatic goals
- Estimate an annual budget for community programs and services based on community needs, the prior year's experience and current funding levels
- Host a bimonthly committee to discuss, plan and implement community activities

Priority Community Needs Addressed in Community Benefit Report — SMV 2016 CHNA and SMC 2016 CHNA

Both SMV and SMC completed their most recent CHNAs in September 2016. These CHNAs were significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2016 CHNA process and findings, and details on those processes are available in **Section 3: Community Benefit Planning Process** of this report.

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

Through the SMV 2016 CHNA and the SMC 2016 CHNA, behavioral health was identified as the number one priority health need for SDC, including the behavioral health needs specifically for seniors.

Although additional priority health needs were identified for Sharp hospitals through the 2016 CHNA process, as specialty hospital facilities providing behavioral health and chemical dependency programs and services, these additional identified health issues (cardiovascular health, cancer, diabetes, obesity, etc.), fall outside the scope of services provided by SMV and SMC. Thus, these identified health needs are not addressed in the community benefit report for these two hospitals. For additional details on SMV and SMC programs that specifically address the needs identified in the 2016 CHNA, please refer to SMV's and SMC's respective implementation strategies available at <http://www.sharp.com/about/community/health-needs-assessments.cfm>.

In alignment with the identified need of behavioral health, the following pages detail programs that specifically address:

- Mental health and substance abuse education and support for the community
- Improving behavioral health outcomes for seniors at risk

- Mental health and substance abuse education for health care professionals and students, and collaboration with local schools to promote interest in health care careers

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2018 Report of Activities conducted in support of the objective(s), and FY 2019 Plan.

Identified Community Need: Behavioral Health and Substance Use Education for the Community

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

Rationale

- The SMV and SMC 2016 CHNAs identified behavioral health as the priority health issue for community members served by SMV and SMC.
- The HASD&IC 2016 CHNA identified behavioral health as the top priority health issue for community members in SDC.
- The following conditions were identified in the SMV and SMC 2016 CHNAs as priority behavioral health issues in SDC: Alzheimer's disease, anxiety, drug and alcohol issues and mood disorders.
- Community partner discussions conducted as part of the HASD&IC 2016 CHNA process identified stigma as a significant barrier to improving behavioral health in SDC. Specifically, fear that disclosing a mental illness would yield repercussions such as job loss was identified as a barrier to accessing behavioral health care. Community partners recommended reducing stigma related to mental health, building relationships with patients, and teaching families about the signs and symptoms of mental health issues.
- According to 2017 data from the Office of Statewide Health Planning and Development (OSHPD), anxiety disorders were the top primary diagnosis for behavioral health-related ED discharges among those ages five to 44 and ages 65 and older. For those ages 45 to 64, the top ED discharge for behavioral health was alcohol-related disorders, followed by anxiety and mood disorders.
- In general, data analysis in the SMV and SMC 2016 CHNAs revealed a higher rate of behavioral health hospital discharges in SDC's more vulnerable communities (Dignity Health, San Diego Geographic Information Source (SanGIS), OSHPD & SpeedTrack Inc., 2015).
- According to 2017 CHIS data, 11.8 percent of adults in SDC have ever seriously thought about committing suicide, a 40.5 percent increase since 2013 (8.4 percent).
- In 2016, there were 1,080 hospitalizations due to overdose/poisoning in SDC. The age-adjusted rate of hospitalizations due to overdose/poisoning was 31.2 per 100,000 population.
- In 2016, the age-adjusted rate of overdose/poisoning-related ED discharges in SDC was 162.3 per 100,000 population. Age-adjusted rates for overdose/poisoning-

related ED discharges were higher among males, blacks and individuals ages 15 to 24 years in comparison among groups.

- In 2014-2015, 12.3 percent of California adolescents ages 12 to 17 experienced a Major Depressive Episode (MDE). This rate has increased 3.1 percent since 2011-2012 (Substance Abuse and Mental Health Services Administration (SAMHSA), *Behavioral Health Barometer – California Volume 4, 2017*).
- From 2011 to 2015, less than a third of California adolescents ages 12 to 17 who experienced an MDE in the past year received treatment (SAMHSA, *Behavioral Health Barometer – California Volume 4, 2017*).
- Approximately 10.2 million U.S. adults have co-occurring mental health and addiction disorders (NAMI, 2016).
- According to HP2020, the effects of substance use contribute to costly social, physical, mental and public health problems, including teenage pregnancy, sexually transmitted diseases, motor vehicle accidents, physical fights, suicide, and crime — including domestic violence, child abuse and homicide.
- Illicit drug usage is highest among people in their late teens and twenties (National Institutes of Health (NIH), 2015).
- Approximately eight percent of the population will develop Post-traumatic Stress Disorder (PTSD) during their lifetime; however, these figures are higher among veterans and active duty service members. According to the VA, in a given year, approximately 11 to 20 percent of veterans of Operations Iraqi Freedom and Enduring Freedom and 12 percent of Gulf War veterans have PTSD, while it is estimated that 30 percent of Vietnam veterans have had PTSD in their lifetime.
- Both active duty service members and veterans face barriers to treatment for behavioral health issues, including long wait times to receive treatment; embarrassment, shame or stigma around service-related disabilities; a lack of understanding or awareness about behavioral health problems and treatment options; logistical issues, such as travel difficulties; concerns over the VA's care offerings; and demographic barriers, such as age or gender (National Veterans Foundation, 2016).
- Rates of homelessness and substance use among veterans continue to increase, which may contribute to suicide attempts and death. The suicide rate is higher among veterans when compared to the civilian population. The suicide rate among veterans increased more than 18 percent between 2011 and 2014 (*The International Journal of Mental Health Systems, 2017*).
- Immediate intervention after a first episode of serious mental illness can impact future outcomes. The Behavioral Health Continuum of Care Model addresses major problems and disorders by teaching promotion of healthy choices and behaviors, prevention of risk behaviors, treatment for existing behaviors, and recovery. Cost-benefit ratio analyses of this model indicate that every \$1 spent on early treatment and intervention has the potential to save between \$2 and \$10 in health care, criminal and juvenile justice costs, educational costs, and lost productivity (SAMHSA, 2018).

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 2018 Report of Activities

During FY 2018, SMV and SMC hosted numerous on-site community speaking engagements and workshops to increase awareness of behavioral health and substance use issues. Education addressed a variety of topics, including cognitive therapy, chemical dependency, life transitions, domestic violence and child and geriatric psychiatry. This included SMV's monthly cognitive therapy lecture series designed to educate participants about cognitive behavioral therapy — a research-based treatment approach to mood disturbances and behavior problems that is used to treat anxiety, anger, depression, panic disorder, bipolar disorder, phobias, relationship problems, grief and loss, and other difficulties that bring people to therapy. Further, in response to the need for information and support for caregivers of individuals with mental illness, SMV provided educational materials, local behavioral health resources and information on behavioral health support to family and friends in the hospital lobby through NAMI San Diego's Friends in the Lobby program.

Throughout the year, SMV provided specialized services to active duty servicemembers, veterans and their families. These programs provide a safe environment for veterans to learn effective methods for managing symptoms of PTSD, acute stress disorder and mood-related disruptions. SMV's military-specific programs also decrease the use of maladaptive coping skills through evidence-based practices and include services for spouses and family members who experience distress when a loved one returns with symptoms related to the trauma of war. Team members provide education and resources to reduce the stigma surrounding behavioral health issues in the military and civilian communities. During FY 2018, SMV's military-specific programs supported more than 200 veterans and community members.

In addition, SMV and SMC collaborated with partners in the military community to provide behavioral health education and resources to more than 600 community members at events throughout SDC. In October, SMV participated in a panel discussion following a screening of a documentary titled *After Fire*, which highlights the challenges faced by women in the military, as well as participated in a resource fair at the 2017 Women Veterans Forum titled Be the Change at San Diego State University (SDSU). In September, SMV offered behavioral health resources during a resource fair at the VA San Diego Healthcare System's sixth annual Community Mental Health Summit at Jacobs Center for Neighborhood Innovation. Further, in FY 2018, SMV provided education and resources about opportunities for participation in PTSD and depression research to physicians in the VA Trauma Program. SMV also continued to participate in the SDMFC, which meets monthly to discuss community-based services for military

servicemembers and their families, as well as the Hidden Heroes campaign, which raises awareness and support for caregivers of veterans and active duty servicemembers.

In FY 2018, SMV provided a specialized Transitional Age Youth (TAY) Program to provide community services and support for young adults, ages 18 to 26, with behavioral health issues. Through the TAY Program, SMV offered education and resources to empower and support the continued health and well-being of these young adults. In October, SMV provided behavioral health resources to approximately 15 homeless TAY during an event at Sharp Chula Vista Medical Center's (SCVMC's) Barnhart Cancer Center. The event, conducted by SCVMC, provided health and other resources for youth served by Urban Street Angels, an organization that provides emergency overnight shelter, supportive housing and job training opportunities to homeless San Diego youth. SMV also provided education and resources to 170 TAY at the Oasis Clubhouse youth center's Ducky Awards and Community College Health Resource Fair events. In addition, SMV collaborated with Planned Parenthood to provide two classes on safe sex practices to 25 attendees. Further, the SMV TAY Program partnered with the Consumer Center for Health Education and Advocacy to assist more than 30 TAY with completing insurance and legal forms and help them understand their rights. SMV's TAY Program also includes the Sustainable Early Episode Clinic, which is designed to offer early intervention and ongoing support to TAY with newly diagnosed schizophrenia or schizoaffective disorder and their families.

SMV and SMC provided a variety of behavioral health educational opportunities and resources to community groups throughout the year. Through Sharp's partnership with the City of San Diego, SMV and SMC clinicians delivered eight lectures on various topics, including: the basics of mental health; cultural perceptions and beliefs around mental health; and overcoming mental health issues in conjunction with chemical dependency. Lectures were delivered to approximately 25 community members at Ocean Beach Recreation Center, San Ysidro Community Activity Center, Malcolm X Library, Ocean Air Recreation Center, Adams Avenue Recreation Center, City Heights Weingart Library and Logan Heights Library. SMV also provided behavioral health resources to 300 community members at Community Alliance for Healthy Minds' 11th annual Forum for Healthy Minds at California State University San Marcos (CSUSM) in October as well as 150 attendees at the 11th annual Survivors of Suicide Loss Day event at The Rock Church in April.

Throughout the year, SMV provided behavioral health education to the community through interviews with local news outlets, including KUSI News, NBC 7 San Diego, and FOX 5 San Diego. Interview topics included self-care and creating boundaries to maintain good mental health; positive tips for negative people; battling the stigma surrounding mental illness; the epidemic of self-harm among teenage girls; suicide prevention; and resources for young people struggling with mental illness and their families. Professionals with expertise in disciplines such as clinical psychology and clinical child psychology shared information through these news outlets.

In FY 2018, SMV and SMC provided behavioral health education, resources and presentations to more than 650 community members through participation in health and wellness fairs, conferences and events. This included the Customs and Border Protection Family Outreach Event at Montvalle Park and Recreation Center; Recovery International Conference at the Sheraton Mission Valley Hotel; It's How We Live! Community Health and Wellness Fair at Lakeside Community Center; Sharp Coronado Hospital Health and Wellness Fair; a health fair for the homeless community at St. Mark's Episcopal Church in City Heights; an event titled What I Wish My Parents Knew: Empowering Parents to Support 21st Century Teens at Serra High School; San Diego Gas & Electric's employee health fair in Kearny Mesa; the Jewish Family Service of San Diego (JFS) Behavioral Health Committee's annual Behavioral Health Panel and Luncheon; and the third annual Critical Issues in Child and Adolescent Mental Health Conference at Town and Country San Diego.

In FY 2018, SMV sponsored and participated in several events benefitting behavioral health organizations across SDC. Events included NAMI's 14th annual Color Ball and Inspiration Awards at the El Cortez Hotel; San Diego Psychological Association's 2017 Fall Conference at the Crowne Plaza San Diego; the Behavioral Health Recognition Dinner, which recognizes individuals who work to help community members achieve recovery without stigma; and the Strut for Sobriety event benefitting A New PATH, a nonprofit organization focused on reducing stigma associated with addictive illness through education.

Throughout the year, SMV and SMC sponsored and participated in nine walks to increase awareness and raise funds for behavioral health services, including the San Diego County NAMI Walk, San Diego NEDA (National Eating Disorders Association) Walk, American Foundation for Suicide Prevention's Out of the Darkness Community Walk, Survivors of Suicide Loss and Directing Change's Walk in Remembrance with Hope, Alzheimer's San Diego's annual Walk4ALZ, McAlister Institute's Walk for Sobriety, 2017 and 2018 Heroes in Recovery 6K Run/Walk events, and the American Heart Association's (AHA) 2018 San Diego Heart & Stroke Walk. With the exception of the AHA 2018 San Diego Heart & Stroke Walk, SMV and SMC provided a booth with behavioral health resources during these events. At the Walk to End Alzheimer's, SMV offered education on Alzheimer's disease, clinical trials and community resources to more than 500 attendees.

In FY 2018, SMV continued its involvement in and support of an important initiative to improve housing conditions for community members living with serious, persistent mental illness. In 2012, the County of San Diego offered a three-year contract to a work team, including SMV, CHIP, housing organizations and other community partners for the establishment of an Independent Living Registry and an Independent Living Association (ILA). Through this initiative, the work team developed a four-prong approach to address the challenges facing safe and healthy independent living facilities (ILFs), which included a registry of participating ILFs to be a central resource for consumers, family members and health care professionals; educational curriculums for members of the ILA; peer review and accountability through site visits; and advocacy.

Following the conclusion of the contract, these efforts continue to maintain quality standards and seek improvement of conditions for ILFs and the community members who reside there. This includes linking residents with essential services and providers and reducing crime and unnecessary arrest rates. The ILA is an initiative of the CHIP Behavioral Health Work Team, in which SMV is an active participant, and the registry continues to expand 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.

SMV continues to maintain a Client Advisory Board, which obtains feedback from the hospital's outpatients, former patients and employees on how to improve programs, empower patients, promote advocacy and better serve the community. During FY 2018, members of the Client Advisory Board encouraged community members, staff, current and former patients, friends and family to join their walking team, the Mighty Mesa Vista Movers, in the annual San Diego County NAMI Walk to raise awareness and reduce stigma around behavioral health.

FY 2019 Plan

SMV or SMC will do the following:

- Continue to explore opportunities for outreach to multicultural and at-risk groups through increased community involvement and education
- Continue serving as the media's go-to experts for information on behavioral health conditions and treatment
- Host and provide a variety of educational events and programs for community members
- Participate in community events to raise awareness and funds for behavioral health services
- Participate in key behavioral health events and activities alongside patients
- Explore and expand collaborations with law enforcement and housing planning committees to provide better outcomes for community members living with mental illness and substance use issues
- Continue to collaborate with community providers and provide education to ILFs to improve living conditions for individuals with mental illness
- Participate in Sharp's partnership with the City of San Diego to provide behavioral health education and resources to employees and residents in the city's nine districts

Identified Community Need: Behavioral Health and Substance Use Screenings and Support for the Community

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

Rationale

- The SMV and SMC 2016 CHNAs identified behavioral health as the priority health issue for community members served by SMV and SMC.
- The HASD&IC 2016 CHNA identified behavioral health as the top priority health issue for community members in SDC.
- The following conditions were identified in the SMV and SMC 2016 CHNAs as priority behavioral health issues in SDC: Alzheimer's disease, anxiety, drug and alcohol issues and mood disorders.
- Discussions with Alpine Special Treatment Center as part of the HASD&IC 2016 CHNA identified the following challenges to the behavioral health of vulnerable populations: lack of available placements for patients ready to leave facilities; overburdened case managers; difficulty with the disability application process; and difficulty managing patients' physical health problems.
- Respondents of the Health Access and Navigation Survey administered during the SMV and SMC 2016 CHNA processes identified the following barriers to accessing behavioral health care: getting, using and understanding health insurance; knowing where to go for care, especially understanding when to use the ED, urgent care and primary care; and making appointments (specifically availability of appointments and wait time issues).
- Key informant interviews conducted as part of the SMV and SMC 2016 CHNA processes identified the following resources that should be developed to address substance use and related issues: early prevention programs that emphasize the dangers of alcohol; increased accessibility of treatment programs; presence of psychologists in the ED to provide screening, brief intervention and referrals; available beds for those who cannot pay; and long-term aftercare.
- According to 2017 OSHPD data, anxiety disorders were the top primary diagnosis for behavioral health-related ED discharges among those ages five to 44 and ages 65 and older. For those ages 45 to 64, the top ED discharge for behavioral health was alcohol-related disorders, followed by anxiety and mood disorders.
- In general, data analysis in the SMV and SMC 2016 CHNAs revealed a higher rate of behavioral health hospital discharges in SDC's more vulnerable communities (Dignity Health, SanGIS, OSHPD & SpeedTrack Inc., 2015).
- According to the California Hospital Association (CHA), the number of psychiatric inpatient facilities in California has declined by over 20 percent since 1995, while the number of psychiatric beds in the state has declined nearly 30 percent (CHA, 2018).
- According to 2017 CHIS data, 11.8 percent of adults in SDC have ever seriously thought about committing suicide, an increase of 40.5 percent since 2013 (8.4 percent).

- In 2016, there were 1,080 hospitalizations due to overdose/poisoning in SDC. The age-adjusted rate of hospitalizations due to overdose/poisoning was 31.2 per 100,000 population.
- In 2016, the age-adjusted rate of overdose/poisoning-related ED discharges in SDC was 162.3 per 100,000 population. Age-adjusted rates for overdose/poisoning-related ED discharges were higher among males, blacks and individuals ages 15 to 24 years in comparison among groups.
- Among adults served by California’s public mental health system in 2015, 79.4 percent of those ages 18 to 20, 78.6 percent of those ages 21 to 64, and 95.5 percent of those ages 65 or older were not in the labor force (SAMHSA, *Behavioral Health Barometer – California Volume 4*, 2015).
- In the U.S., approximately 26 percent of homeless adults staying in shelters live with serious mental illness, and an estimated 46 percent live with severe mental illness and/or substance use disorders (NAMI, 2016).
- According to the NIH, 20.7 million Americans ages 12 or older (7.7 percent of the population) needed treatment for a drug or alcohol problem in 2017, but just 0.9 percent of the population received treatment at a specialty facility (NIH, 2018).
- Between July 2016 and June 2017, HHS’s Behavioral Health Division provided specialty mental health services to 1.7 percent of SDC’s population, continuing a three-year decline and failing to meet its target of 2.0 percent.
- The FY 2019 Presidential Budget reduced federal funding for SAMHSA — the branch of the U.S. Department of Health and Human Services (DHHS) responsible for improving the quality and availability of behavioral health and chemical dependency treatment services nationwide — by almost \$700 million compared to FY 2018.
- According to a report from the California Health Care Foundation (CHCF) titled *Mental Health in California: For Too Many, Care Not There*, the prevalence of serious mental illness varies by income level, with lower-income individuals experiencing higher rates of mental illness (CHCF, 2018).
- The same report revealed that although the number of adults with mental health coverage in California increased nearly 50 percent between 2012 and 2015 due to Medi-Cal expansion, in 2015, approximately two-thirds of Californian adults with mental illness and adolescents who experienced major depressive episodes did not receive treatment (CHCF, 2018).
- Further, ED visits resulting in inpatient psychiatric admissions increased 30 percent between 2010 and 2015. More robust community behavioral health services for low-income and uninsured patients may decrease unnecessary ED use (CHCF, 2018).

Objectives

- Provide behavioral health and substance use screenings to the community
- Provide support for members of the community impacted by behavioral health and substance use issues

FY 2018 Report of Activities

In FY 2018, SMV and SMC supported community members impacted by behavioral health and substance use issues by providing a variety of screenings, both on-site and in partnership with local organizations. Throughout the year, SMV psychiatric evaluation and intake teams provided approximately 16,500 free psychiatric evaluations and referrals for the general community via phone calls, walk-ins and scheduled appointments. SMC also provided extensive community outreach and support through assessments and referrals to community organizations. During FY 2018, SMC spent more than 1,500 hours offering free chemical dependency assessments, educational materials and community referral resources to more than 750 community members. The free assessments were facilitated by a licensed mental health professional, who provided individuals with recommendations for appropriate programs and levels of care.

Check Your Mood Day is an annual event held in conjunction with National Depression Screening Day in October to raise behavioral health awareness, fight stigma and encourage community members to assess their emotional well-being. In FY 2018, SMV partnered with CHIP and Live Well San Diego (LWSD) to provide Check Your Mood screenings — a brief questionnaire aimed at assessing risk for depression — and resources at locations across SDC. As part of this event, SMV provided behavioral health resources and Check Your Mood screenings to 100 community members, including students at San Diego City College and seniors at Gary and Mary West Senior Wellness Center. Also in October, SMV provided 15 Check Your Mood screenings at an event held at SCVMC's Barnhart Cancer Center that benefitted homeless TAY served by Urban Street Angels. Finally, SMV offered Check Your Mood screenings as well as senior-focused behavioral health resources to 100 community seniors and family members at the Lakeside Community Center's annual Senior Health Fair.

SMV and SMC also provided behavioral health screenings and resources at several community events throughout the year. SMV and SMC continued to assist in planning SCVMC's Changing Minds, Minds Matter South County Mental Health Fair, a free event during which more than 40 community partners gathered to educate South Bay community members about behavioral health challenges and raise awareness of available community services and resources. During the event, SMV and SMC provided workshops on substance use and behavioral health, as well as Check Your Mood screenings and behavioral health resources to approximately 100 community members. SMV and SMC also provided nearly 30 Check Your Mood screenings and offered behavioral health resources as well as hourly mindfulness circles to approximately 1,000 attendees at the 2018 Sharp Women's Health Conference in April. An SMV clinician also presented at the conference on evidence-based practices to promote self-love, end suffering, and facilitate healing of the mind and body.

Throughout the year, SMV offered a variety of support groups for community members with behavioral health challenges. A weekly Mood Disorders support group was available for individuals, family and friends impacted by depression, bipolar disorder, PTSD or anxiety. A National Association of Anorexia Nervosa and Associated Disorders

support group was also offered weekly for individuals and families affected by an eating disorder. Further, a biweekly Dialectical Behavioral Therapy support group helped attendees develop coping skills to manage severe emotional reactions, intense anxiety, impulsivity, self-harm, suicidal thoughts and high-conflict relationships. SMV also offered a free support group to provide psychoeducation and support for veterans and their families. More than 1,800 community members attended these support groups in FY 2018.

SMV further supported the community by providing free space for a variety of self-help groups to meet each week. The hospital's meeting spaces were booked for more than 2,000 hours in FY 2018 for groups including: Narcotics Anonymous; the Narcotics Anonymous Family group; Alcoholics Anonymous (AA); Al-Anon; AA Dual Diagnosis; Cocaine Anonymous; Pills Anonymous; Project SMILE 12 Step Recovery Workshop; SMART Recovery San Diego; Co-Dependents Anonymous; Obsessive Compulsive Disorder support group; Hoarders Working support group; Shyness and Social Anxiety group; San Diego Phobia Foundation; Concerned United Birthparents; the California Board of Registered Nursing's Nursing support group; A New PATH; and the SMV and SMC Aftercare and Lifetime Support meetings. An average of 440 community members received support from these groups each week during FY 2018.

For more than 50 years, the San Diego Rescue Mission (SDRM) has helped homeless individuals in San Diego create better lives for themselves through comprehensive programs, including services that address housing, hunger, behavioral health and other education and awareness programs. SMV continued to donate food to the SDRM three times each week to help support approximately 400 men, women and children living in the shelter. Each month during FY 2018, SMV collected and donated approximately 650 pounds of food for the SDRM.

FY 2019 Plan

SMV or SMC will do the following:

- Provide free psychiatric assessments, substance use screenings and referrals for the community
- Continue to participate in psychiatric rehabilitation programs and activities
- Explore further collaborations and partnerships with community partners
- Host and facilitate various support groups and provide free meeting space for use by a variety of community self-help groups
- Continue to support the SDRM through weekly food donations

Identified Community Need: Improving Behavioral Health Outcomes for At-Risk Seniors

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

Rationale

- The SMV, SMC and HASD&IC 2016 CHNA processes continued to identify behavioral health as a priority health concern for SDC, including Alzheimer's disease and dementia.
- In 2016, Alzheimer's disease was the third leading cause of death in SDC (HHSA, 2018), the fourth leading cause of death in California, and the sixth leading cause of death in the U.S. (Centers for Disease Control and Prevention, 2018).
- The 2016 HHSA *Alzheimer's Disease and Other Dementias in San Diego County* report projects that the number of SDC residents living with Alzheimer's disease and other dementias will increase from 62,000 to approximately 94,000 people between 2013 and 2030, representing an increase of 51 percent.
- In 2016, adults ages 65 and older experienced the highest rates of hospitalization for anxiety, mood disorders and schizophrenia when compared to all other age groups.
- According to HHSA's 2015 *Senior Health Report*, suicide is the leading cause of non-natural death for SDC residents ages 55 to 64, and the second leading non-natural cause of death among adults ages 75 and older.
- According to 2015-2017 CHIS data, 6.2 percent of SDC adults over the age of 65 thought about committing suicide in the past year, while 69.2 percent of SDC seniors reported seeking help for mental/emotional or drug/alcohol issues.
- ED discharges related to chronic alcohol use among SDC seniors ages 65 and older increased 26.6 percent between 2012 and 2016. Compared to other age groups, this was the largest percentage increase during this time period.
- The 2016 hospitalization rate for acute substance-related disorders was 12.3 per 100,000 among SDC residents over the age of 65. This is a significant decline from 2012 (47.1 per 100,000 SDC residents over the age of 65).
- Certain circumstances of aging, such as loss of family and caregivers, social isolation, and infirmity can be triggers for the onset of mental illnesses, including alcoholism and serious depression, among older people. Older persons with mental illnesses also face the insufficiency of geriatric health practitioners, including mental health practitioners (NAMI, 2016).
- According to a 2018 health policy brief by the University of California, Los Angeles (UCLA) Center for Health Policy Research, California's public mental health delivery system does not meet the needs of all older adults it serves. Deficits exist in the involvement of older adults in planning processes, outreach and service delivery, as well as workforce development and the measurement and reporting of outcomes.
- Recommendations to improve access and utilization of mental health services by older adults in California include: designating distinct administrative and leadership structures at county levels; enhancing older adult outreach and documentation of unmet needs; establishing standardized training for geriatric providers; standardizing data-reporting requirements; and increasing the level of integration between

medical, behavioral health, aging and substance use disorder services (UCLA, 2018).

- Mental health problems in older adults are often under-identified by health care professionals. Over 20 percent of adults ages 60 and older suffer from a mental or neurological disorder. Older adults experience unique stressors such as significant ongoing loss in capacities, declining functional ability, bereavement and decline in socioeconomic status due to retirement. These stressors can result in isolation, loneliness and psychological distress, for which long-term care may be necessary (World Health Organization, 2017).
- Social isolation and loneliness are associated with increased mortality in older adults, as well as adverse health effects such as dementia, increased risk for hospital readmission, and increased risk of falls. In 2014, 46 percent of women ages 75 and older lived alone and were at increased risk of social isolation, as deteriorating mental or physical health may limit a person's ability to participate in social interactions outside the home. By the time people reach the age of 85, 40 percent are living by themselves (Association of Health Care Journalists, 2017).
- Behavioral and cognitive symptoms often present differently in older adults compared to younger people. Many medications have side effects that may present as symptoms of another illness, and the interaction of multiple medications may exacerbate symptoms or cause additional health problems (SAMHSA, 2016).

Objectives

- Provide culturally competent outreach services to at-risk seniors in SDC's disadvantaged communities
- Provide education and screening to senior community members
- Collaborate with community organizations to address the behavioral health needs of SDC seniors and other community members facing inequities

FY 2018 Report of Activities

Throughout FY 2018, SMV clinicians collaborated with Serving Seniors to provide more than 750 hours of clinical services to senior clients at the Gary and Mary West Senior Wellness Center. Seniors received a variety of early intervention services, including examination by a nurse or psychiatrist; medication; referrals or counseling to reduce the risk of hospitalization and homelessness; and behavioral health screenings including Montreal Cognitive Assessments, which detect cognitive impairment.

SMV also continued to collaborate with the Gary and Mary West Senior Wellness Center beyond the provision of clinical services. At this site, SMV provided free prevention and early intervention initiatives designed to improve the utilization and effectiveness of behavioral health services for high-risk, culturally diverse seniors and address barriers to accessing behavioral health care, including stigma, isolation and lack of available services. These services were further enhanced with free education as well as a weekly healthy aging support group led by an SMV clinician, which focused on aging and behavioral health issues, including depression, anxiety and coping with loss.

SMV's Senior Intensive Outpatient Program (SIOP) is designed for older adults experiencing depression, anxiety, addiction or other behavioral health disorders. Using an educational approach, SIOP clinicians help seniors develop healthy coping strategies, maximize communication and conflict resolution skills, understand and change unhealthy thoughts, and use relaxation techniques to manage anxiety and improve sleep. Throughout the year, SMV's SIOP staff provided education and outreach to community members in an effort to debunk the myths associated with older adulthood, such as 'depression is a normal part of aging' and 'growing old is characterized by loss and pain.' Through Sharp's partnership with the City of San Diego, SMV's SIOP offered seven educational sessions in FY 2018 addressing the following topics: Coping with Caregiver Stress, Coping with Life's Transitions, and Older Adults and Depression. Lectures were delivered to more than 150 community members at North University Community Library, Mission Valley Branch Library, City Heights Weingart Library, Carmel Mountain/Sabre Springs Recreation Center, North Clairemont Recreation Center, Rancho Bernardo Branch Library and North Clairemont Recreation Center. In collaboration with Sharp's Senior Resource Centers, SMV's SIOP delivered a lecture on the signs and symptoms of depression, bipolar disorder and anxiety disorders to 15 seniors at a Lunch and Learn event at Point Loma Community Presbyterian Church in October. SMV's SIOP also provided information about senior behavioral health needs and SMV's programs and resources to 10 San Diego Superior Court employees at the Hall of Justice in November.

Throughout the year, SMV's SIOP provided behavioral health resources, memory screenings, and information about the hospital's senior services at numerous senior health fairs and community events in SDC, including: the City of La Mesa's ninth annual Transportation Expo at La Mesa Community Center; San Diego County Council on Aging's Staying Healthy Senior Expo at Jackie Robinson YMCA; Sharp Senior Resource Centers' Senior Health and Information Fair at Point Loma Presbyterian Church; St. Paul's Senior Services 2018 Annual Senior and Family Resource Fair at St. Paul's Villa; Lakeside Community Center's Senior Health Fair, the JFS Health Fair and Flu Shot Event at JFS College Avenue Senior Center; East County Senior Service Providers 19th annual Senior Health Fair; and San Diego LGBT (Lesbian, Gay, Bisexual and Transgender) Community Center's 12th annual Senior Resource Fair. In FY 2018, nearly 900 seniors and their family members were reached through the SIOP's participation in these community events.

SMV's SIOP both provided behavioral health resources and presented at senior health-focused conferences throughout SDC, serving nearly 2,500 community members in FY 2018. Events included: Sharp Senior Resource Centers and Sharp HospiceCare's Annual Aging Conference: Healthy and Safe Aging events at the La Mesa Community Center, Fredericka Manor Retirement Community and Point Loma Community Presbyterian Church; Sharp Senior Resource Centers and Alzheimer's San Diego's Successful Caregiving event at All Soul's Episcopal Church; Sharp Senior Resource Centers and Caregiver Coalition of San Diego's Caregiving for Someone With Dementia conference at La Mesa Community Center; Sharp Women's Health Conference at the

Sheraton San Diego Hotel & Marina; and the County of San Diego Aging and Independence Services Aging Summit 2018: Age Well in Action at California Center for the Arts in Escondido. At these conferences, SIOF clinicians presented on a variety of topics, including stress management; healthy, mindful aging; and dementia and brain health.

In October, SMV participated in the Sharp-sponsored *Union-Tribune* Successful Aging Conference at the Del Mar Fairgrounds. At this event, SMV provided a booth with resources related to behavioral health as well as Alzheimer's research and enrollment in clinical trials to 1,000 conference attendees. SMV's SIOF also provided approximately 60 Check Your Mood screenings at the event, and a clinician delivered a presentation on dementia, memory and brain health.

In FY 2018, SMV partnered with Alzheimer's San Diego to provide a variety of screenings, behavioral health education and resources to community members. This included a conference held in March at Sharp's corporate office location in Kearny Mesa called *When the Going Gets Tough: Working Through the Challenges of Dementia Together*. During the conference, approximately 160 community members learned about dementia-related behavior changes, care strategies, communication techniques and medications that can help. In September, SMV sponsored Alzheimer's San Diego's Date with a Cure event at the University of San Diego's (USD's) Shiley Theatre as well as provided 450 attendees with behavioral health resources and information about participation in clinical trials. An SMV clinician also participated in a panel discussion about recent advances in Alzheimer's treatment during the event. On a monthly basis, SMV and Alzheimer's San Diego provided free memory screenings — a wellness tool that identifies possible changes in memory and cognition — to over 100 community members who were concerned about memory loss or interested in establishing a baseline to detect future changes. In addition, an SMV clinician provided training on the administration and use of the Montreal Cognitive Assessment to seven Alzheimer's San Diego staff members in June.

Additionally, throughout FY 2018, SMV clinicians provided educational materials and lectures on advances in Alzheimer's research and opportunities to enroll in clinical research studies to more than 1,950 community members at locations across SDC, including Magnolia Adult Day Health Center, ActivCare Living Residential Memory Care – Bressi Ranch, Fredericka Manor Retirement Community, Point Loma Presbyterian Church, Clairemont Lutheran Church, La Mesa Community Center, Lakeside Community Center and Town and Country San Diego Convention Center.

FY 2019 Plan

SMV will do the following:

- In collaboration with Serving Seniors, provide outreach and education to seniors without stable housing

- Continue to address the behavioral health needs of high-risk, culturally diverse seniors
- Through SMV's SIOP, provide education and support to community members around senior behavioral health issues
- Participate in Sharp's partnership with the City of San Diego to provide senior behavioral health education and resources to employees and residents in the city's nine districts
- In collaboration with Sharp Senior Health Center, provide education on holiday blues and depression as well as senior behavioral health
- Continue to collaborate with community organizations to address the behavioral health needs of SDC seniors and other community members facing inequities

Identified Community Need: Behavioral Health and Substance Use Education for Health Care Professionals and Students, and Collaboration with Local Schools to Promote Interest in Health Care Careers

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

Rationale

- Key informant interviews conducted as part of the HASD&IC 2016 CHNA process recommended internship/workforce training programs with local educational institutions and HHSA as a strategy for addressing behavioral health needs and modifiable risk factors in SDC.
- According to San Diego Workforce Partnership (SDWP), a major challenge faced by education and training programs in the health care sector is accommodating the number of clinical training hours required for students in California to become certified. In addition, training sites are limited, and those licensed in other states often cannot work in California due to stricter requirements (SDWP, 2017).
- In 2017, there were 468 designated Mental Health Care Health Professional Shortage Areas (HPSAs) in California, representing approximately 6.5 million residents. The Kaiser Family Foundation estimates that 260 new practitioners would need to be added to the behavioral health workforce in order to remove HPSA designation from all areas (Kaiser Family Foundation, 2017). According to data from the U.S. DHHS Health Resources and Services Administration, in 2017, there were four mental health HPSAs in SDC.
- An increased demand for a diverse and culturally and linguistically competent workforce is projected for the health care industry. Therefore, it is important for the industry to start creating a workforce pipeline in collaboration with high schools and postsecondary educational sectors, as well as policy makers, educators, health care leaders and the local community. Long-term investment in creating mentorship, on-the-job shadowing, volunteer and internship opportunities for high school students will help prepare them for college and a career, build a strong and diverse health care workforce, and prevent future industry workforce shortages (*Employer-Defined*

Value: Improving the Connection Between Health Care Employers and Schools to Increase Work-Based Learning Opportunities for High School Students, (CHA, 2015).

- A report titled *California's Current and Future Behavioral Health Workforce* indicates that many of California's psychiatrists are aging out of the workforce, contributing to a projected 34 percent decline in the number of practicing psychiatrists in the state between 2016 and 2028. Action is needed to increase diversity in the field of incoming behavioral health care workers, particularly among psychiatrists and psychologists. To ensure that California's diverse population receives culturally, racially/ethnically and linguistically appropriate behavioral health services, increased racial/ethnic diversity and greater female representation among providers is necessary (Healthforce Center at University of California, San Francisco (UCSF), 2018).
- The same report emphasizes the following strategies for improving access to behavioral health care treatment in California: greater cultural competency in the delivery of behavioral health care; adequate geographical distribution of facilities and training programs across the state; and increased provider participation in both public and private health insurance plans (Healthforce Center at UCSF, 2018).
- A report from the University of Washington's Center for Health Workforce Studies describes numerous challenges contributing to the nation's behavioral health workforce crisis, including the aging of certain occupations; low compensation and perceptions of low status for jobs requiring less formal education; and high burnout and stress due to the nature of the work (Center for Health Workforce Studies, 2016).
- According to a 2017 report from the National Council for Behavioral Health, the pool of psychiatrists working with public sector and insured populations declined by 10 percent between 2003 and 2013, for reasons including aging of the current workforce, low reimbursement rates, burnout, burdensome documentation requirements and regulatory restrictions that make it difficult to coordinate care. In addition, the supply of psychiatrists who work in inpatient and outpatient psychiatric facilities has declined significantly, with 40 percent of psychiatrists now practicing in cash-only private practices.
- According to the U.S. Bureau of Labor Statistics (BLS), employment of mental health social workers is projected to grow 19 percent from 2016 to 2026, much faster than the average for all occupations. Employment of substance abuse, behavioral disorder and mental health counselors is anticipated to increase 23 percent. 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, 2018).
- As the criminal justice system increasingly recognizes addiction treatment as a cost-effective alternative to incarceration, use of substance abuse 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, 2018).

Objectives

- Collaborate with local schools to provide opportunities for students to explore health care professions
- Collaborate with the behavioral health community — including other behavioral health educational institutions — to provide education and training for health care professionals

FY 2018 Report of Activities

Throughout the year, SMV participated in internship and clinical training programs for trainees and students in various health care disciplines, including clinical dietary/nutrition, psychology, clinical social work, social work administration, marriage and family therapy (MFT), pharmacy, health information technology (HIT), music therapy, clinical chaplaincy, medicine and nursing. Academic institution partners included, but were not limited to: Alliant International University, Argosy University, Arizona State University, Azusa Pacific University, CSUSM, Grand Canyon University, National University, Pepperdine University, Point Loma Nazarene University (PLNU), San Diego City College, SDSU, Southwestern College, Touro University, USD, Walden University, West Coast University – Los Angeles and Western University of Health Sciences.

SMV provided clinical supervision and training for 29 psychology trainees, including 12 graduate students, eight doctoral interns, three postdoctoral fellows and six psychological assistants, as well as 21 MFT, eight Master of Social Work (MSW) and three Bachelor of Social Work student interns. In addition, SMV provided a nine-month internship for a student completing a dual master's degree in Music Therapy and Professional Counseling. In FY 2018, ancillary (non-nursing) students served approximately 46,500 hours on the SMV campus, representing an increase of nearly 17,000 hours from fiscal year 2017 due to the addition of new intern, fellow and psychological assistant positions. In addition, more than 300 nursing students worked clinical rotations of six- to eight- hour shifts and spent more than 24,600 hours at SMV. Nursing students were placed in all inpatient units and several of the outpatient programs at SMV and SMC. SMV offers two clinical rotations in one day, including morning and evening shifts, and nursing students are on campus seven days a week. Including time spent with groups and individual preceptors, nursing students served nearly 26,400 hours at SMV in FY 2018. Nursing students from various universities and colleges were also provided free meeting space as needed.

In FY 2018, SMV received more than 160 applications for eight doctoral intern positions available through Sharp's yearlong, American Psychological Association (APA)-accredited doctoral internship in clinical psychology. Selected interns rotated through three four-month rotations that included experience in SMV's adult inpatient and outpatient programs, as well as inpatient and outpatient senior behavioral health and child and adolescent programs. Interns also rotated through SMC. The hospitals offered these interns a unique opportunity to receive intensive training in psychological

assessment and neuropsychological screening. With this training, psychology doctoral students provided approximately 360 detailed psycho-diagnostic assessments throughout the year. In addition, psychology trainees provided more than 3,000 hours of group therapy and approximately 1,980 hours of individual therapy. Psychology trainees were also integrally involved in clinical staff training as well as program development and evaluation efforts throughout the hospital. SMV had the opportunity to mentor psychology assistant trainees during FY 2018, enabling the hospital to extend the availability of clinical programming on the inpatient units to seven days per week.

At SMV and SMC, psychologists, licensed marriage and family therapists and licensed clinical social workers provided nearly 33,800 hours of direct clinical supervision to trainees. SMV provided two hours of lectures every week for psychology doctoral interns. These lectures were also open to trainees and staff throughout the hospital. Lectures included, but were not limited to: Assessment and Treatment of Self Injurious Behaviors; The Culture of Poverty; Culturally and Clinically Competent Work With Transgendered People; Providing Trans-affirmative Care; Giving and Receiving Feedback in a Professional Setting; Sex and Aging; Psychology of Men; Psychological Treatment of Functional Gastrointestinal Disorders; Child Abuse and Tarasoff Reporting; Assessing Psychosis in Children and Adolescents; Evaluating Personality Disorders in Adolescents; and Evaluating Complex Trauma in Children.

Throughout the year, SMV provided specialized learning opportunities for its MSW students. MSW students working with inpatients attended an intensive two-day orientation to become familiar with social work in the hospital setting. During the first semester, students spent two months shadowing SMV social workers before earning the opportunity to work under supervision. Students attended case presentations, in-services, staff meetings, treatment team meetings, staff huddles and other learning activities as part of their learning experience. During the second semester, MSW students rotated for one to two weeks through additional units at SMV. Students also had the opportunity to shadow social workers in various locations throughout the Sharp system. MFT/MSW students working specifically with outpatients also attended quarterly two-hour trainings.

In addition, SMV continued to participate in the Health Sciences High and Middle College (HSHMC) program in FY 2018. The program provided 22 students in grades 11 and 12 with professional development opportunities within SMV's nursing units (Intensive Treatment Program, Mood Disorders, Senior Behavioral Health, SIOP and Chemical Dependency Recovery) as well as nutrition services. In addition, students received instruction on educational and job requirements as well as career ladder development. During FY 2018, HSHMC students spent nearly 4,000 hours at SMV.

Throughout the year, SMV provided behavioral health resources to more than 500 students at the Grossmont College Health, Wellness and Engagement Fair, the SDSU Health Expo, Mesa College Grass Roots Community Health Fair and the San Diego City College Health and Wellness Expo. At the 2018 Agency Internship Fair hosted by SDSU, PLNU and CSUSM, SMV provided approximately 200 behavioral health

students, graduate students and clinicians with behavioral health resources and information about student internships. SMV also provided two lectures to San Diego Mesa College HIT students in November and December. Topics included psychiatric and behavioral health, substance use, dependency record-keeping and Health Insurance Portability and Accountability Act privacy laws.

SMV and SMC provided continuing education classes, conferences and trainings for behavioral health care professionals in FY 2018, including psychologists, psychiatrists, community physicians, social workers, nurses and other health and human service providers. In November, an SMV clinician provided a lecture titled Stress Management for Caregivers at the San Diego In-Home Supportive Services Public Authority's Caregiver Recognition Event at the Balboa Park Club, as well as provided behavioral health resources to 100 attendees. In December, SMV provided behavioral health resources to 100 San Diego Unified School District school counselors and health care workers at the Positive School Culture Resource Fair at Balboa Recital Hall. In April, SMV provided behavioral health resources to 125 attendees at the SDSU Children, Youth and Families System of Care Training Academy's conference titled Unpacking Hope: Understanding the Unique Needs of Children, Youth and Families Experiencing Homelessness. Behavioral health resources were also provided to more than 300 attendees of the annual Early Childhood Mental Health We Can't Wait Conference in September, which was held at the Crowne Plaza San Diego. In addition, SMV participated in the EAPA during FY 2018, to increase knowledge and education in the behavioral health professional community.

SMV clinicians shared knowledge and best practices with the larger professional health care community through the development of educational materials on behavioral health and patient care as well as participation in student research. In FY 2018, SMV continued to assist with the development of geriatric behavioral health and dementia care curricula for SDSU's Behavioral Health Education & Training Academy. In addition, clinicians and patients from SMV's SIOP participated 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.

SMV continued to collaborate with PERT through monthly meetings and community-oriented trainings. SMV staff also supported approximately 250 SDC police officers at three PERT Academy Resource Fair events. During these events, SMV team members provided officers with educational resources on understanding psychiatric emergencies and community psychiatric services. The police officers were subsequently paired with licensed mental health clinicians to help them evaluate and assess an individual's behavioral health condition and needs, and, if appropriate, transport the individual to a hospital or refer the individual to a community resource or treatment facility.

Throughout FY 2018, staff at SMV and SMC regularly led or attended various community and professional health boards, committees, and advisory and work groups, including A New PATH, Alzheimer's San Diego Client Advisory Board, Alzheimer's

Project Safety Workgroup, American Psychiatric Nurses Association, Association for Ambulatory Behavioral Healthcare, Association of California Nurse Leaders, Association for Contextual Behavioral Science – Aging Special Interest Group, Behavioral Health Recognition Dinner Planning Team, California Association of Marriage and Family Therapists San Diego Chapter, LWSD Check Your Mood Committee, Mesa College Health Information Technology Advisory Board Committee, CHIP Behavioral Health Work Team, CHIP ILA Advisory Board and Peer Review Advisory Team, CHIP Suicide Prevention Council, EAPA forums, HASD&IC, JFS Behavioral Health Committee, JFS Public Affairs Committee, Mental Health America Board, NAMI, PERT, PLNU, Residential Care Committee, San Diego Community College District, San Diego County Older Adult Behavioral Health System of Care Council, San Diego Dementia Consortium, San Diego Health Information Association, San Diego Mental Health Coalition, SDMFC, San Diego Psychological Association Supervision Committee, San Diego Psych-Law Society, Special Needs Trust Foundation, Transitional Age Youth Behavioral Health Services Council and VA San Diego Mental Health Council.

FY 2019 Plan

SMV or SMC will do the following:

- Offer internship and clinical training programs and/or placement for clinical dietary/nutrition, psychology, clinical social work, social work administration, MFT, medicine, music therapy, HIT, clinical chaplains and pharmacy students
- Provide lectures on behavioral health issues to the local academic community
- Continue the behavioral health careers curriculum within the HSHMC program and provide students with experience in a broad range of programs including therapeutic activities services, environmental services and health information services
- Provide educational offerings for behavioral health care professionals, community groups and community members
- Initiate the application process for re-accreditation by the APA

SMV and SMC Program and Service Highlights

Sharp Mesa Vista Hospital:

- Child, adolescent, adult and older adult inpatient, partial hospitalization, and outpatient psychiatric and chemical dependency services
- On- and off-campus specialty outpatient programs treating seniors, eating disorders, trauma, chronic pain, opiate and prescription drug dependence and dual diagnosis
- Cognitive behavioral therapy, electroconvulsive therapy, and dialectical behavioral therapy programs
- Outreach to active duty military, veterans and their families through programs geared specifically toward servicemembers, including the VA-supported Veterans Choice Program
- Transportation services and complimentary lunches
- Practicum programs for graduate MSW and MFT interns
- Clinical supervision site for graduate psychology doctoral interns
- Medication research studies and clinical trials

Sharp McDonald Center at Sharp HealthCare:

- Chemical dependency and substance abuse inpatient and outpatient treatment services for children, teens, adults and seniors
- Residential treatment services for adults and seniors
- Inpatient detoxification services
- Dual-diagnosis outpatient treatment services for teens, adults and seniors
- Continuing care and alumni support programs
- Family counseling programs
- Sober living and substance abuse education programs

Sharp Mesa Vista Mid-City Outpatient Programs:

- Care for adults with severe and persistent behavioral health issues
- Individualized treatment planning and medication management
- Group, family and expressive therapies
- Psychiatric rehabilitation services
- Transitional Age Youth Program, including the sustainable Early Episode Clinic

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



Feeding Our Community

Sharp Health Plan

In San Diego County, 1 in 8 adults and 1 in 5 children face food insecurity. Sharp Health Plan is committed to assisting organizations that aid community members who lack access to healthy food. Sharp Health Plan supports The Jacobs & Cushman San Diego Food Bank through food drives as well as financial donations for events such as its Chefs, Cork & Craft Gala — a special event to raise proceeds for hunger relief programs for children, adults and seniors throughout the county.

Sharp Health Plan supports additional community organizations that provide nutritious meals for those in need including the Chicano Federation, Neighborhood House Association, Union of Pan Asian Communities and more. Through these partnerships, Sharp Health Plan joins the fight against hunger by supporting organizations that bring meals to as many San Diego tables as possible.

Section

12 Sharp Health Plan

Sharp Health Plan is committed to serving the community by being a good neighbor. Through collaborative partnerships, financial assistance and volunteer work, Sharp Health Plan supports community programs that improve the health and well-being of all San Diegans. — 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) 2018, a selection of which are highlighted in this section. SHP services include health plans for both large and small employers, and individual family plans.

FY 2018 Community Benefit Program Highlights

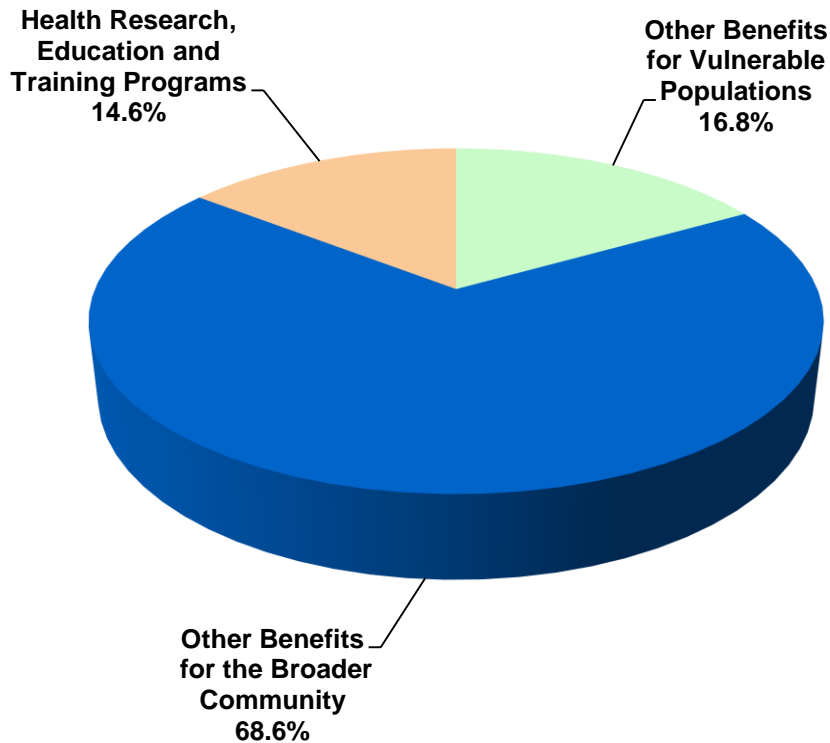
SHP provided a total of **\$69,903** in community benefit in FY 2018. See **Table 57** in this section for a summary of unreimbursed costs for SHP based on the categories identified in SB 697, and **Figure 31** for the distribution of SHP's community benefit among those categories.

**Table 57: Economic Value of Community Benefit Provided
Sharp Health Plan — FY 2018**

SB 697 Category	Programs and Services Included in SB 697 Category	Estimated FY 2018 Unreimbursed Costs
Other Benefits for Vulnerable Populations	Donations to community health centers and other agencies serving the needy, and contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank ¹	\$11,767
Other Benefits for the Broader Community	Health education programs, donations to community organizations, meeting room space, and participation in community organizations ¹	47,970
Health Research, Education and Training Programs	Support of education and training programs for students, interns and health care professionals ¹	10,166
TOTAL		\$69,903

¹ Unreimbursed costs may include an hourly rate for labor and benefits and costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants, and/or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

**Figure 31: Percentage of Community Benefit by SB 697 Category
Sharp Health Plan — FY 2018**



Key highlights:

- **Other Benefits for Vulnerable Populations** included contribution of time to Stand Down for Homeless Veterans, Ssubi is Hope, Feeding San Diego and the San Diego Food Bank (Food Bank); the Sharp Humanitarian Service Program; donations to community health centers and other agencies to support low-income and underserved populations; and other assistance for vulnerable and high-risk community members.
- **Other Benefits for the Broader Community** included health education, donations to community organizations, and participation by senior leadership and other staff on community boards, committees and civic organizations, including the American Heart Association (AHA), Alliance for African Assistance, BAME Renaissance, Inc. (BAME CDC), Chicano Federation of San Diego County, Family Health Centers of San Diego (FHCS), Food Bank, Girl Scouts San Diego and others. See **Appendix A** for a listing of Sharp HealthCare’s (Sharp’s) involvement in community organizations in FY 2018. In addition, the category includes costs associated with planning and operating community benefit programs, such as CHNA and administration as applicable.

- **Health Research, Education and Training Programs** included education and training of health care professionals, and student and intern supervision.

Identified Community Need: Support of Community Nonprofit Health Organizations

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

Rationale

- The Sharp 2016 CHNAs identified behavioral health, cardiovascular disease, Type 2 diabetes, obesity, cancer and senior health as the priority health issues affecting members of the communities served by Sharp Health Plan.
- The HASD&IC and Sharp 2016 CHNA community engagement activities emphasized 10 social determinants of health (SDOH) as having a serious impact on the priority health issues identified in Sharp's 2016 CHNAs. These 10 social determinants are: food insecurity and access to healthy food; access to care or services; homeless/housing issues; physical activity; education/knowledge; cultural competency; transportation; insurance issues; stigma; and poverty.
- The HASD&IC 2016 CHNA process identified collaboration with community organizations as a critical strategy to effectively improve community health in San Diego.
- The American Hospital Association recognizes that collaborations, specifically partnerships between hospitals/health care and community organizations, are essential to addressing community health issues and creating a greater impact on health. Fostering effective and sustainable partnerships is integral for expanding opportunities for community health improvement (*A Playbook for Fostering Hospital-Community Partnerships to Build a Culture of Health*, Health Research & Educational Trust, Robert Wood Johnson Foundation, American Hospital Association, 2017).
- Hospital-community partnerships are critical to building a culture of health. Developing a strong structure and plan for effective operations is a key aspect of successful partnerships. This includes: a clear and well-defined mission, vision, and values; a culture of collaboration among parties; identified goals and objectives; a durable organizational structure; designated leadership; effectively operated and sustainable programs; and ongoing performance evaluation and improvement (Health Research & Educational Trust, 2016).
- According to the latest research provided by the San Diego Hunger Coalition, an estimated 486,000 people living in San Diego County (SDC), or approximately 15 percent of SDC's total population, experienced food insecurity in 2016. This represents 1 in 8 adults, 1 in 11 seniors and 1 in 5 children who did not always have enough food for an active, healthy life (San Diego Hunger Coalition Hunger Free San Diego Issue Brief, 2018).

- According to data from the San Diego Hunger Coalition, one in seven (15 percent) percent of the SDC population experienced food insecurity. An additional one in five San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget (San Diego Hunger Coalition Hunger Free San Diego Issue Brief, 2018).

Objective

- Participate in community-sponsored events and support nonprofit community health and social service organizations through financial donations, board service and other contributions

FY 2018 Report of Activities

SHP supports San Diego's community-based organizations through a variety of activities, including: participation in and coordination for community-sponsored events; service on community boards and committees; and financial support and fundraising for health and social causes. SHP provided financial support to numerous organizations in FY 2018, including but not limited to: 2-1-1 San Diego, Alliance for African Assistance, AHA, The Arc of San Diego, Asian Business Association of San Diego, BAME CDC, Barney & Barney Foundation, Chicano Federation, County of San Diego, FHCS, Food Bank, Friends of Scott Foundation, Girl Scouts San Diego, Hands United for Children, Health Industry Collaboration Effort, Inc., Home Start, Inc., Las Patronas, Lightbridge Hospice, Neighborhood House Association (NHA), North San Diego Business Chamber, Pacific Arts Movement, San Diego Humane Society, SAY San Diego, St. Paul's Retirement Home Foundation, Union of Pan Asian Communities (UPAC) and the YMCA. Among the many community organizations supported by SHP in FY 2018, several are devoted to San Diego's most vulnerable populations, including the disabled, the homeless and other community members facing inequities.

SHP is committed to supporting the Food Bank and other organizations dedicated to providing San Diegans in need with access to healthy food. Among SDC's 3.2 million residents, every day 15 percent (approximately 486,000 people, including 163,000 children) face food insecurity — a household-level economic and social condition of limited or uncertain access to adequate, healthy food. To address this issue, the Food Bank feeds 370,000 people per month in collaboration with 400 nonprofit community partners that operate feeding programs including: food pantries, soup kitchens, shelters, low-income daycare centers, senior centers, schools, faith-based organizations and day centers for the elderly and disabled. In its fiscal year 2017-2018, the Food Bank distributed 28 million pounds of food, including 9.5 million pounds of fresh produce — the equivalent of 23.3 million meals. SHP supports the Food Bank through food drives as well as financial donations for events including its Chefs, Cork & Craft Gala, which donates proceeds to hunger-relief programs serving SDC children, adults and seniors. Further, SHP supports other organizations in their efforts to fight hunger in SDC, including the Chicano Federation, NHA, UPAC and others.

SHP is dedicated to investing in services that support the healthy development and safety of children in SDC through its support of and collaboration with the Chicano Federation. As one of San Diego's leading social service agencies, the Chicano Federation provides empowering opportunities for diverse communities in SDC, including children. Programs such as affordable housing, daycare, preschool, children's nutrition and home visits aim to foster optimal child development and build a strong foundation for a successful future. Through its nutrition program, the organization works to end hunger, increase access to healthy food and decrease obesity among children by providing balanced meals and snacks as well as education about healthy eating habits. More than 7,000 children are served healthy meals each day through the Chicano Federation's network of over 850 licensed daycare homes in San Diego, Orange and Riverside Counties. For the past decade, SHP has sponsored the Chicano Federation's annual Unity Luncheon to help raise funds to support the organization's programs and services. In May, SHP team members were among more than 400 community members who attended the event at the Wyndham San Diego Bayside to help people build a better life for themselves, their families and their communities.

Since 1914, NHA has committed to enriching the lives of underserved individuals through a continuum of education and wellness services. The NHA's programs address a range of needs including health care, mental health, human immunodeficiency virus and acquired immunodeficiency syndrome, employment, nutrition, food distribution, and support for youth and seniors. Led by a registered dietitian, the organization's nutrition services are located within 16,000 square feet of space in the heart of San Diego where staff serve breakfast, lunch, snacks and dinner to thousands of children each day. Meals are made from scratch and utilize whole, nutritious and natural foods designed to provide each child with optimal nutrition. NHA also strives to teach children about healthy lifestyles by introducing them to a variety of foods that are flavorful, balanced, nutritious and culturally diverse. In FY 2018, SHP sponsored NHA's Virtual Gala, a fundraising event where all the activities of a traditional gala are simulated online. The virtual event reduced costs by more than 200 percent compared to a live gala, enabling a greater percentage of contributions to go towards NHA's efforts to support San Diegans in need.

UPAC is a nonprofit organization that provides a variety of health and human services to more than 34,000 low-income, ethnically diverse individuals in SDC. The organization's culturally competent staff members speak over 30 different languages and dialects, which helps them to provide a personalized approach to guiding clients through life challenges, building trust and achieving sustainable results. UPAC's services focus on mental health for children, adolescents, adults and older adults; addiction treatment and recovery; community and economic development; successful home ownership; community violence prevention and support; Covered California enrollment; and senior nutrition. The senior nutrition program provides ethnically appropriate, nutritious meals and nutrition education to seniors ages 60 and older at meal sites in Southeast San Diego and Escondido. The program encourages healthy eating habits, reduces social and emotional isolation, and engages seniors in planning, preparing and serving all of the meals. For more than 10 years, SHP has sponsored

UPAC's annual Leadership Awards Dinner, which celebrates the unification of people across diverse cultures, languages and generations through courage, compassion and innovation. More than 400 community members attended the event at the Hilton San Diego Resort & Spa in May.

Throughout the year, SHP also continued to partner with and support a diverse array of other nonprofit community organizations that improve the quality of life for SDC's children and families. This included programs provided by Girl Scouts San Diego and the YMCA, youth scholarships from the Asian Business Association of San Diego, and arts education from Pacific Arts Movement.

FY 2019 Plan

SHP will do the following:

- Participate in community-sponsored events to address identified health needs for San Diegans and provide health information and education
- Provide coordination, financial support and fundraising-related activities for local nonprofit organizations — particularly organizations that support SDC community members who face inequities
- Continue to serve on various community boards that support the health and well-being of the community

Appendices

Appendix A

Sharp HealthCare Involvement in Community Organizations

Community boards, committees and civic organizations where Sharp HealthCare executive leadership and staff participated on the organization's behalf.

Appendix B

Map of Sharp HealthCare Locations

Appendix C

Map of the County of San Diego

A map of San Diego County communities and regions served by Sharp HealthCare.

Appendix

A Sharp HealthCare Involvement in Community Organizations

The list below shows the involvement of Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2018. Community organizations are listed alphabetically.

- 2-1-1 San Diego Board
- A New PATH (Parents for Addiction, Treatment and Healing)
- Adult Protective Services
- Alliance for African Assistance
- Altrusa International Club of San Diego
- Alzheimer's Project Safety Workgroup
- Alzheimer's San Diego
- Alzheimer's San Diego Client Advisory Board
- American Academy of Nursing
- American Association of Colleges of Nursing
- American Association of Critical-Care Nurses
- American Cancer Society
- American College of Healthcare Executives
- American Congress of Obstetricians and Gynecologists
- American Diabetes Association
- American Foundation for Suicide Prevention
- American Heart Association
- American Hospital Association
- American Hospital Association Regional Policy Board
- American Lung Association
- American Nurses Association
- American Psychiatric Nurses Association
- American Red Cross of San Diego
- Angels Foster Family Network
- The Arc of San Diego
- Asian Business Association of San Diego
- Association for Ambulatory Behavioral Healthcare
- Association for Clinical Pastoral Education
- Association for Community Health Improvement
- Association for Contextual Behavioral Science – Aging Special Interest Group
- Association of California Nurse Leaders
- Association of Fundraising Professionals – San Diego Chapter
- Association of Women's Health, Obstetric and Neonatal Nurses
- Azusa Pacific University
- Balboa Institute of Transplantation
- BAME Renaissance, Inc. (BAME CDC)

- Bayside Community Center
- Beacon Council's Patient Safety Collaborative
- Behavioral Health Recognition Dinner Planning Team
- Borrego Health
- Boys and Girls Club of South County
- Cabrillo Credit Union Sharp Division Board
- Cabrillo Credit Union Supervisory Committee
- California Academy of Nutrition and Dietetics – San Diego District
- California Association of Health Plans
- California Association of Hospitals and Health Systems Committee on Volunteer Services and Directors' Coordinating Council
- California Association of Marriage and Family Therapists San Diego Chapter
- California Association of Physician Groups
- California Board of Behavioral Health Sciences
- California College San Diego
- California Department of Public Health (CDPH)
- CDPH Healthcare Acquired Infections/Antimicrobial Stewardship Program subcommittee
- CDPH Healthcare Associated Infection Advisory Committee
- CDPH Joint Advisory Committee
- California Dietetic Association
- California Emergency Medical Services Authority
- California Health Care Foundation
- California Health Information Association
- California Hospice and Palliative Care Association
- California Hospital Association (CHA)
- CHA Board of Trustees
- CHA Center for Behavioral Health
- CHA Emergency Management Advisory Committee
- CHA Hospital Quality Institute Regional Quality Leaders Network
- CHA San Diego Association of Directors of Volunteer Services
- CHA Workforce Committee
- California Immunization Coalition
- California Library Association
- California Maternal Quality Care Collaborative
- California Perinatal Quality Care Collaborative
- California Society for Clinical Social Work Professionals
- California State University San Marcos
- California Teratogen Information Service
- Cameron Family YMCA
- CHIP Behavioral Health Work Team
- Chula Vista Chamber of Commerce
- Chula Vista Community Collaborative
- Chula Vista Police Foundation
- City of Chula Vista
- City of San Diego

- City of San Diego Park & Recreation
- Clairemont Lutheran Church
- Community Center for the Blind and Visually Impaired
- Consortium for Nursing Excellence, San Diego
- Coronado Chamber of Commerce
- Coronado Public Library
- Coronado SAFE (Student and Family Enrichment)
- Coronado Senior Center Planning Committee
- Council of Women's and Infants' Specialty Hospitals
- County Service Area – 69 Advisory Board
- Doors of Change
- Downtown San Diego Partnership
- East County Action Network
- East County Senior Service Providers
- Emergency Nurses Association – San Diego Chapter
- Employee Assistance Professionals Association
- EMSTA College
- Family Health Centers of San Diego
- Father Joe's Villages
- Feeding San Diego
- Friends of Scott Foundation
- Gary and Mary West Senior Wellness Center
- George G. Glenner Alzheimer's Family Centers, Inc.
- Girl Scouts San Diego
- Grossmont College Occupational Therapy Assistant Advisory Board
- Grossmont College Respiratory Advisory Committee
- Grossmont Healthcare District Community Grants and Sponsorships Committee
- Grossmont Healthcare District Independent Citizens' Bond Oversight Committee
- Grossmont Imaging LLC Board
- Grossmont Union High School District
- Hands United for Children
- Health and Science Pipeline Initiative
- Health Care Communicators Board
- Health Industry Collaboration Effort, Inc.
- Health Insurance Counseling and Advocacy Program
- Health Sciences High and Middle College (HSHMC)
- Healthy Chula Vista Advisory Commission
- Helix Charter High School
- Hidden Heroes campaign
- Home Start, Inc.
- Hospice and Palliative Nurses Association — San Diego Chapter
- Hospital Association of San Diego and Imperial Counties (HASD&IC)
- HASD&IC Community Health Needs Assessment Advisory Group
- HSHMC Board
- Hunger Advocacy Network
- I Love a Clean San Diego

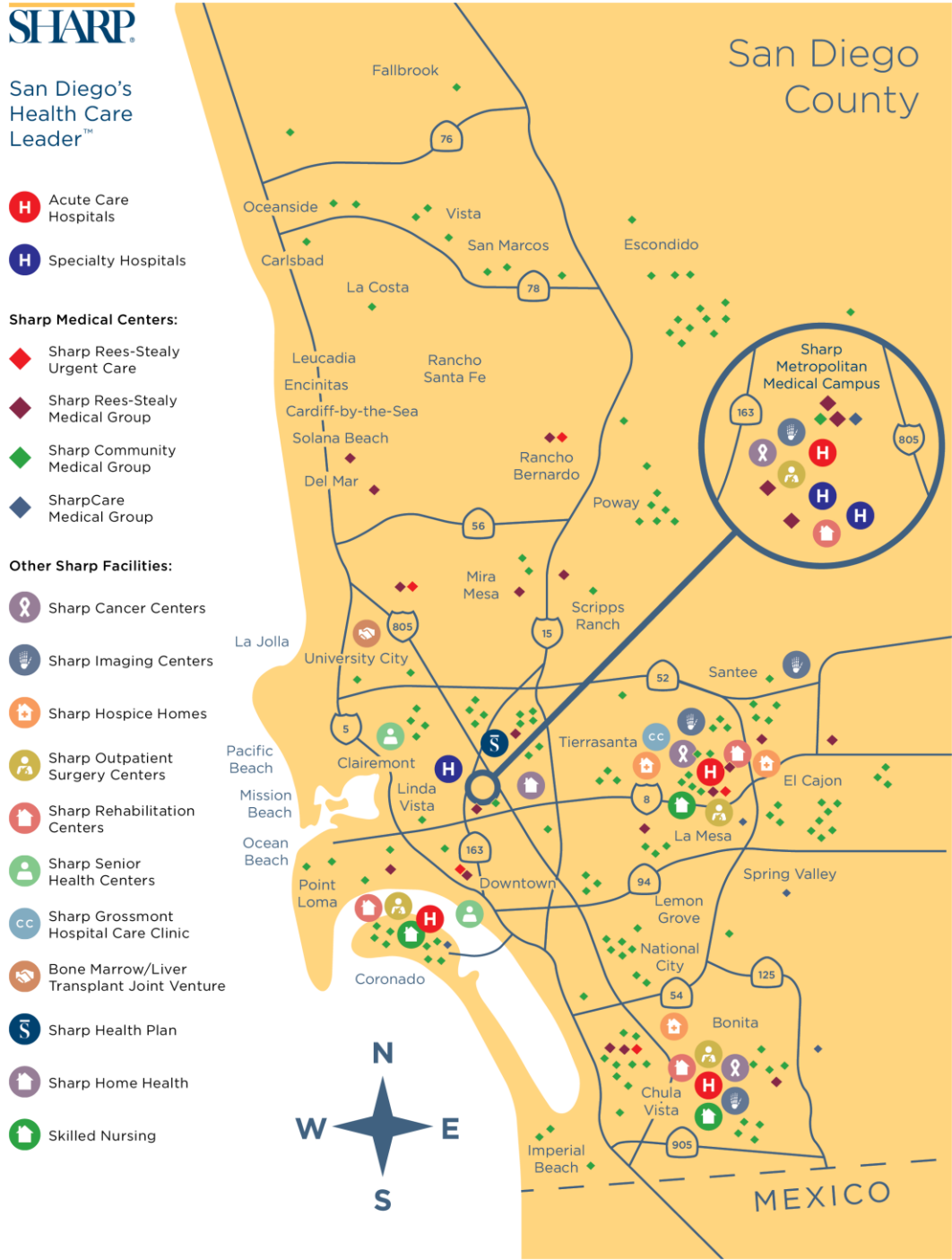
- Inner City Action Network
- Institute for Public Health, San Diego State University (IPH)
- Integrative Therapies Collaborative
- International Association of Eating Disorders Professionals
- The Jacobs & Cushman San Diego Food Bank
- Jewish Family Service of San Diego (JFS)
- JFS Behavioral Health Committee
- JFS Public Affairs Committee
- Kiwanis Club of Bonita
- La Maestra Community Health Centers
- La Mesa Lion's Club
- La Mesa Parks and Recreation
- Lantern Crest Senior Living Advisory Board
- Las Damas de San Diego International Nonprofit Organization
- Las Patronas
- Las Primeras
- Life Rolls On
- Live Well San Diego Check Your Mood Committee
- Live Well San Diego – South Region
- Lightbridge Hospice
- Mama's Kitchen
- March of Dimes
- Meals on Wheels San Diego County
- Meals on Wheels Greater San Diego East County Advisory Board
- Mental Health America
- Miracle Babies
- MRI Joint Venture Board
- National Active and Retired Federal Employees Association
- National Alliance on Mental Illness
- National Association of Hispanic Nurses, San Diego Chapter
- National Association of Perinatal Social Workers
- National Association of Neonatal Nurses
- National Association of Orthopedic Nurses
- National Hospice and Palliative Care Organization
- National Institute for Children's Health Quality
- National University
- Neighborhood Healthcare
- Neighborhood House Association
- North San Diego Business Chamber
- Pacific Arts Movement
- Palomar Community College
- Paradise Village
- Partnership for Smoke-Free Families
- Partnerships with Industry
- Peninsula Family YMCA
- Peninsula Shepherd Senior Center

- Perinatal Safety Collaborative
- Perinatal Social Work Cluster
- Planetree Board of Directors
- Point Loma/Hervey Library
- Point Loma Nazarene University
- Postpartum Health Alliance
- Practice Greenhealth
- Promises2Kids
- Psychiatric Emergency Response Team
- Public Health Emergency Hospital Preparedness Program
- Regional Perinatal System
- Residential Care Committee
- Ronald McDonald House Operations Committee
- Rotary Club of Chula Vista
- Rotary Club of Coronado
- San Diego Association of Diabetes Educators
- San Diego Association of Governments
- San Diego Blood Bank
- San Diego Community Action Network
- San Diego Community College District
- San Diego County
- San Diego County Aging and Independence Services
- San Diego Dietetic Association
- San Diego East County Chamber of Commerce
- San Diego Eye Bank Nurses' Advisory Board
- San Diego Fire-Rescue Department
- San Diego Food System Alliance
- San Diego Freedom Ranch
- San Diego Habitat for Humanity
- San Diego Health Information Association
- San Diego Housing Commission
- San Diego Human Dignity Foundation
- San Diego Humane Society
- San Diego Hunger Coalition
- San Diego Imaging – Chula Vista
- San Diego Immunization Coalition
- San Diego-Imperial County Council of Hospital Volunteers
- San Diego North Chamber of Commerce
- San Diego Organization of Healthcare Leaders
- San Diego Physician Orders for Life-Sustaining Treatment Coalition/San Diego Coalition for Compassionate Care
- San Diego Psych-Law Society
- San Diego Psychological Association Supervision Committee
- San Diego Regional Chamber of Commerce
- San Diego Regional Healthcare Sustainability Collaborative
- San Diego Regional Home Care Council

- San Diego Rescue Mission
- San Diego River Park Foundation
- San Diego Square
- San Diego State University
- San Diego Unified School District
- San Diego Workforce Partnership (SDWP)
- Santee-Lakeside Rotary Club
- SAY San Diego
- Serving Seniors
- Sharp and Children's MRI Board
- Sharp and UC San Diego Health's Joint Venture
- Smart Kitchens San Diego
- South Bay Community Services
- South Bay Senior Providers
- South County Action Network
- South County Economic Development Council
- Southern Caregiver Resource Center
- Southwestern College
- Special Needs Trust Foundation
- Special Olympics
- Ssubi is Hope
- St. Paul's PACE
- St. Paul's Retirement Home Foundation
- Statewide Medical Health Exercise Program
- SuperFood Drive
- The Meeting Place
- Transitional Age Youth Behavioral Health Services Council
- Trauma Center Association of America
- Union of Pan Asian Communities
- University of California, San Diego
- University of San Diego
- University of Southern California
- USS Midway Museum
- VA San Diego Healthcare System
- VA San Diego Mental Health Council
- Veterans Village of San Diego
- Vista Hill ParentCare
- We Honor Veterans
- Westminster Tower
- Women, Infants and Children Program
- Wreaths Across America — San Diego
- YMCA
- YWCA Becky's House®
- YWCA Board of Directors
- YWCA In the Company of Women Event

Appendix

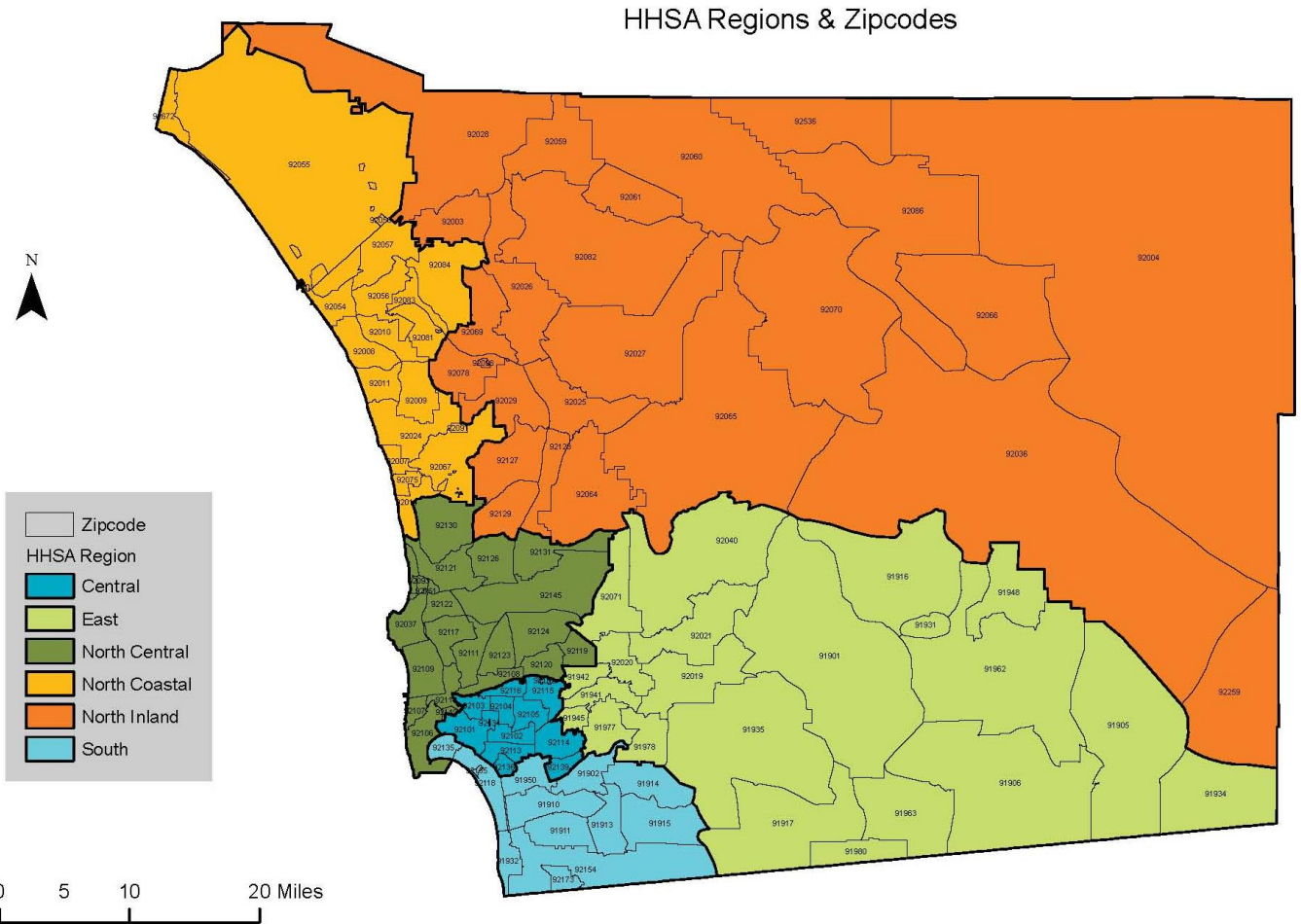
B Map of Sharp HealthCare Locations



Appendix

C

Map of Community and Region Boundaries in San Diego County



Source: County of San Diego:

[https://www.sandiegocounty.gov/content/dam/sdc/live_well_san_diego/indicators/Map and Regional Data.pdf](https://www.sandiegocounty.gov/content/dam/sdc/live_well_san_diego/indicators/Map_and_Regional_Data.pdf)



~ A Health Care Organization Designed Not For Profit, But For People ~